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TM

CAHPS[®]/HOS Provider Resource Guide

For more than 20 years, Wellcare has offered a range of Medicare products, which offer affordable coverage beyond Original Medicare. Beginning Jan. 1, 2022, our affiliated Medicare product brands, including Allwell, Health Net, Fidelis Care, Trillium Advantage, and 'Ohana Health Plan transitioned to the newly refreshed Wellcare brand. If you have any questions, please contact Provider Relations.



By Allwell
By Fidelis Care
By Health Net
By 'Ohana Health Plan
By Trillium Advantage



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CAHPS®/HOS Provider Resource Guide

CAHPS® (Consumer Assessment of Healthcare Providers and Systems)

Every year, a random sample of Wellcare members is surveyed about their experience with their doctors, services, and health plans. It is an important component of ensuring that patients are satisfied, not only with their health outcomes, but also with their healthcare experience.

CAHPS® surveys allow patients to evaluate the aspects of care delivery that matter the most to them. At Wellcare, we are committed to partnering with our providers to deliver an outstanding patient experience. And as a provider, you are the most critical component of that experience. We want to ensure that you know exactly how your patients are evaluating your care. Please take a moment to review and familiarize yourself with some of the key measures included in the survey.



Provider Engagement Collateral

- ▶ Access to Care
- ▶ Provider Quick Tips Guide
- ▶ Patient Experience Learning Series:
cahpsprovider.com/provider



CAHPS Measure: Getting Needed Care

The Getting Needed Care measure assesses the ease with which patients received their care, tests, or treatment. It also assesses how often patients were able to get specialist appointments scheduled when needed.

Incorporate the following into your daily practice to positively impact the patient experience:

- ✓ Office personnel should help coordinate specialty appointments for urgent cases.
- ✓ Encourage patients to register for access to their member through their provider portal, where they can view their lab results with follow-up instructions from their provider(s).
- ✓ Make it easy for patients to locate office hours and what options patients have outside of office hours.
- ✓ Offer appointments or refills via text and/or email.



CAHPS Measure: Getting Appointments and Care Quickly

The Getting Appointments and Care Quickly measure assesses how often patients got the care they needed as soon as they needed it.

Incorporate the following into your daily practice:

- ✓ Ensure that a few appointments each day are available to accommodate urgent visits.
- ✓ Offer appointments with a nurse practitioner or physician assistant for short-notice appointments.
- ✓ Maintain an effective triage system to ensure that frail and/or very sick patients are seen right away or provide alternate care via phone and urgent care.
- ✓ Transparency around wait times: Keep patients informed if there is a longer wait time than expected and give them an option to reschedule.
- ✓ Make information around “drop-in” hours available and accessible to your patients. Include this information in visit summary forms.
- ✓ Provide scripting and educational offerings for patient access and front office personnel, as well as the personal provider team.

(continued)

CAHPS®/HOS Provider Resource Guide



CAHPS Measure: Care Coordination

The Care Coordination measure assesses providers' assistance with managing the healthcare system, including access to medical records, timely follow-up on test results, and education on prescription medications.

Incorporate the following into your daily practice:

- ✓ Ensure there are open appointments for patients recently discharged from a facility.
- ✓ Integrate PCP and specialty practices through EMR or fax to get reports promptly.
- ✓ Ask patients if they have seen any other providers; discuss visits to specialty care as needed.
- ✓ Encourage patients to bring their medications to each visit.



Provider Engagement Collateral

- ▶ Care Coordination
- ▶ Ten Elements for Using Teach-Back
- ▶ Patient Experience Learning Series:
cahpsprovider.com/provider



CAHPS Measure: How Well Doctors Communicate

The How Well Doctors Communicate measure assesses patients' perception of the quality of communication with their doctor. Consider using the teach-back method to ensure patients understand their health information.

What is teach-back?

- ✓ A way to ensure that you, the healthcare provider, have explained information clearly.
- ✓ It is not a test or quiz; rather it is a way to ask the patient (or a family member) to explain in their own words what they need to know or do.
- ✓ A way to check for understanding and, if needed, re-explain and check again.
- ✓ A research-based health literacy intervention that improves patient-provider communication and patient health outcomes. For more information about the teach-back method, see page 9.¹



CAHPS Measure: Rating of Health Care Quality

The CAHPS survey asks patients to rate the overall quality of their healthcare on a 0-10 scale.

