



8520 Tech Way, Suite 200  
San Diego, CA 92123



## Provider Update

**To: Sharp Health Plan Providers**  
**Attn: Office Manager/Office Administrator**  
**From: Sharp Health Plan**  
**Date: August 6, 2018**  
**Subject: Department of Managed Health Care Timely Access Standards Survey**

Attention Provider Partners,

This communication is to inform you about the importance of participating in our upcoming survey to assess compliance with the Department of Managed Health Care (DMHC) Timely Access standards. Per Section 1367.03 (f)(3) of the California Health and Safety code, the DMHC provides health plans with the methodology for this annual Provider Appointment Availability Survey.

**For 2018, Sharp Health Plan (SHP) will be conducting the survey during the months of August through October.** During that period, we will be faxing the attached survey, to randomly selected providers within our networks. The DMHC requires us to survey the following provider types: Primary Care Physicians, Cardiologists, Endocrinologists, Gastroenterologists, Psychiatrists, Non-Physician Mental Health Providers and ancillary providers that provide MRI, Mammogram and Physical Therapy Services. As a part of our Quality Management Program, Sharp Health Plan is expanding our survey to include randomly selected providers in the high-volume and high-impact specialties of Oncology, Obstetrics and Gynecology, Orthopedic Surgery and Ophthalmology.

**Each provider that receives a survey will have 5 business days to complete and return the survey to us.** If the survey is not returned within 5 business days, a representative will reach out to your office via telephone to conduct the survey. **Refusal to participate in the survey will be scored as non-compliant.**

**If you receive a survey, we ask that you make every effort to return the faxed survey within 5 business days to eliminate the need for a telephone call to your office staff.**

Please note that rates of compliance and response rates will be part of publicly available information and that providing the data, as required under Section 1367.03 (f)(1), is a contractual obligation.

If you have any questions, please contact our provider relations team at 1-858-499-8330, or email us at [provider.relations@sharp.com](mailto:provider.relations@sharp.com). We are available to assist you Monday – Friday, 8 a.m. to 5 p.m.

Warm regards,

Mary Betlejewski  
Manager, Network Development & Performance

**NOTICE:** The information contained in this message may be privileged and confidential and is only for the use of the individual or entity named on this coversheet. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver the message to the intended recipient, the reader is hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If this communication has been received in error, please notify Sharp Health Plan immediately at the telephone number listed above and destroy all information received.



## Fax Survey

Please respond to this communication on or before **mm/dd/yy**; otherwise, we will contact you via phone to take this survey.

Thank you for participating in this online survey. Health plans are required to obtain information from their contracted providers regarding appointment availability. This fax survey is designed to help **Sharp Health Plan** better assess enrollee access to provider services. Please respond to this survey no later than five business days of this communication.

**The date and time you respond to the survey is used to calculate appointment wait times. Please indicate the date and time of this response:**

**Date:** (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_

**Time:** (hh:mm am/pm) PT \_\_\_\_:\_\_\_\_ am / pm (circle one)

Please confirm the provider's contact information. If any corrections need to be made to the provider's contact information, please contact Provider Relations at **xxx-xxx-xxxx**:

Provider Name: *John Smith, MD*  
Specialty: *Family Practice*  
Address: *2300 Health Lane*  
*San Diego, CA 9xxxx*  
County: *San Diego*

**Please indicate whether any of the following items apply to *John Smith, MD* in *San Diego*:**

- I do not practice in *San Diego*;
- I am retired or for other reasons am no longer practicing;
- I am not *Family Practice*;
- John Smith, MD* is not affiliated with the email or fax number that this survey was sent to;
- I do not provide *Family Practice* appointments.

**If any of the above items apply, *John Smith, MD* is not eligible to take the survey and the survey is complete. Please submit the survey by faxing the completed survey to **xxx-xxx-xxxx**. Thank you for your time. If none of the above items apply, please respond to the questions set forth below.**

**For services provided by *John Smith, MD* in *San Diego*, please provide a response to the following questions:**

## Fax Survey

### Question 1:

**Urgent service means health care for a condition, which requires prompt attention, but does not rise to the level of an emergency. When is *John Smith, MD* next available appointment date and time for urgent services?**

**Date:** (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_

**Time:** (hh:mm am/pm) PT \_\_\_\_:\_\_\_\_ am / pm (circle one)

### Question 2:

**When is *John Smith, MD* next available appointment date and time for non-urgent services?**

**Date:** (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_

**Time:** (hh:mm am/pm) PT \_\_\_\_:\_\_\_\_ am / pm (circle one)

**This concludes our survey. Please submit the survey by faxing the completed survey to **xxx-xxx-xxxx**. Thank you very much for your time. Have a nice day.**