



Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey

2021 Provider Webinar

September 2021

Agenda

Updates

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Updates

Provider Office Closures

When providers fully close, change schedules, or only provide telehealth consultations, the following steps need to be taken:

- Contact their Health Net provider network regional representative immediately.
- Go to the Provider Portal and update the information.
- Notify patients who have upcoming appointments about changes to office procedures and provide documentation detailing how patients were notified to a designated plan network representative.
- Inform patients about available care options by updating voicemail instructions, leaving messages for patients, putting up posters, or conducting patient outreach via mail and/or email.
- When rescheduling or postponing an appointment, the referring or treating provider must determine and note in the patient record that a longer wait time will not have a detrimental impact on the health of the patient.
- Inform Health Net of the date when the office will be re-opening.

Provider Portal

Register to create an account on: provider.healthnetcalifornia.com

If you already have
an account on
provider.healthnetcalifornia.com

You do not need to register.

If you are **new** to
provider.healthnetcalifornia.com

You must register for an account through
provider.healthnet.com. Follow the steps
on the next page.

Additional details on how to register can be found in the Appendix

CAHPS[®] Survey

Introduction to the CAHPS® Survey

Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

- CAHPS® is a survey tool that asks members/patients to evaluate their experience with their health plan and at the providers' offices.
- The CAHPS® survey is sent to a random sample of health plan members in the spring of each year.
- Responses are anonymous.

WHAT CAHPS® IS:

Required by NCQA for accreditation and by CMS for Star Ratings

Uses standardized NCQA questions

Provides a broad-based view of member issues & concerns

WHAT CAHPS® ISN'T:

Health plans do not have the ability to ask custom questions

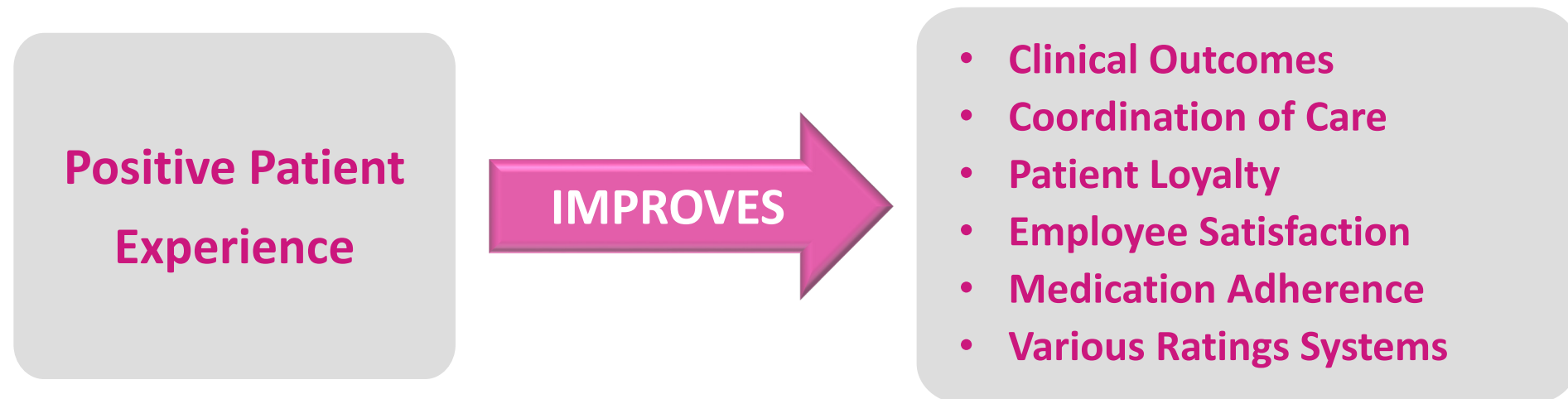
Health plans cannot go into detail on member characteristics

Health plans cannot explore the details of member issues & concerns

Importance of CAHPS®

Patient experience is increasingly important in the health care industry.

