



CAHPS/HOS and The Patient Experience

A Resource for Providers



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Improving Patient Experience

EmblemHealth is focused on improving patient satisfaction scores and elevating patient experience with their health plan and their providers. We are committed to partnering with our network providers to improve both patient satisfaction and the in-office experience.

This guidebook covers:

- Consumer Assessment of Healthcare Providers and Systems (CAHPS).
- Health Outcome Survey (HOS).
- Actions you can take to improve your patients' experience.

Contact us at Quality_ProviderEngagement@emblemhealth.com with your questions, we will be happy to help.

For the latest information on EmblemHealth's programs and quality initiatives, please visit our website.

Together we will help improve the patients' overall experiences in their health care journey and achieve our shared goal of improving patient satisfaction with their health plan and providers.



CAHPS

What is CAHPS?

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) is a survey designed to measure patients' perception of the quality of care received, health care services and the patient/provider relationship, including the communication skills of the physicians and practitioners. It is conducted by a certified and approved vendor on behalf of the Centers for Medicare and Medicaid Services (CMS), the New York State Department of Health (NYSDOH), and the National Committee for Quality Assurance (NCQA).



Why is CAHPS Important?

The CAHPS survey helps us drive continuous improvement by better understanding our members' experiences when using their health care benefits. CAHPS tells us whether members are satisfied with the care they receive from our provider partners. The data collected from CAHPS helps us track and trend results year-to-year, giving us the opportunity to proactively plan and target key areas for improvement. CAHPS also provides a standardized comparison between health plans so that consumers may make informed decisions when selecting providers and health plans. We see close collaboration with our network providers as vital to improving patient experience and look forward to partnering with you. See CAHPS Patient Experience Surveys and Guidance for more information.

Who receives the CAHPS?

The survey is sent to a random sample of Medicare, commercial, and insurance marketplace members.

When does the CAHPS survey go out?

The survey is administered annually from March to June beginning with surveys distributed by mail and concluding with telephone-assisted surveys for participants who have not responded.

5 Ways to Improve Member Satisfaction Scores

You know your patients best and what works for your office. We compiled some evidence-based tips to help you increase your patients' (our members') satisfaction.

- **Patient-centered communication** — Make sure your patients feel heard. Some ways to do that are:
 - Engage in shared decision making.
 - Ask for feedback.
 - Practice cultural sensitivity.
 - Communicate in plain language.
 - Ask about social needs.
 - Discuss care and treatment received by other doctors.
 - Use a multichannel approach to communicate (e.g., text, email, interactive voice response (IVR), phone, in person).

Patient-centered communication that responds to a patient's needs, values, and preferences can improve satisfaction, health outcomes and adherence to medical recommendations. Incorporate patient feedback as a measure to analyze and improve satisfaction, build loyalty and improve overall care delivery.

- **Equip patients with tools and education** — Confirm your understanding of a patient's needs and connect them to appropriate resources. You can do this by providing materials about health conditions (handouts, posters, information sheets), letting patients view their health records, implementing reminder systems, and empowering patients with other tools, including those from our health plan.
- **Assess the need for increased appointment availability** — Some ways to increase appointment availability include offering same-day appointments, accommodating patients on evenings and weekends, offering a nurse line for after hours, using virtual visits (if appropriate), partnering with other providers for specialty referrals, and offering online scheduling.
- **Consider timeliness** — A few ideas to consider are to limit telephone hold times, keep patients informed if you are running behind schedule, limit wait time to under 15 minutes, and try to schedule well visits/routine physicals within four weeks and non-urgent sick visits within 48 to 72 hours of request.
- **Create a welcoming environment** — Set the tone for a good visit by ensuring cleanliness around the office and waiting areas, communicating service standards to staff, and providing empathy and a personalized experience. You may also consider offering magazines, television, water, or other items in the waiting area to create a pleasant experience. It is also important to ensure your staff knows which plans and company names (HIP, GHI, EHIC, etc.) are associated with EmblemHealth to avoid inadvertently turning away our members.

