

Improving Patient Satisfaction: Tips for Your Provider Office

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. Based on Molina Healthcare of Texas 2021 CAHPS survey results, our members indicated that they were not getting appointments as soon as needed and there were opportunities to improve on how well doctors communicate with members. As a result, we are providing best practices and information below to help increase member experience as they access healthcare.



Stay **ALERT**

- A** – Always
- L** – Listen carefully to the patient/member and/or their representative
- E** – Explain in an easy-to-understand way and wording, avoid using medical jargon or terminology
- R** – Respect what the patient/member and/or their representative says, ask for their input and about the impact health concerns have on their daily life
- T** – Time management perception by patient/member or their representative
 - taking time to sit down, lean into conversation with open/receptive body language

Review appointment scheduling protocols and access to care standards

Reviewing standard wait times sets expectations with your patients. The access standards below are based on standards outlined per your contract:

Visit Type	Appointment Scheduling Time Frame
Urgent Care	Within 24 hours
Non-Urgent Routine Care	Within 14 days
Well Child/Adolescent Preventive Care	Within 60 days
Adult Preventive Care	Within 90 days
Specialist	Within 21 days

Additional Access to Care Tips	Benefit
Call patients 48 hours before their appointments to remind them about their appointments and anything they will need to bring	Reduces no shows
Consider offering evening and/or weekend appointments	Improves access to care
Provide clear instructions on how to access care after hours	Reduces ER visits

Improve patient experience by maximizing all visits

Tips	Benefit
<p>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 preventive health care visit for another time before they leave the office</p>	<p>Addresses patient needs and improves health outcomes.</p> <p>Reduces future visits and opens up schedule.</p>
<p>Molina Healthcare will reimburse for both E&M services that occur on the same patient on the same day when:</p> <ol style="list-style-type: none"> 1. The ICD-9 or 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. 	<p>Ensures preventive care needs will be addressed more timely.</p>

Enhance patient triage process and office experience

Tips	Benefit
Consider assigning staff to perform preliminary work-up activities (e.g. blood pressure, temperature, etc.)	Shortens patients' 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 patients expectations

Encourage open communication with patient

Tips	Benefit
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 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 the visit.	Patients feel sufficient time was spent with them
Show empathy. Take complaints seriously and try to resolve immediately	Shows patient that they are being heard.

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?

Additional resources for office staff and patients



24-hour Nurse Advice Line

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

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



Provider Web Portal

Providers can access the provider web portal at <https://provider.molinahealthcare.com/> to:

- Check member eligibility
- Submit a claim and check claim status
- Search for your assigned patients
- Submit and check status of prior authorization requests
- Review patient care plans
- Obtain information on quality measures and HEDIS® performance



Interpreter Services

Molina Healthcare members can access interpreter services at no cost.
Call Member Services at:

- STAR, STAR+PLUS & CHIP: (866) 449-6849
- CHIP Rural Service Area: (877) 319-6826
- Medicare: (866) 440-0012
- MMP: (866) 856-8699
- Marketplace: (888) 560-2025