Incorporate the following into your daily practice:

- ✓ Encourage patients to make their routine appointments for checkups or follow-up visits as soon as they can — weeks or even months in advance.
- ✓ Ensure that open care gaps are addressed during each patient visit.
- ✓ Make use of the provider portal when requesting prior authorizations.

¹ Sources include: National Library of Medicine (NLM) at the National Institute of Health (NIH) ncbi.nlm.nih.gov; "Interventions to Improve Care for Patients with Limited Health Literacy" (Sudore and Schillinger)

Access to Care

Access to medical care, including primary care and specialist services, are key elements of quality care.



Each year, the CAHPS® survey asks questions like:

- ✓ In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?
- ✓ In the last 6 months, how often was it easy to get the care, tests or treatment you needed?
- ✓ 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?



Ensure your patients are satisfied with their ease of access by:

- ✓ Seeing patients within access and availability standards.
- ✓ Scheduling appointments in a reasonable window for each request.
- ✓ Following up with patients after specialist referrals to ensure that care is coordinated.
- ✓ Ensuring all information for specialists, tests, and procedure authorizations is provided and following up as necessary.
- ✓ Reducing time in the waiting room to no more than 15 minutes from the appointment time.



Helpful tips to provide the needed care to your patients:

Wellcare continually monitors and evaluates measures that reflect appropriate coordination of care practices. These include:

- ✓ Reviewing medications with your patients.
- ✓ Offering to schedule specialist and lab appointments while your patients are in the office.
- ✓ Reminding your patients about annual flu shots and other immunizations.
- ✓ Making sure your patients know you also are working with specialists on their care. Ensure you receive notes from specialists about the patient's care and reach out to specialists if you have not gotten consultation notes. Follow up on all authorizations requested for your patient. Tell your patient the results of all test and procedures. Share decision-making with patients to help them manage their care.
- ✓ Contacting your patients to remind them when it's time for preventive care services such as annual wellness exams, recommended cancer screenings, and follow-up care for ongoing conditions such as hypertension and diabetes.

Quick Tips – Provider Focus

Below are some tips you can follow to improve the quality measures listed below:



Getting Needed Care

- For urgent specialty appointments, office personnel should help coordinate with the appropriate specialty office.
- If a patient portal is available through the provider, encourage patients and caregivers to view results there.



Getting Appointments and Care Quickly

- Maintain an effective triage system to ensure that frail and/or very sick patients are seen right away or provide alternate care via phone and urgent care.
- For patients who want to be seen on short notice but cannot access their provider, offer appointments with a nurse practitioner or physician assistant.
- Ensure that a few appointments each day are available to accommodate urgent visits.
- Keep patients informed if there is a wait longer than 15 minutes and give them the opportunity to reschedule.



Care Coordination

- Ensure there are open appointments for patients recently discharged from a facility.
- Integrate PCP and specialty practices through EMR or fax to get reports on time.
- Ask patients if they've seen any other providers. If you are aware that specialty care has occurred, please mention it and discuss as needed.
- Encourage patients to bring their medications to each visit.



Rating of Healthcare

- Encourage patients to make their routine appointments for checkups or follow-up visits as soon as they can — weeks or even months in advance.

Coordination of Care



What is coordination of care and who provides it?

Coordination of care requires proactively identifying patient needs, organizing care, and communicating vital information at the right time to the right people.

Coordination can occur among various parties but often includes:

- Primary care provider.
- Specialty providers.
- Behavioral health practitioners.
- Inpatient hospitals.
- Skilled nursing facilities.
- Home care agencies.
- Labs and other diagnostic services.
- Family and caregivers.
- Health plan care managers.
- Other care managers.



Why is coordination of care important?

