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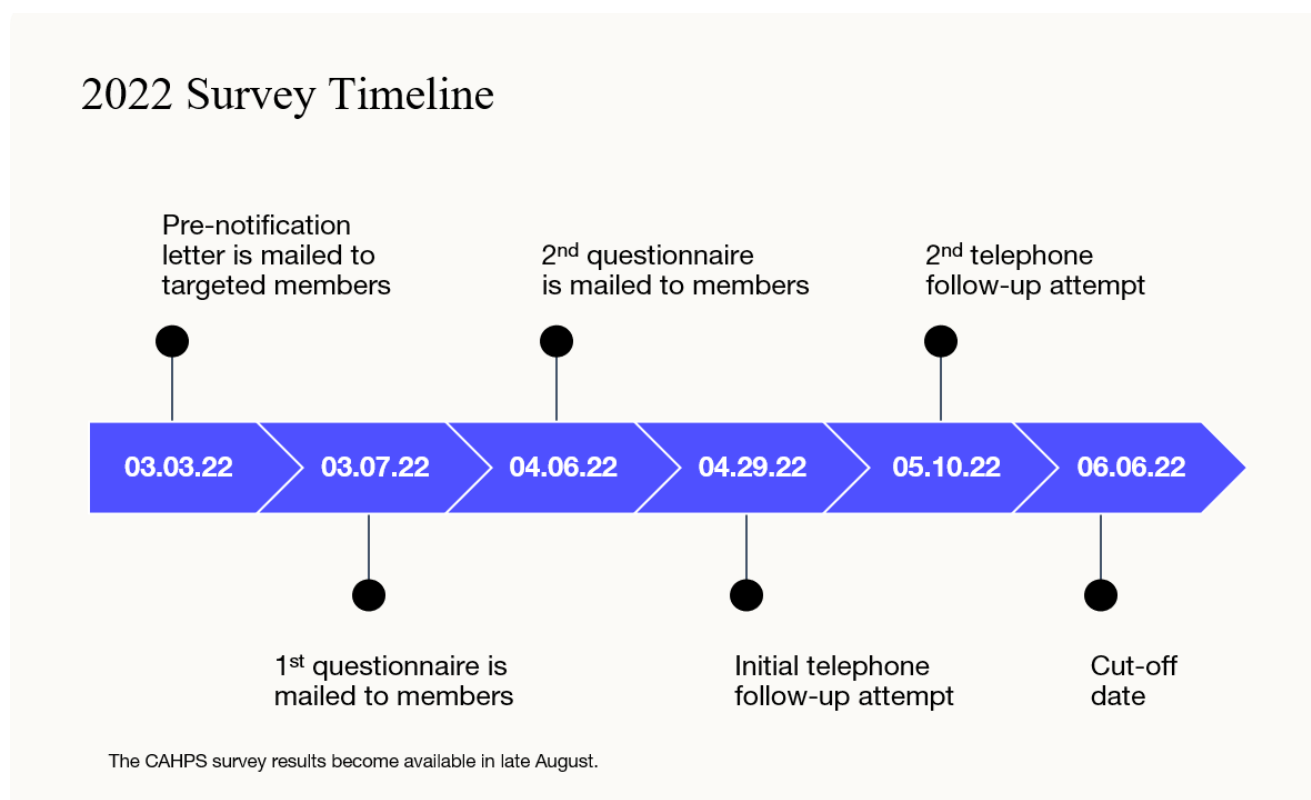


Consumer Assessment of Healthcare Providers and Systems (CAHPS[®])

What is CAHPS?

The Consumer Assessment of Healthcare Providers & Systems (¹CAHPS®) is an industry standard survey tool used to evaluate the experiences of healthcare consumers. The National Committee for Quality Assurance (NCQA) and the Centers for Medicare and Medicaid Services (CMS) require health plans to conduct CAHPS surveys on an annual basis and the survey results are used to measure and compare plan performance, determine quality rating performance and quality bonus payment (as applicable, and to publicly report data via plan shopping tools such as CMS Medicare Plan Finder and State and Federal exchanges.

When are CAHPS surveys administered and when are results available?



¹ CAHPS®, which stands for Consumer Assessment of Healthcare Providers and Systems, is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

What are the CAHPS measures most impacted by providers?

CAHPS MEASURES

CAHPS SURVEY QUESTIONS

Rating of Healthcare Quality

Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

Tips for success:

- Survey your patients and ask how you can improve their health care experience.
 - Create a patient advisory council for regular feedback.
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Getting Needed Care

In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?

In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?

Tips for success:

- Set realistic expectations around how long it could take to schedule an appointment with the specialist if the appointment is not urgent.
 - If applicable, advise your patient on how you can help secure an appointment sooner if your clinic has an established relationship with a specialist.
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- Help the patient understand why you're recommending certain types of care, tests or treatments, especially if the patient requested or asked about other types.
 - Review with patients what role they play in securing care, tests or treatment (e.g., scheduling with specialists, timely appointments).
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Getting Appointments and Care Quickly

In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?

In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed?

In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time?