CAHPS Domains

DOMAIN	QUESTIONS	ACTIONS YOU CAN TAKE	RESOURCES
Annual Flu Vaccine	Have you had a flu shot (since July of current year)?	<ul style="list-style-type: none"> ✓ Recommend a flu vaccine to all eligible patients and provide it during the office visit. ✓ Use local and national public health resources, posters, etc. in the office to educate patients. ✓ Have flu clinics where patients can get the vaccine without an office visit. ✓ Promote flu vaccines through website, patient portal, and phone greeting. ✓ Remind members they can get flu shots at any pharmacy. 	CDC: Seasonal Influenza Vaccination Resources for Health Professionals CDC NYC Health: Seasonal Flu - NYC Health
Getting Needed Care This category of questions asks patients how easy it is for them to get needed care, including care from a specialist.	In the last 6 months how often: <ul style="list-style-type: none"> • Did you get an appointment to see a specialist as soon as you needed? • Was it easy to get the care, tests, or treatment you needed? 	<ul style="list-style-type: none"> ✓ Identify barriers to care specific to patients. ✓ Ensure your staff knows which plans and EmblemHealth companies (HIP, GHI, EHIC, etc.) your office accepts. ✓ Build a relationship with a select network of specialists. ✓ Help the patient understand why you are recommending certain types of care, tests, or treatments, especially if the patient requested or asked about other types. ✓ Help patients make specialist appointments before they leave the office. ✓ Ask patients if they had delays in receiving services. 	If your patients need help finding an in-network specialist, they can contact EmblemHealth customer service at the number on the back of their member ID card.
Getting Appointments and Care Quickly This category of questions asks patients how quickly they get appointments and care.	In the last 6 months how often did you: <ul style="list-style-type: none"> • Get care as soon as you needed (when you needed care right away)? • Get an appointment for a checkup or routine care as soon as you needed? • See the person you came to see within 15 minutes of your appointment time? 	<ul style="list-style-type: none"> ✓ If a patient arrives early, greet them and set the expectation that they may not be able to be seen earlier than their scheduled appointment time. ✓ If behind schedule, update patients, explain the cause of the delay, and offer an expectation of when they will be seen (or offer to reschedule). ✓ Encourage patients to make routine appointments for checkups or follow-up visits as soon as they can. ✓ Set aside time slots each day for urgent visits and same-day appointments. ✓ Consider extending office hours to accommodate evening and weekends. ✓ Educate patients on how to get care after hours. ✓ Work collaboratively with your team to cover short notice requests. Offer telehealth appointments/virtual visits. ✓ Partner with specialists to create a cohesive system of care, reducing delays. ✓ Implement a triage system to assure critical patients are seen right away. ✓ Assess your access and availability standards by conducting an evaluation. 	See the EmblemHealth Appointment Availability Standards .

DOMAIN	QUESTIONS	ACTIONS YOU CAN TAKE	RESOURCES
<p>Care Coordination</p> <p>This category of questions asks how well the plan coordinates patients care. This includes whether doctors had the records and information they need about patients' care and how quickly patients got their test results.</p>	<p>In the last 6 months how often:</p> <ul style="list-style-type: none"> • Did you and your personal doctor talk about all the prescription medicines you were taking? • Did your personal doctor seem informed and up to date about the care you got from specialists? <p>In the last 6 months when your personal doctor ordered a blood test, x-ray, or other test for you how often:</p> <ul style="list-style-type: none"> • Did someone from your personal doctor's office follow-up to give you those results? • Did you get those results as soon as you needed them? <p>In the last 6 months:</p> <ul style="list-style-type: none"> • When you visited your personal doctor for a scheduled appointment, how often did they have your medical records or other information about your care? • Did you get the help you needed from your personal doctor's office to manage your care among different providers and services? 	<ul style="list-style-type: none"> ✓ Have relevant information and medical history, including appointments with specialists, on hand during visits. ✓ Implement a process for patients to view test results easily and securely. Provide information about the various ways to get results and confirm patient preferences for receiving their results. ✓ Call patients about test results promptly and inform them if no calls are made for normal results. ✓ Review patient medicines during each visit. ✓ Follow up promptly with patients after inpatients stays. Schedule follow-up visits as applicable. ✓ Provide additional support to patients with multiple needs to coordinate and monitor delivery of health services. ✓ If a patient needs specialty care, explain why the treatment is necessary for their care plan. ✓ Help schedule the appointment for their referral and set expectations for the timeframe to obtain an appointment. ✓ Coordinate care with specialists by transferring records and assuring lab results and other reports will be shared. ✓ Set expectations regarding appropriate timeframes for communication of results (e.g., five days for normal results, 24 hours for urgent results). <p>What can impact ability to access needed care:</p> <ul style="list-style-type: none"> ✓ <i>Availability</i> — providers must have appointment slots available and accept patients' insurance. ✓ <i>Convenience</i> — the ease of scheduling the appointment. ✓ <i>Affordability</i> — the ability of the patient to pay for care. ✓ <i>Transportation</i> — the ease of arranging for transportation to and from health care facilities. 	<p>Connect with Care Management</p> <p>Use TCM codes for document completion:</p> <ul style="list-style-type: none"> • CPT II Code 111F • CPT 99495 within 14 days • CPT 99496 within 7 days <p>All TCM services must be completed within 30 days post discharge to be reimbursed</p>

