

Enhance patient triage process and office experience

Tips	Benefits
Consider assigning staff to perform preliminary work-up activities (e.g. blood pressure, temperature, etc.)	Shortens patient's perceived wait time
While waiting, consider providing something to occupy their attention (e.g., current reading materials, health information)	Shows patients you acknowledge that their time is important
Give a brief explanation for any provider delays and provide frequent updates. Offer options to reschedule or be seen by another provider (including a PA or NP)	Sets patient expectations



Encourage open communication with patient

Tips	Benefits
Review all treatment options with patient Ask patients to list key concerns at the start of the visit	Ensures patient's needs are met
Review all medications to ensure understanding for taking the medication and to encourage adherence	Facilitates medication adherence and better health outcomes
Offer resources, such as health education materials and interpreters Ask patients if all questions and concerns were addressed before ending visit	Patients feel sufficient time was spent with them
Show empathy Take complaints seriously and try to resolve immediately	Shows patients that they are being heard

Additional resources for office staff and patients:

24 Hour Nurse Advice Line

For additional after hours coverage, Molina Healthcare members can call:

Medicaid & Medicare:
(888) 275-8750 (English) TTY: 711
(866) 648-3537 (Spanish) TTY: 711

MMP/Duals:
(844) 489-2541 (English, Spanish & Arabic)
TTY: 711

Provider Web Portal

Providers can access the provider web portal at www.MolinaHealthcare.com to:

- Check member eligibility
- Submit a claim & check claim status
- Search for your patients
- Check status of service request authorizations
- Review Patient Care Plan
- Obtain information on quality measures and HEDIS performance
- Submit HEDIS documentation files thru Provider Profile site

Interpreter Services

Molina Healthcare members can access interpreter services at no cost. Call the Customer Service Line at

Medicaid/Healthy Michigan: (888) 898-7969
Medicare: (800) 665-3072
MMP/Duals: (855) 735-5604
Marketplace: (888) 560-4087

MolinaHealthcare.com

Improving Patient Satisfaction:

Tips for Your Provider Office



Related CAHPS® questions:

- How often did your personal doctor listen carefully to you?
- How often did your personal doctor spend enough time with you?
- How often did your personal doctor explain things in a way that was easy for you to understand?
- How much did a doctor or other health provider talk about the reasons you might want to take a medicine?



Your Extended Family.

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Your Extended Family.

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is an industry standard survey tool used to evaluate patient satisfaction. Improving patient satisfaction has many benefits. It not only helps to increase patient retention, but can also help increase compliance with physician recommendations and improve patient outcomes. Are you looking for ways to help improve patient satisfaction and increase CAHPS® scores? Here are a few suggestions that may help:



Review appointment scheduling protocols and access to care standards

Medical Appointment Types	Standard
Office Wait Time	Not to exceed 45 minutes
Routine Primary Care	Within 30 business days of the request
Preventive Care Appointment	Within 30 business days of the request
Urgent Care	Within forty-eight (48) hours
Non-urgent Symptomatic Care	Within 7 business days of request
After Hours Care	24 hours/day; 7 day/week availability
Acute/Urgent Specialty Care (High Volume)	Within three (3) to five (5) business days of the request
Specialty Care (High Impact)	Within six (6) weeks of the request
Behavioral Health* Appointment Types	Standard
Life Threatening Emergency	Immediately
Non-life Threatening Emergency	Within six (6) hours of request
Urgent Care	Within forty-eight (48) hours
Routine Care	Within ten (10) calendar days
Follow-up Routine Care	Within 10 business days of request

Dental Appointment Types	Standard
Emergency Dental Services	Immediately 24 hours/day seven Days per week
Urgent Care	Within 48 hours
Routine Care	Within 21 Business Days of request
Preventive Services	Within six weeks of request
Initial Appointment	Within eight weeks of request

Related CAHPS® questions:

- When you needed care right away, how often did you get care as soon as you needed?
- When you made an appointment for a check-up or routine care at a doctor's office or clinic, how often did you get an appointment as soon as you needed?

Maximize all visits

Tips	Benefits
For patients who are seen for an office-based E&M service (a sick visit) and are due for a preventive health care visit, consider performing a preventive health care visit if time and indications allow. If time does not allow, please schedule the preventive health care visit for another time.	Addresses patient needs and improves health outcomes Reduces future visits and opens up schedule
Molina Healthcare will reimburse for both E&M services that occur on the same patient on the same day when: 1. The ICD-10 diagnosis codes support payment of both E&M codes (sick visit plus well check visit). 2. The office-based E&M service (sick code) reported with modifier 25 documents both E&M services as significant and separately identifiable E&M services. 3. Clinical records may be submitted with the claim documenting the criteria above. 4. Reimbursement assumes that all other claim payment requirements are satisfied.	Ensures preventive care needs will be addressed more timely