Appropriate care coordination and the availability of pertinent and up-to-date information leads to many positive benefits, including:

- ✓ Safer and more effective care.
- ✓ Lower admission and readmission rates.
- ✓ Fewer care complications and delays.
- ✓ Smoother care transitions.
- ✓ Increased efficiency and reduced costs.
- ✓ Improved health and satisfaction for the patient.



The provider's role:

Wellcare expects providers to follow these best practice guidelines in coordinating care for our members. Our health plan and associated providers are rated and evaluated based on the ability to successfully carry out these practices. Please note that the care coordination measures are specifically evaluated in our annual member experience surveys (CAHPS®).

Coordination of Care

Important provider coordination of care practices

Labs & X-rays*	Tell your patients when to expect lab, X-ray, and other test results and deliver the results on time.
Other providers*	Assist your patients in arranging care with other practitioners and services.
Specialist referrals*	Follow up on referrals and discuss your patients' current specialist care.
Medical records*	Obtain relevant medical records prior to appointments and review with your patients.
Prescriptions*	Regularly discuss and update your patients' current prescription medications.
Preventive care*	Remind your patients about important prevention measures, such as regular flu shots.
Fall prevention	Discuss the risk of falling with your patients and fall prevention.
Post-discharge care	Ensure appropriate follow-up care is in place after your patients' hospitalizations or emergency care.
After-hours care	Ensure that your patients know how to receive care when your office is closed.
Patient feedback	Encourage your patients to ask questions and express their needs and priorities; discuss and monitor your patients' perception of physical and emotional health yearly.
Community Connections	Refer patients with community assistance or social determinants of health needs to Wellcare's Community Connections Help Line at 1-866-775-2192 . We help connect members to local food, housing, financial, and transportation services.

*CAHPS®-related measure



Additional information on the topic of Care Coordination can be found at **ahrq.gov/ncepcr/care/coordination.html**

Annual Flu Vaccine

Getting a flu shot will often protect patients from getting a serious case of the flu. Vaccination may not always prevent infection, but it can make symptoms less severe and reduce the risk of patient hospitalization. Here are a few clinical strategies that can be used during flu season:

Empower Staff

Designate a “flu lead” to plan and implement strategies:

- ✓ Identify strategies that can be easily used in your clinic or practice.
- ✓ Assign tasks to each employee.
- ✓ Develop a plan to implement more strategies over time.

Train all staff to communicate about the flu vaccine in the same way:

- ✓ Use the “presumptive approach” to set the tone that getting a flu vaccine is routine.
- ✓ Assume that patients will get vaccinated.
- ✓ Discuss sick visits as an opportunity to immunize and under what circumstances patients should be vaccinated.
- ✓ Encourage staff to use every interaction to promote the flu vaccine. For example:
 - Front desk personnel can share VIS ahead of time via email or at check-in.
 - Medical assistants can encourage vaccination.
 - If patient declines, the provider can ease specific concerns.

Enhance Clinical Workflow

Leverage the EHR or immunization registry to screen all patients:

- ✓ Prior to the first patient of the day, generate a list of scheduled patients who still need a flu vaccine.
- ✓ Use prompts/flags to remind clinicians when patients are due for a vaccine.
- ✓ Encourage medical assistants to use routing slips or other reports to remind physicians to offer the flu vaccine to patients.

Make it easy for patients to get their flu shot:

- ✓ Administer flu vaccines and any other shots at all appointments, including sick visits. Consider co-administering with the current COVID-19 vaccine.
- ✓ Start scheduling flu shot appointments early; prioritize high-risk patients and children who may need two doses.
- ✓ If possible, consider shot-only, drive-up, weekend, or evening appointments.



Additional Considerations:

- Hesitancy is only a small part of the puzzle. Some people have significant anti-vaccine attitudes, but a much larger portion of the population simply doesn't prioritize vaccination. This latter group should be the ideal target of vaccination campaigns.
- Make getting a vaccine worthwhile. Since vaccination is primarily a problem of motivation, consider using financial reward incentives or other techniques to spur uptake.
- Focus on every aspect of the vaccine process. An ideal vaccine uptake program should include all of these components:
 - Reminding members when they're due for a vaccine.
 - Educating members about the risks of disease.
 - Reminding providers via electronic health records when member vaccines are due.