DOMAIN	QUESTIONS	ACTIONS YOU CAN TAKE	RESOURCES
Getting Needed Prescription Drugs This category of questions asks patients about their experience getting needed medication.	In the last 6 months how often was it easy to use your prescription drug plan to: <ul style="list-style-type: none"> • Get the medicines your doctor prescribed? • Fill a prescription at your local pharmacy? • Fill a prescription by mail? Using any number from 0 to 10, where 0 is the worst prescription drug plan possible and 10 is the best prescription drug plan possible, what number would you use to rate your prescription drug plan?	<ul style="list-style-type: none"> ✓ Consider prescribing formulary medicines and generics whenever possible. ✓ Suggest mail order for convenience. ✓ Best practice is prescribing 90-day supplies. ✓ Ensure patients have enough refills and that prescriptions have not expired. Encourage patients to enroll in automatic refills. ✓ Reinforce the importance of medicine adherence and encourage patients to report side effects. ✓ Attempt to get authorizations completed as soon as possible while setting patient expectations about resolution. ✓ Utilize your EMR's Real Time Pharmacy Benefit or Price-a-Drug tool to identify out-of-pocket costs. 	See Pharmacy Members may view their pharmacy resources at: Find a Pharmacy, Check Drugs Covered and More
Customer Service This category of questions asks patients how easy it is to get information and help from the provider and insurance company when needed.	In the last six months, how easy it is to get information and help from your provider, provider's staff, and the health plan when needed.	<ul style="list-style-type: none"> ✓ Explain things in plain language. ✓ Be courteous/nice to patients. ✓ Offer excellent customer service. ✓ Ensure that they patient understood the resolution of any concerns addressed during the visit. ✓ Check in with your own internal teams, as they are often the first interaction patients have with your office. 	See Quality Improvement-Clinical Corner
Overall Rating of Health Care Quality This category of questions asks patients to rate the quality of the health care they received from the insurance company and their doctor.	In the last six months how was the quality of the health care received from the health plan and doctor?	<ul style="list-style-type: none"> ✓ Identify barriers to care specific to patients. ✓ Help patients get needed care. ✓ Educate patients on key benefits. 	See Clinical Corner



Health Outcome Survey (HOS)

What is the HOS?

The HOS assesses the ability of an insurance organization to maintain or improve the current physical and mental health status of its members. The survey serves to provide a standardized understanding of patient outcomes around physical and mental health, fall risk and prevention, physical activity, and urinary incontinence. Our providers have a direct impact on patients' perception of their health and quality of life. The tips and techniques below may help you enhance your Medicare patients' health care outcomes.

Why is the HOS important?

The results help evaluate how members view their current health status and if providers addressed their health concerns. Our network providers play a fundamental role in affecting patient perceptions surrounding their health care outcomes.

Who receives the HOS?

The survey is sent to a random sample of Medicare members.

When does the HOS survey go out?

Every year, the Centers for Medicare & Medicaid Services (CMS) sends the Health Outcomes Survey (HOS) to a random sample of Medicare members in the summer. Two years later, those same members are surveyed again to look at changes in their self-reported health outcomes.