- Positive experience has been shown to improve important clinical outcomes.
- Centers for Medicare & Medicaid Services (CMS) will be increasing the weight given to patient experience measures for the Medicare Star Rating, reinforcing the importance of patient experience to our regulators.
- ***Any interaction with a provider and/or provider office staff can impact patient experience and perceived access to care.***



CAHPS® Protocol & Timing

Protocol Process



Pre-notification letter mailed



Questionnaire with cover letter and business reply envelope (BRE) mailed



Replacement questionnaire with cover letter and BRE to all non-responders



Telephone interviews conducted with non-responders (five attempts)

ESTIMATED TIMELINE	MEDI-CAL/ COMMERCIAL	EXCHANGES	MEDICARE
Pre-notification letter/postcard	February	February	March
Mailed Surveys	February - March	February - March	March - April
Telephone Collection	Early April	Early April	Late April
Initial CAHPS® Results	July	July	August
Final CAHPS® Results/Ratings	October (OPA) November (NCQA)	October (QRS)	August (STARS)

Provider-Influenced Measures

CAHPS® Measures



CAHPS® Measures that impact plan ratings vary by Line of Business

- Getting Appointments & Care Quickly
- Getting Needed Care
- Care Coordination
- How Well Doctors Communicate
- Rating of Personal Doctor
- Rating of Specialist
- Rating of Healthcare Quality
- Getting Needed Prescription Drugs
- Annual Flu Vaccine
- Shared Decision Making
- Rating of Health Plan
- Customer Service
- Access to Information
- Rating of Drug Plan



Measures Impacted by
Providers and Office Staff

Provider-Driven CAHPS[®] Measures



GETTING NEEDED CARE

Measures how easy it was for patients to get appointments with specialists and treatment believed necessary



GETTING APPOINTMENTS & CARE QUICKLY

Measures how often patients received urgent and routine care as soon as needed and appointment wait time



CARE COORDINATION

Measures how often care was coordinated for patients, including follow-up for tests, doctors being informed of medical records, and coordination with specialists

Provider-Driven CAHPS® Measures



DOCTOR COMMUNICATION

Measures views of how well engaged a patient's provider was (listens intently, shows respect)



ANNUAL FLU VACCINE

Measures if the patient received their annual flu vaccine



GETTING NEEDED Rx

Asks patients how easy it was to receive prescription drugs

Provider-Driven CAHPS[®] Measures



RATING OF HEALTHCARE QUALITY

Measures views of the quality of care received



RATING OF PERSONAL DOCTOR

Measures views of the quality of care received from their personal doctor



RATING OF SPECIALIST

Measures views of the quality of care received from their specialist

CAHPS[®] Survey Questions

Composite Measures: Access to Care

CAHPS® Measure	CAHPS® Survey Questions	Recommendations & Best Practices
<p>Getting Needed Care</p>	<p>In the last 6* months...</p> <ol style="list-style-type: none"> 1. How often did you get an appointment to see a specialist as soon as you needed it? 2. How often was it easy to get the care, tests, or treatment you needed? 	<ul style="list-style-type: none"> • Help patients schedule appointments with <ul style="list-style-type: none"> ○ Primary Care Physician (PCP): <ul style="list-style-type: none"> • Urgent: Same day/within 48 hours • Routine: Within 10 business days ○ Specialist: <ul style="list-style-type: none"> • Urgent: Within 96 hours • Routine: Within 15 days • Offer early morning walk-in or evening appointments.
<p>Getting Care Quickly</p>	<p>In the last 6* months...</p> <ol style="list-style-type: none"> 1. When you needed care right away, how often did you get care as soon as you needed it? 2. How often did you get an appointment for a check-up or routine care as soon as you needed it? 3. How often did you see the person you came to see within 15 minutes of your appointment time? 	<ul style="list-style-type: none"> • Review, monitor, and audit prior authorization and referral practices, and evaluate how decisions are communicated to the patient. • Provide support to address communication challenges across cultures, including access to interpreter services. • Patient experience with provider and provider office staff, including communication and treated with courtesy/respect, can impact patient’s perception of access to care. • Communicate provider delays at time of appointment.