10 Elements of Competence for Using Teach-Back Effectively

- 1 Use a caring tone of voice and attitude.
- 2 Display comfortable body language and make eye contact.
- 3 Use plain language.
- 4 Ask the patient to explain back, using their own words.
- 5 Use non-shaming, open-ended questions.
- 6 Avoid asking questions that can be answered with a simple yes or no.
- 7 Emphasize that the responsibility to explain clearly is on you, the provider.
- 8 If the patient is not able to teach back correctly, explain again and re-check.
- 9 Use reader-friendly print materials to support learning.
- 10 Document use of patient response to teach-back.



For more information, visit:

ahrq.gov/patient-safety/reports/engage/interventions/teachback.html

Overview: Member Resources, Education & Benefit Information



Member Services

Learn what member services are available to your Wellcare patients. More detailed information can be found in the member's 2025 *Welcome Kit*.

If members still have questions, you can direct them to call **1-833-444-9088** (TTY: **711**). Wellcare By Fidelis Care members can call **1-800-247-1447** (TTY: **711**). Between Oct. 1 and March 31, representatives are available seven days a week, from 8 a.m. to 8 p.m. Between April 1 and Sept. 30, representatives are available Monday through Friday, from 8 a.m. to 8 p.m.



Member Portal

Members can visit **member.wellcare.com**, Wellcare By Fidelis Care member can visit **members.fideliscare.org** to create an account and log in to Wellcare's secure member portal.

Here, members can order member materials, view their benefits, change their primary care provider (PCP), estimate drug costs, and more.



Main Website

The main Wellcare website at **wellcare.com** has even more resources for members. They can use the "Find a Provider/Pharmacy" tool to search for providers by ZIP code. There's also a cost calculator, an informative video library, and more.



Mobile App

Members can download the free Wellcare+ mobile app on the iOS App Store® or Google Play™! With the app, members have immediate access to a digital ID card, wellness services, a pharmacy finder, a drug cost lookup tool, and more.



Member Educational Videos

Members can learn more about their benefits by watching helpful how-to videos.

At Wellcare, we've been working on several new videos to explain benefits and answer member questions as a way to increase member satisfaction, educate members about their plan, and reduce inbound calls. These videos are designed to be brand and plan agnostic, so they're relevant to as many members as possible.

The member videos can be viewed in the **Wellcare video library** or on our **YouTube channel**. Topics include:

- ✓ **Welcome to Wellcare New Member Onboarding Video:** This onboarding video explains what a new member can expect within their first 30 days with the plan. It also answers frequently asked questions about the plan and benefits.
- ✓ **Member ID Cards Video:** Explains what a member can find on the front and back of their member ID card, how to print a card at home, and how to use a digital card.
- ✓ **Spendables™ Card Video:** Explains how to use this new multi-benefit card.

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Overview: Member Resources, Education & Benefit Information



Mail-Order Prescriptions

Encourage members to save time by using their mail-order prescription benefit.

Home-delivery service through Express Scripts® Pharmacy lets members get up to a 100-day supply of their medications mailed safely to their door.

The member can save time and, in many cases, money as well. Express Scripts Pharmacy can even automatically refill and renew home-delivery prescriptions at no extra cost.



Additional Advantages:

✓ CONVENIENCE

Medications are delivered right to the member, saving them trips to the pharmacy and money at the gas pump. Plus, standard shipping is always free! Express Scripts Pharmacy will even contact you, the provider, to ask for up to a 100-day prescription.

✓ SAVINGS

There's a \$0 copay for select Tier 1 (preferred generic) and Tier 2 (generic) medications filled at Express Scripts® Pharmacy. That means Medicare Advantage members with Part D coverage (MAPD) don't pay anything for those medications!



How does a member get signed up for mail order?

Direct the member to call Express Scripts® Pharmacy at **1-833-750-0201** (TTY: **711**), 24 hours a day, seven days a week. Members can also visit **[express-scripts.com/rx](https://www.express-scripts.com/rx)**.

To learn more, please refer the member to their *Evidence of Coverage*, approved drug list (formulary), or the member services number on the back of their member ID card.