Improving Medicare Patient-Reported Outcomes

Here are some easy tips to follow to improve Medicare patient health outcomes:

Mental Health

- Assess your patient's symptoms of depression, anxiety, and other mental health conditions using a standardized, evidence-based, behavioral health screening tool. Example: PHQ-9
- If a patient screens positive on a tool or exhibits symptoms of a mental health condition, develop a plan with them to help improve their mental health. Discuss exercise, identify stress triggers, talk about sleep habits, suggest that they connect with supportive friends and family, etc.
- Discuss options for therapy with a mental health provider. EmblemHealth's behavioral health partner, Carelon, is available to help.* Call **800-397-1630** from 8 a.m. to 8 p.m., Monday through Friday.

Physical Health

- Ask your patient questions about their overall physical well-being, functional status, pain, and if their health limits them in performing daily activities (such as climbing stairs, working, etc.).
- Determine if your patient could benefit from physical therapy, acupuncture, a pain management provider, case management services, or another specialist or service. Help link them to care, possibly with help from our Care Management team.
- Partner with your patients to set physical health improvement goals (like healthy eating or exercise habits).
- Implement a standardized functional assessment tool to monitor patients' physical activity.
- Ask pointed questions such as, "In the past seven days, did you need any help from others to perform everyday activities, like dressing or bathing?"
- Remember to submit the CPT2 code for functional status assessment, 1170F, on the claim.

Bladder Health

- Initiate discussion with patients around urinary incontinence as this topic is often a sensitive one. Share educational materials about the condition.
- Ask your patients if they have any trouble holding their urine, if they have had any accidents, and how it may impact their daily activities (e.g., sleep, social situations) and quality of life.
- Explain how common urinary leakage is, especially as we grow older. Discuss treatment options such as pelvic exercises, dietary changes, bladder training, medicines, and surgery.
- Refer your patients to specialists, if needed (e.g., urologist, OB/GYN).

Slips And Falls

- Review your patients' fall risk by conducting a fall risk assessment. You can use a tool like the "Stay Independent" assessment from the Centers for Disease Control and Prevention (CDC). Ask questions about falls in past year, feelings of unsteadiness, and worries about falling.
- Discuss fall prevention interventions including exercise and balance activities, physical therapy, a routine hearing and vision test, and home safety interventions (e.g., grab bars in bathroom, reducing trip hazards, use of nightlights).
- Conduct a regular medicine review with patient to see if there are medicines that increase the likelihood of falls.

Physical Activity

- Assess your patients' physical activity levels, including both aerobic and strength training activity. Discuss the health benefits of staying active (e.g., mental health, physical functioning).
 - Develop exercise strategies that match your patients' abilities.
 - Offer ideas where patients can engage in activities (e.g., YMCA).
 - Connect patients with resources, such as the healthy discounts available for EmblemHealth members.
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*Optum manages behavioral health for EmblemHealth NYCE PPO members. Providers can visit nyceppo.com for new plan information.

Tips To Improve Quality Health Outcomes During Office Visits

Did you complete the following assessments during your visit?

- Social determinants of health.
- Care of older adults measures.
- Pain screening.
- Functional assessment/fall prevention.
- Medication review.
- Depression screening.
- Urinary incontinence.

Is the patient due for any of the following vaccines?

- Pneumococcal.
- Influenza.
- COVID.

Does the patient have any open care gaps?

- Advanced care planning.
- Breast cancer screening.
- Colorectal cancer screening.
- A1C control.
- Blood pressure control.
- Diabetes eye exam — does patient need/have an eye care professional?
- Medication adherence — does patient need refills for chronic conditions/maintenance medication?

Checkout checklist:

- Schedule a follow-up visit or annual well visit before the patient leaves the exam room.
- Visits can be scheduled every calendar year.
- Encourage the patient to complete patient satisfaction surveys after the visit.
- Remind patients that they may be eligible for rewards from EmblemHealth when they close care gaps.
- Add ICD-10 codes for chronic conditions, CPT2 codes, and SDOH ICD-10 codes to visit if applicable.