Composite Measures: Care Coordination

CAHPS® Measure	CAHPS® Survey Questions	Recommendations & Best Practices
<p>Care Coordination</p>	<p>In the last 6* months...</p> <ol style="list-style-type: none"> 1. How often did your doctor have your medical records or other information about your care? 2. How often did someone from your personal doctor's office follow up to give you test results? 3. How often did you get those test results (blood test, x-ray, or other tests) as soon as you needed them? 4. How often did you and your personal doctor talk about all the prescription medicines you were taking? 5. Did you get the help you needed from your personal doctor's office to manage your care among these different providers and services? 6. How often did your personal doctor seem informed and up-to-date about the care you got from specialists? 	<ul style="list-style-type: none"> • Providers should encourage provider office staff engagement with the patient. Ask questions about past care and treatment, discuss Rx, include patients in decision making, and have relevant information and medical history during appointments. • Ensure patients are called about test results and/or any delays. • Encourage PCP groups to set up patient portals where patients can easily access test results and communicate with providers. • Monitor prior authorization and referral practices. • Share results with all applicable providers. • Help schedule appointments with specialists.

Provider Communication

CAHPS® Measure	CAHPS® Survey Questions	Recommendations & Best Practices
<p>How Well Doctors Communicate</p>	<p>In the last 6* months...</p> <ol style="list-style-type: none"> 1. How often did your personal doctor explain things in a way that was easy to understand? 2. How often did your personal doctor listen carefully to you? 3. How often did your personal doctor show respect for what you had to say? 4. How often did your personal doctor spend enough time with you? 	<ul style="list-style-type: none"> • Ensure that providers understand the importance of CAHPS® and the impact of improved patient experience on clinical outcomes and overall well-being. • Ensure that our patients feel respected by providers and office staff: <ul style="list-style-type: none"> • Listen to patient and express understanding. • Ask if all questions have been addressed. • Thank the patient for waiting, if appropriate. • Include patient in next steps and decision making. • Provide the physicians with patient education materials. • Provide resources related to cultural competency and language line. • Ensure that provider and provider office staff are trained to handle sensitive situations. • Sit down during an appointment and make eye contact.

Provider communication can impact patient perception of overall ease of getting care.

Overall Rating Measures

CAHPS® Measure	CAHPS® Survey Question(s)	Recommendations & Best Practices
<p>Rating of Personal Doctor</p>	<p>1. Using any number from 0 to 10, where 0 is the worst possible and 10 is the best possible, what number would you use to rate your <u>doctor</u>?</p>	<ul style="list-style-type: none"> Any interaction with a provider and/or provider office staff can impact patient experience and perceived access to care. Educate all providers and office staff on the importance of patient experience and its impact on CAHPS® scores. Provide patient-centered care and service.
<p>Rating of Specialist</p>	<p>1. Using any number from 0 to 10, where 0 is the worst possible and 10 is the best possible, what number would you use to rate your <u>specialist</u>?</p>	
<p>Rating of Healthcare Quality</p>	<p>1. Using any number from 0 to 10, where 0 is the worst possible and 10 is the best possible, what number would you use to rate your <u>health care</u>?</p>	

Patient Communication

Health Literacy

Personal health literacy:
“the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions”

Updated health literacy definition emphasizes:

- People’s ability to use the health information provided to them, not just understand it
- Person’s use of information to make “well-informed” decisions around their health care
- Highlights that organizations also have a responsibility to properly address health literacy for their consumers/patients

Understanding Potential Patient Challenges

Cognitive

- Harder to remember things, greater tendency to be distracted, slower processing speed

Visual

- About 2/3 of adults over 65 y/o have vision problems

Hearing

- About 1/3 of adults over 60 y/o, and 1/2 of adults over 85 y/o have some type of hearing loss

