

Medicare CAHPS Survey

Do Your Patients Consider You a “10”?

You have a great opportunity right now to help your Medicare patients (our members) consider you and Florida Blue as one of the best - a “10”. We both want our customers to identify us as one of the best, but we will need to work smarter together to reach this milestone.

The CMS-assigned Consumer Assessment of Healthcare Providers and Systems (CAHPS^{®1}) survey, goes to a random sample of your Medicare patients (our members) each March/April. It asks them about their health care *experiences* with, and ratings of, their providers and health plan from the last calendar year. As a result, we are rated based on our members’ (your patients’) experiences.

From our latest survey results, we learned that our members believe rating us at a 7 or 8 is outstanding when in reality it’s average. We strive to perform far above average and want our members to consider us as such – for a 10 rating. This is why it’s essential that our CAHPS survey ratings improve in the four categories below.

- ✓ **Rating of the Health Care Quality**
- ✓ **Care Coordination**
- ✓ **Rating of Health Plan**
- ✓ **Getting Needed Care (Prescription Drugs)**

We understand the steps we need to take to improve these rating areas. Providers like you can also have a direct impact on these ratings. It is likely these CAHPS survey category ratings will significantly increase if you meet the standards below for your Medicare Advantage patients. Improvement in these rating areas could position you as a “10” provider and us as a “10” health plan.

Overall Health Care Quality (*How much your patient loves you*) – This is heavily influenced by your patients’ perceptions and attitudes towards you. Your patient is more likely to rate you a “10” for overall health care if you are:

- attentive and listen carefully to your patients and respect what they have to say;
- informed of your patient’s specialist care;
- make it simple for your patients to understand;
- make it easy for your patients to get care, tests, and necessary treatment; and
- spend generous time with your patients.

Care Coordination – The way patients’ perceive how their care is coordinated is mostly under their provider’s control. Bottom-line, *patients look to their personal doctor to help them achieve their health goals*. Providers like you can help by meeting the following norms.

- deliver care to your patients quickly (*within 15 minutes of arrival*);
- have all your patient’s necessary medical records and care information;
- be informed of specialist care;
- follow up with care and tests;
- provide timely care reminders* (e.g., flu shots, immunizations, and other critical screening tests); and
- request timely referrals and authorizations (*we understand how many providers have experienced frustration with our referral and authorization process and we are working hard to improve it*).

*In Availity^{®2}, you will see important [patient care reminders](#) when checking our member’s eligibility for care and services.

Getting Needed Care (Prescription Drugs) – Ease of getting prescription drugs is largely attributed to declines in prescriptions filled by mail. We are assessing the current procedures with our mail-order operations to see how we can improve. Some things to consider:

- Write for a 90-day extended supply – this can help your patients with adherence.
- Save patients time by ordering their 90-day supply through mail order. Mail order offers members the convenience of having their medications delivered to their home for those that may have trouble getting to the retail pharmacy. See how to request via mail order [here](#).
- Follow-up with patients who aren't getting their refills on time.

By working smarter to meet the standards above, along with our health plan standards, we have a solution to becoming a top provider and health plan – conceivably a “10”. We ask you to work with us to provide our members with the best health care experiences.

Thank you for the quality care you provide for our members.

Resources:

- For specific information about the CAHPS survey, visit: <https://ma-pdpcahps.org/>.
- To learn more about the [CAHPS methodology](#), visit https://cahpsdatabase.ahrq.gov/cahpsidb/Public/Files/Doc4_CAHPShp_Methodology_2015.pdf
- To request a 90-day supply for maintenance medications, access the order form [here](#).
- Access the Advisory Board infographic, [5 Myths that Physicians Believe About Patient Experience](#)³, to see how performance impacts the patient's experience and physician finances, what drives patient outcomes, myths physicians believe about patient experience, and more. You can also find this by visiting [advisory.com](#) select *Research Platform*, Physician Executive Council, then Media and Infographics.

¹ CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

² Availity, LLC is a joint venture multi-payer company. To register, visit [availity.com](#).

³ Advisory Board, Physician Executive Council, (2015, March 18), *5 Myths Physicians Believe About Patient Experience*; https://www.advisory.com/research/physician-executive-council/resources/posters/5-myths-physicians-believe-about-patient-experience?WT.mc_id=Email|DailyBriefing+Spotlight|info|PEC|2017Feb15|patexp|&elq_cid=2402702&x_id=003C0000024DOf0IAG