Customer Service Excellence

Build Rapport	Choose your words wisely	
Rapport is another term for building a genuine connection and a sense of friendliness with another person. Rapport can be established quite quickly, right from the beginning of your interaction.	RESPONSE thought-out, calm, measured <i>"I understand. Let me find out how I can resolve this for you."</i>	RESPONSE Vs. quick, abrupt, unprepared <i>"Are you sure that's what happened?"</i>
<ul style="list-style-type: none"> • Greet patient with a smile. • Make eye contact. • Dress professionally. • Display positive body language. 	EMPATHY put yourself in another's shoes <i>"I'm sorry you don't feel heard by your doctor."</i>	SYMPATHY Vs. agreeing with another's feelings <i>"I can provide your anonymous feedback." "I'm not surprised he said that! I don't like the doctor much either."</i>

Empower patients to overcome obstacles

Give yourself positive self-talk. "Yes, this is tough, but I'm going to stay calm and solve the problem."

Take a deep breath. This isn't personal. Ask, "Can you tell me what happened?" Listen actively and let your patient talk. If they go off topic, gently redirect them back.

Assume good intent; you don't know what happened before your patient appeared at your office. Perhaps they had a difficult morning.

Staff Script Tips

Some of the member satisfaction survey questions can be hard to understand or easy to misinterpret if patients are not familiar with certain terms. Here are some helpful talking points and tips to share with staff when informing patients about aspects of their visit or other encounters with the care team. The more that patients hear these terms, the more likely they are to accurately answer survey questions.

Consider defining different types of visits so that staff can assist patients in scheduling the best type of visit for them.

- Well visits are important to ensure that you are in good health, maintaining overall wellness, and stopping health problems before they occur or before they get worse. Well visits typically occur once per calendar year and are separate from other medical visits related to illness or injury.
- Sick visits or illness-related visits are intended for acute problems or a flare-up of a chronic condition or problem. They generally involve active, short-term medical treatment for a specific illness or injury. They are for nonemergent care issues that can be addressed at the provider's outpatient office or clinic.
- Follow-up visits generally occur after an initial visit for a medical problem or illness or a regular series of check-ins with a provider to manage chronic conditions or recurring issues. Appropriate follow-up can help patients to identify misunderstandings, answer questions, make further assessments and adjust treatments.

Communicating about how patients will receive their lab or imaging results is key to reducing confusion for members and hopefully cut down on phone calls to your office.

- Communicate with patients about your office's process for following up about test results.
- Some patients may not be familiar with or open to receiving results electronically through a patient portal.
- It may be helpful to coach patients about the mode in which they will receive their results.
- Sample scripting: "You will receive your results within seven days. If you are signed up for our patient portal, you may not receive a phone call, but your results will be available as soon as they are processed and sent to the portal."

What is a medical question or clinical advice question?

- A medical question or clinical advice question generally asks a provider or care team to provide a diagnosis or interpretation of lab results, medical notes, etc. Patients may ask medical questions about current symptoms, their current treatment regimen, or side effects to a medication. A medical question or clinical advice question is not a medication refill request or a referral request. Scheduling an appointment also is not considered a medical question.

Program Resources

Rewards Programs

Our Member Rewards Programs are designed to reward members for getting needed medical care such as their annual well-visits and selected preventive screenings. Members must sign up to participate in this program. Providers simply need to provide care as they always do, including referring patients for necessary screenings such as mammograms. See the following document for full list of rewards offered to your patients: Quality Improvement.

Care Management

EmblemHealth offers a dedicated Care Management team staffed by nurses and social workers to support your patients' health care needs between doctor visits. These programs are offered to patients at no additional cost. We will work directly with you to develop a care plan for your patient. Learn more about managing chronic conditions.

Measure Resource Guide

Our Quality Measure Resource Guide equips you with detailed measure information, including codes and actionable steps to effectively close gaps in care. View the guide at: emblemhealth.com/providers/clinical-corner/quality or request a copy request a copy by emailing Quality_ProviderEngagement@emblemhealth.com

In-Home Screening*

Home Visits: We've collaborated with a selection of in-home vendors including DocGo, MyLaurel, and Matrix Medical. Our home care partners can do well-visits, post-hospital/care coordination check-ins, and screenings like lab tests or eye exams. Home Kits: We have opportunities for your patients to get screened at home for A1C and fecal occult blood test (FOBT)/fecal immunochemical test (FIT) kits through our vendor LetsGetChecked.

*All outcomes from completed home visits and screenings will be promptly communicated to you by mail.



EmblemHealth is one of the largest health insurers in the New York tristate area, serving individuals, families, and businesses.

Learn more at **emblemhealth.com**.