Communicating with Patients

**Meet
Communication
Needs**

- Repeat important information
- Use plain language
- Limit background noise
- Talk face-to-face
- Make information easy to see and read
- Communicate directions and use reminders
- Always show empathy and respect

Source: [Centers for Disease Control and Prevention - What is Health Literacy?](#)

Communication Across Various Populations

Cross – Cultural Communication

- Cultural Competence Training
- Ensure materials are culturally appropriate

Translation/Interpreter Services

- Plain, simple language – avoid medical jargon
- Provide translated materials in other commonly used languages
- Inform patients of available interpreter services

Effective Communication for Special Needs Plans (SNP)

- Use of people-first language
(e.g. person with a disability, person who uses a wheelchair, person with multiple sclerosis)

Health Net Resources

1. Provider Cultural Education Series
2. Language Assistance Program
3. Health Net Community Connect




See Appendix for more details

Sources:

1. [Centers for Disease Control and Prevention - Culture & Health Literacy](#)
2. [Centers for Disease Control and Prevention – Disability Inclusion Strategies](#)

Improving Patient Experience

Improving Patient Experience

Area/Domain	Recommendations & Best Practices
 <p>Set Expectations</p>	<ul style="list-style-type: none"> • Inform the patient of appropriate and expected timeframes for routine appointments and test results. • Be familiar with nuances of Health Net’s services (e.g., refer to in-network specialists, obtaining diabetic supplies). • Explain what you are doing during the exam/procedure and involve patient in decision-making. • Recap the visit.
 <p>Prior Authorization and Referrals</p>	<ul style="list-style-type: none"> • Follow appropriate processes and turnaround times. • Delays in these areas result in patient grievances, complaints, and overall dissatisfaction. • Explain next steps to patient in a way that is easy to understand. • Utilize Health Net as a resource to provide any tip sheets that would be helpful.
 <p>Patient – Centered Care</p>	<ul style="list-style-type: none"> • Include patient in the care process - have patient values help guide clinical decisions. • Provide care and service that is responsive to a patient’s unique needs, preferences, health goals. • Support patients in learning to manage and participate in their own care at the level the patient chooses¹.

1. Agency for Healthcare Research and Quality. Defining the PCMH; <http://pcmh.ahrq.gov/page/defining-pcmh>.

Key Takeaways

- CAHPS results are often based on patient perception and patient recall.
- Any patient interaction has a potential to impact CAHPS scores. **Make patient experience a top priority for all staff members.**
- Leverage Health Net's multiple resources on improving patient experience. For additional support, don't hesitate to reach out!

Patients who have a positive experience are more likely to stay engaged with their health care down the line.

Questions?

Appendix

Health Net's New Provider Portal – Four Steps to Register

Step 1:

Providers logging in to provider.healthnet.com may be prompted to change their password as an extra security measure. Your password reset link will be sent to the email on file. Update your email address if needed.

Step 2:

Select Register for a new account. The link will take you to provider.healthnetcalifornia.com to register for your new account.

Log In / Register

Continue to access provider.healthnet.com for your post-login content until further notice

As previously communicated over the past month, we have been working diligently to stand up one provider portal that gives you access to more self-service tools and functions for all your needs.

At this time, we are experiencing technical issues with the new portal. In an effort to not disrupt your ability to access portal functions, please continue to use the provider.healthnet.com portal. We will inform you once the issues are resolved and when you can begin using the new portal at provider.healthnetcalifornia.com once the issues have been resolved. Thank you for your patience.

Although the launch to the new portal at provider.healthnetcalifornia.com is delayed, you **MUST** be registered to access self-service tools once we launch the new site:

- [Register for a new account](#) ←
- If you already have access to provider.healthnetcalifornia.com, no action is needed.