Member Benefits

The following information is an overview of benefits that are available to most members. If a member wants to know more about their specific health plan benefits, they can refer to their 2024 Welcome Kit or visit their member portal.



Over-the-Counter (OTC) Benefit

Wellcare members have a monthly or quarterly allowance to spend on plan-approved OTC medications and products that they need to stay healthy. With this benefit, they will get:

- ✓ A preloaded Wellcare Spendables™ debit card.
- ✓ A monthly or quarterly allowance amount. At the end of each benefit period, any unused benefit dollars will either expire or roll over, depending on their plan.
- ✓ Access to hundreds of qualified OTC products.
- ✓ Four ways to shop: online, by phone, via the OTC catalog, or at participating locations. Participating locations may vary. Members can visit **[wellcare.com](https://www.wellcare.com)** to download a copy of the catalog or call the Member Services number on the back their ID card to get a paper copy by mail.

Overview: Member Resources, Education & Benefit Information

Special Supplemental Benefits for the Chronically Ill (SSBCI)

Special Supplemental Benefits for the Chronically Ill (SSBCI) help qualified members with chronic illnesses improve health outcomes. Members who are clinically eligible for high-risk care management for one or more CMS-listed chronic condition(s) can get our SSBCI benefit(s).

In order to identify whether a member qualifies for SSBCI, providers can refer to members' *Evidence of Coverage* for a full list of chronic conditions. Available benefits may include:

- ✓ Financial help with utility bills.
- ✓ Extra help at home.

Transportation

Does your patient need a ride to their appointments? Wellcare provides rides to approved healthcare visits at no extra cost to the member. Transportation benefits include:

- ✓ A set number of one-way trips every year.
- ✓ Curb-to-curb transportation to plan-approved locations (mileage limits apply).
- ✓ Taxi, passenger car, wheelchair vans, rideshare services (such as Uber or Lyft), and other modes of transportation to meet each member's health needs.

To book a trip, the member should call the transportation number on the back of their member ID card.

NOTE: Members should book a trip up to one month and no later than three days before routine care. Limited to four one-way trips per day.

No prior authorization needed for plan-approved health-related rides within trip and mileage limitations.

Medicare Health Outcomes Survey (HOS)

PROVIDER TIP SHEET



What is the Health Outcomes Survey (HOS)?

The Centers for Medicare and Medicaid Services (CMS), in collaboration with the National Committee for Quality Assurance (NCQA), is committed to monitoring the quality of care provided by Medicare Advantage Organizations (MAOs) and their providers. The Medicare Health Outcomes Survey (HOS) measures each health plan's success in improving and maintaining the functional status of our members for a period of time. HOS evaluates members ages 65 and older each year to collect a baseline measurement, and then surveys again two years later to measure the change in health over time. The survey includes questions that address physical/mental health, social/physical functioning and quality of life.

Did you know?

The Health Outcomes Survey (HOS) is one of two annual member surveys that monitor patient/member satisfaction that can affect CMS Star Ratings. There are five HOS measures — two functional health measures and three HEDIS® Effectiveness of Care measures in the annual Medicare Part C Star Ratings.

FIVE HOS MEASURES:

1

Improving
or Maintaining
Physical Health
— Functional
health measure

2

Improving
or Maintaining
Mental Health
— Functional
health measure

3

Monitoring
Physical Activity
— HEDIS®
Effectiveness of
Care measure

4

Improving
Bladder Control
— HEDIS®
Effectiveness of
Care measure

5

Reducing the
Risk of Falling
— HEDIS®
Effectiveness of
Care measure

HOS Measure	HOS Survey Question
Improving or Maintaining Physical Health	“During the past four weeks, have you accomplished less than you would like or been limited in your work or other regular daily activities as a result of your physical health?”
Improving or Maintaining Mental Health	“During the past four weeks, how much of the time has your physical health or emotional problems interfered with your social activities?”
Monitoring Physical Activity	“In the past 12 months, did you talk with a doctor or other health provider about your level of exercise or physical activity?”