Tips for success:

- Patients are more tolerant of appointment delays if they know the reasons for the delay. When the provider is behind schedule:
 - Front office staff should update patients often and explain the cause for the schedule delay. Offer reasonable expectations of when the patient will be seen and give the patient options, showing respect for their time.
 - Staff members interacting with the patient should acknowledge the delay with the patient.
 - Consider implementing advanced access scheduling (same-day scheduling) or consider:
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- Leaving a few appointment slots open each day for urgent visits, including post-inpatient discharge visits.
 - Offering appointments with a nurse practitioner or physician's assistant to patients who want to be seen on short notice.
 - Offering online appointments to make it convenient for patients to connect with the practice.
 - Asking patients to make routine checkups and follow-up appointments in advance.
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Care Coordination

In the last 6 months, when you visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care?

In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did someone from your personal doctor's office follow up to give you those results?

In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did you get those results as soon as you needed them?

In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?

In the last 6 months, did you get the help you needed from your personal doctor's office to manage your care among these different providers and services?

In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?

Tips for success:

- Before walking in the exam room, review the reason for the visit and determine if you need to follow up on any health issues or concerns from previous visits.
- Implement a system in your office to ensure timely notifications of test results, ask patients how they would prefer to receive test results and communicate clearly with patients on when they'll receive test results.
- Utilize or implement a patient portal to share test results and consider automatically releasing the results once they're reviewed by the provider.
- Ask your patients if they saw another provider since their last visit. If you know patients received specialty care, discuss their visit and treatment plan, including new prescriptions.
- Complete a medication reconciliation at every visit.

Getting Needed Prescriptions

In the last 6 months, how often was it easy to use your prescription drug plan to get the medicines your doctor prescribed?

In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription at your local pharmacy?

In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription by mail?

Tips for success:

- Use formulary, write 90-day fills, coordinate medications as appropriate and work to get authorizations completed timely while setting patient expectations about resolution time.

Annual Flu Vaccine

Have you had a flu shot since July 1, 2021?

Tips for success:

- Administer flu shot as soon as it's available each fall.
- Eliminate barriers to accessing flu shots and offer multiple options for patients to get their shot (walk-in appointments, flu shot clinics, flu shots at every appointment type if the patient's eligible).
- Promote flu shots through website, patient portal and phone greeting and / or on-hold messaging.

Why focus on patient experience?

Partnering together with a year-round focus improve the experiences of our patients will have many important benefits to your practice such as:

- **Increases patient engagement and drives better health outcomes:** The Agency for Healthcare Research and Quality (AHRQ) found that patients who report positive patient experiences saw much higher rates of patient engagement and clinical outcomes such as reductions in medication errors, falls, and length of stays.
- **Enhances an organization's revenue:** Estimates place the lifetime value of a patient at approximately \$1.4 million and when patients have a bad experience and choose to go elsewhere, that money goes along with them. Also, patient experience is increasingly being used by payers as a metric to assess the quality of care that healthcare organizations are providing, and consequently is changing the way that those payers structure contractual agreements.
- **Improves an organization's reputation:** With the increasing amount of transparency, patients can see what others think about you and your office. Reputation based on patient experience impacts whether or not patients return to an organization or recommend it to those in their social network. Studies have shown by increasing customer retention rates by only 5% increases can increase company profits by 25-95%.

What resources does Oscar offer to providers & members to improve the healthcare experience?

Oscar Health offers many resources to promote patient satisfaction and to provide assistance to office staff:

- Oscar Health members can access Interpreter Services at no cost by calling their Concierge team
- Search for in-network providers, labs, pharmacies, and hospitals on hioscar.com/search
- Search our drug formularies to find out what medications Oscar covers
- Create a Provider Portal account to check member eligibility, check status of claims, submit prior authorizations electronically, and more
- For important documents and forms such as the Evidence of Coverage, drug formulary, and coverage request forms, go to hioscar.com/medicare/forms
- Report roster changes by calling us at 855-672-2755 to ensure your patients have the most up to date information about your practice and providers

Checklist for CAHPS Success

Here are ways you can improve your patient's experience and help with the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey that your Medicare patients may receive in March 2022. For your reference, the Medicare CAHPS survey questions are available on the next page

BEST PRACTICES

Before Appointments

- ☐ **Make scheduling appointments easy** by reducing call wait times, offering a call back feature, and offering self-service booking options (via patient portal)
 - ☐ **Reduce appointment wait times** by offering same-day, weekend, and early morning/evening appointment slots; offer waitlist options when fully booked
 - ☐ **Offer telemedicine services** (by phone or video chat) as an alternative to in-person appointments
 - ☐ Prepare the patients' records and review them ahead of time, **and get prior authorizations if necessary to expedite care**
 - ☐ **Inform patients if there are likely to be long wait times** or if, last-minute, they need lab work completed
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During Appointments

- ☐ **Do your best to see patients within 15 minutes of their appointment time**
 - ☐ **Check patients' prescriptions**, ensure they understand their medications, and alert them about any possible adverse drug interactions
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- **Let patients know when their results will be available**, schedule reminders to discuss results with them in a timely manner, and follow up effectively using the communication method that works best for them (live-call, patient portal)

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- **Provide patients with the opportunity to ask questions and voice concerns about their care**

End of Appointments

- **Immediately schedule patients' follow-up appointments** to ensure continuity of care

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- **Account for follow up care** by referring patients to in-network providers/facilities, informing patients of any authorization requirements, and assist patients with scheduling appointments when needed

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- **Encourage patients to use the patient portal**, which lets them access their health records, request prescription refills, and ask providers questions

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- **Share health records with patients' other providers** to keep everyone up-to-date
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For questions on CAHPS, please contact Scott Wheeler, Associate Director of Member Experience, at swheeler@hioscar.com