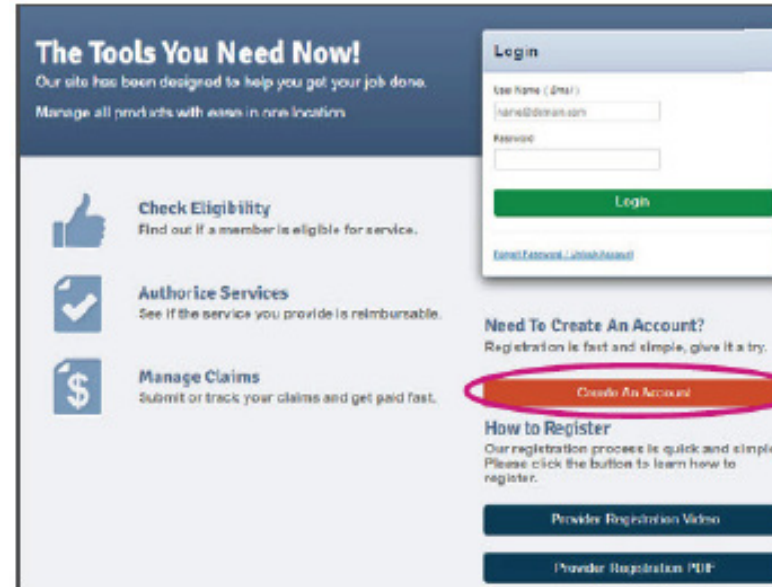
Don't have an account? [Register for IFP & Medicare Advantage.](#)

Log In - IFP & Individual Medicare Advantage

Health Net's New Provider Portal – Four Steps to Register

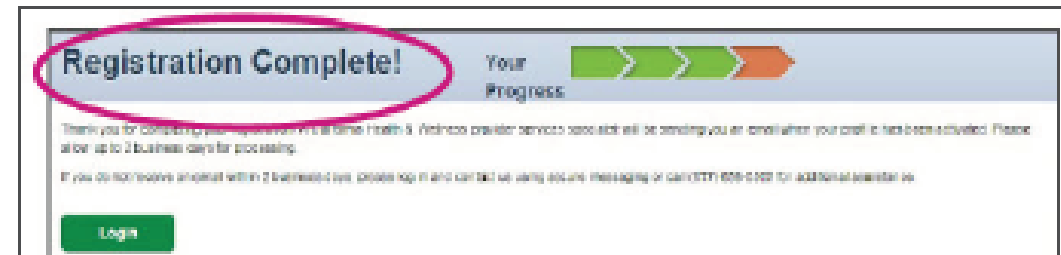
Step 3:

Select create an account.



Step 4:

Follow prompts until complete.



Provider Cultural Education Series



- Health Net, in partnership with Physicians for a Healthy California, launched a cultural competency education series for providers.
- The purpose is to support providers on how to deliver culturally competent care in diverse communities.
- Education series topics:
 - Adverse childhood experiences (ACEs)
 - Vaccine hesitancy/childhood immunizations
 - Diabetes
 - Developmental and physical disabilities
 - BIPOC and LGBTQ healthcare
 - Reproductive health

Educational flyers can be downloaded from the [Provider Library](#).

1. Select the line of business
2. Click on “Health Equity, Cultural and Linguistic Resources” on the left-hand side

MEDI-CAL

COVID-19 Provider Alerts

Provider Manual +

Updates and Letters

Forms and References

Education, Training and Other Materials

Health Equity, Cultural and Linguistic Resources

Provider Pulse Newsletter

Contacts

Glossary

Health Equity, Cultural and Linguistic Resources

[A](#) | [B](#) | [C](#) | [D](#) | [E](#) | [F](#) | [G](#) | [H](#) | [I](#) | [J](#) | [K](#) | [L](#) | [M](#) | [N](#) | [O](#) | [P](#) | [Q](#) | [R](#) | [S](#) | [T](#) | [U](#) | [V](#) | [W](#) | [X](#) | [Y](#) | [Z](#)

A

● [ACEs - Tips to Support Patients with Childhood Trauma \(PDF\)](#)