Medicare Health Outcomes Survey (HOS)

PROVIDER TIP SHEET

HOS Measure	HOS Survey Question
Improving Bladder Control	“Many people experience leakage of urine, also called urinary incontinence. In the past six months have you experienced leaking of urine?”
Reducing the Risk of Falling	“Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking?”



For more information, visit the Medicare Health Outcomes Survey website at hosonline.org/en/.

Improve Patient Care and Quality of Life

Use these tips and recommendations to guide discussions with your patients about their health.



Improving or maintaining physical health

This measure assesses the percentage of patients whose physical health was the same or better after two years.

Recommendations:

- Assess your patients' pain and functional status using standardized tools.
- Provide interventions to improve physical health, such as disease management, pain management, physical therapy, or care management.
- Promote self-management support strategies, such as goal-setting, action planning, problem solving, and follow-up to help patients take an active role in improving their health.

Discussion Tips:

Ask patients:

- How far can you walk?
- Are you able to shop and cook your own food?
- Do you have trouble with stairs?
- Does pain limit your activities?



Improving or maintaining mental health

This Star measure assesses the percentage of patients whose behavioral health was the same or better after two years.

Recommendations:

- Assess your patients' symptoms of depression with the PHQ-2 and, when appropriate, PHQ-9.
- Refer patients to behavioral health services or manage depression and anxiety treatment as indicated.
- Promote web-based programs, such as **mystrength.com**, that provide a range of evidence-based behavioral health self-care resources.
- Use motivational interviewing to improve treatment engagement and behavioral and physical health outcomes.

Discussion Tips:

Ask patients:

- How is your energy throughout the day?
- What do you like to do to socialize?
- Does alcohol ever get in the way of other important things in life?

Improve Patient Care and Quality of Life



Monitoring physical activity

This Star measure assesses the percentage of patients who discussed exercise with their doctor or other health care provider and were advised to start, increase, or maintain their physical activity within the year.

Recommendations:

- Assess your patients' current physical activity level.
- Discuss health benefits and advise patients to start, maintain, or increase physical activity as appropriate for their individual health status.
- Develop physical activity plans with patients that match their abilities.
- Refer patients with limited mobility to physical therapy to learn safe and effective exercises.
- Encourage participation in a gym, fitness and exercise programs, and local community resources.

Discussion Tips:

Ask patients:

- What does your exercise routine look like?
- What activities do you enjoy?
- Do you feel better when you are more active?



Reducing risk of falling

This Star measure assesses the percentage of patients with falling, walking, or balance problems who discussed these topics with their providers and received treatment within the year.

Recommendations:

- Assess fall risk by asking patients about falling, gait, and balance problems.
- Provide fall prevention interventions, such as promoting regular exercise, strengthening and balance activities (tai chi, yoga), promoting regular eye exams, and providing appropriate educational materials.
- Promote home safety, such as:
 - Removal of throw rugs and clutter to reduce tripping.
 - Installing handrails on stairs and grab bars in the bathrooms.
 - Use of non-slip mats in the tub or shower.
 - Use of night lights to keep halls well lit.

Discussion Tips:

Ask patients:

- Have you had a fall in the past year?
- Can you tell me about the circumstances of the fall?
- Do you think the fall could have been prevented?
- Have you felt dizzy, or had problems with balance or walking in the past year?
- Have you had any vision problems?
- Have you had a recent eye exam?

Improve Patient Care and Quality of Life



Improving bladder control

This Star measure assesses the percentage of patients with urinary incontinence (UI) who discussed the problem and treatment options with their health care providers.

Recommendations:

- Assess concerns with UI in the last six months and document discussion on the *My Wellness and Prevention Checklist*.
- Assess the severity of the condition and the impact of UI on patients' quality of life. Involve patients in decisions about treatment options that work best for them. These options include behavioral (such as bladder training and pelvic muscle rehabilitation), pharmacological, and surgical therapies.
- Have informative brochures and materials visible and available as discussion starters.

Discussion Tips:

Ask patients:

- Have you had leakage in the past six months?
- How often have you had leakage and when does it occur?
- Has leakage affected your daily life (such as social withdrawals, depression, or sleep deprivation)?



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