PROVIDER Bulletin





lune 25, 2021	
This Provider Bulletin applies to the lines of business and provider types checked below:	
∠ PHP (Medicare) ∠ Primary Care Physicians	Specialists Hospitals
∠ PHC California (Medicaid)	Ancillary AHF Grants

AHF is strongly encouraging provider participation by completing the forthcoming Provider Experience Survey

On an annual basis AHF Managed Health Plans, Positive Healthcare Partners/Positive Healthcare (commonly referred to as PHP and PHC California) conducts a Provider Experience Survey. The Provider Experience Survey is intended to obtain feedback from participating providers in California and Florida concerning their experiences with our Plans.

The survey collects reliable and valid data about provider experiences with different aspects of our organization. These metrics assist us with identifying and prioritizing opportunities for improvement that subsequently helps us develop action plans to improve the provider experience.

The following lists survey objectives designed to gauge the quality of a provider's experience with our Health Plans:

- Measure overall provider satisfaction with PHP/PHC California Plans
- Identify how providers view the quality of service provided by PHP/PHC California.
- Measure satisfaction with specific elements of program, services, staff and processes including but not limited to the following:
 - Member Services
 - Clinical Management processes
 - o Claims Processing and Payment
 - Pharmacy Authorization and Drug Formulary
 - o Credentialing
 - Provider Relations/Contracting
 - Identify areas of improvement
 - Compare results across provider types
 - Trend results from the previous year

Please Note:

PHP/PHC California will conduct our Provider Experience Survey starting June 28,2021.

We strongly encourage your participation in this year's Provider Experience Survey and we thank you in advance for your time and attention to this matter.

Thank you
Provider Relations

This Provider Bulletin is not intended to replace or conflict with any requirements outlined in your signed Agreement with AHF or PHP. If you have any questions contact the Provider Relations Department. Florida providers please email Provider Relations Department FLPR@phcplans.org. California providers please email the California Provider Relations Department at CAPR@aidshealth.org. Georgia providers please email GAPR@positivehealthcare.org.