● [ACEs - Tips to Support Patients with Childhood Trauma \(PDF\)](#) CalViva Health

B

C

● [Childhood Immunizations – Support for Vaccine Hesitant Parents \(PDF\)](#)

● [Childhood Immunizations – Support for Vaccine Hesitant Parents \(PDF\)](#) CalViva Health

● [Culturally Competent Care for Black, Indigenous and People of Color \(BIPOC\) Patients \(PDF\)](#)

Language Assistance Program

INTERPRETER SERVICES

- Qualified interpreter services that comply with California requirements.
 - Interpreters can offer insights on common cultural communication issues.
- In-person, Video Remote Interpreter (VRI) and telephone and sign language interpreters are available.
- In-person and VRI interpreters should be scheduled at least 2-5 days in advance.
- Sign Language interpreters should be requested at least 10 days in advance due to statewide shortage of interpreters
- Telephone interpreters are available in more than 150 languages, 24/7 at no cost.
 - Use of telephone interpreters does not require advanced notice.
- We also provide guidance on compliance with state requirements for the use of bilingual staff.

TRANSLATION SERVICES

- Translation of vital documents or member-informing materials.
- Materials produced by a participating physician group (PPG).
 - PPGs must provide translations and alternate formats of utilization and case management materials for members that have a preferred language or format listed on the eligibility file.
 - If a Health Net member requests translation or an alternative format of an English document produced by a delegated PPG, the provider must refer the member to the Member Services telephone number on the member's identification (ID) card.
 - Submit requested document to Health Net within 48 hours.
- Threshold language translation required, which vary by line of business and county.
- Alternate formats such as Accessible PDF, Braille, large print, and others.
- Document the member's language preference (including English) and the refusal or use of interpreter services in the member's medical record.

Health Net Community Connect

- ✓ Branded Search
Separate sites for staff and members/community
Social Needs Screening
- ✓ Featured Program Listings
Make and Track Referrals
Add Reviews /Notes /Favorites
- ✓ Guided Search
Reporting / Analytics
Integration with existing systems using single sign on

www.healthnet.auntbertha.com

- A social services, resource and referral platform used to:
 - Identify local resources
 - Support staff and community partners
- A nationwide database of free and reduced cost direct services

Additional Health Equity Resources



These resources are available:

- **Interpreter** services flyer
- **Interpreter** cards
- **Language Identification** poster
- **ICE toolkit** (Industry Collaboration Effort)
- **C&L Training List**



To request these materials, please request a material request form at Cultural.and.Linguistic.Services@healthnet.com

Resources



Patient Experience Resources

[Provider Portal](#)



Motivational Interviewing and Cultural Sensitivity

Website: [California Quality Collaborative](#)

Website: [Industry Collaboration Effort](#)



Teach Back Method

SHARE Approach Toolkit: [Agency for Healthcare Research and Quality](#)



CAHPS[®] and Health Outcomes Survey (HOS)

Website: [Health Services Advisory Group - CAHPS[®] Survey](#)

Website: [Centers for Medicare & Medicaid Services](#)

Website: [Agency for Healthcare Research and Quality \(AHRQ\)](#)

Website: [Health Services Advisory Group - Medicare Health Outcomes Survey](#)

COVID-19 Resources



1. Patients seeking to get the COVID-19 Vaccine can find more information at [Health Net's COVID-19 Resource Center](#)



2. Patients wanting to be tested for COVID-19 should consult with their provider, who may order the test if the provider determines the patient meets the testing criteria. Criteria is available at [California State Government Website - COVID-19 Testing](#)



3. For Health Net support inquiries and COVID-19 FAQs regarding Access to Care and Cost Share, call the toll-free line: [1-800-400-8987](tel:1-800-400-8987)



4. For general information, check the Centers for Disease Control and Prevention (CDC) at [Centers for Disease Control and Prevention - Coronavirus \(COVID-19\)](#)