Fidelis Care uses surveys, as required by law, to measure the quality of care our members receive, as well as their satisfaction. We encourage you to use the focus areas to enhance communication with your patients about available benefits and to set expectations around appointment availability. Increasing communication can help reduce complaints and eventually improve outcomes as patients become aware of preventive services and other benefits available to them to keep them healthy.

Please take a moment to review the survey information below. It includes some of the key points to focus on to increase member satisfaction and improve health outcomes.

### Tips for Improving Results on Patient Satisfaction Surveys

**Important Survey Questions and Recommendations**

#### GETTING NEEDED CARE

Questions in this section measure member satisfaction with:

- Getting an appointment for routine and urgent care as quickly as needed.
- Getting necessary tests and treatment.
- Being seen within 15 minutes.

**Recommendations:**

- Consider open scheduling. It can increase access for urgent cases and walk-ins. Guide patients to online appointment booking.
- Limit how long a patient must wait. The CAHPS survey asks them if they were seen within 15 minutes.
- When waiting is unavoidable, explain to patients why they need to wait and for how long.
- If follow-up care with a specialist is needed, assist patients with scheduling the appointment.

#### COORDINATION

Questions in this category measure providers’ coordination with each other, as well as follow-up care with a member, by looking at:

- Whether providers were able to obtain medical records from another provider.
- How often the provider’s office followed up with test results.
- How often the provider’s office helped the patient manage their care among different providers.

**Recommendations:**

- Designate office staff to assist patients with managing their care and coordinating access to medical records.
- If a patient requires more help, let them know Fidelis Care has Case Managers available for them. Call Fidelis Care Member Services toll-free at 1-800-247-1447.

### Survey Timeline

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<td><strong>Consumer Assessment of Healthcare Providers and Systems (CAHPS Medicare), QHP Enrollee Survey</strong></td>
<td>Provider Satisfaction</td>
<td><strong>Health Outcomes Survey (HOS)</strong></td>
<td>Medicaid/CHP CAHPS (Alternate between adult/child)</td>
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COMMUNICATION
Questions in this section measure member satisfaction when interacting with providers by looking at:
• How often providers spent enough time with a member.
• How often providers listened carefully to members.
• How often providers showed respect for what members had to say.
• Whether their providers discussed prescription medications.

Recommendations:
• Use plain language when speaking to patients. Many patients do not understand complicated health care terms.
• Engage in active listening with patients.
• Encourage patients to ask questions.
• Discuss recent test results with your patients, and be sure to review their prescriptions.

HEALTH EDUCATION
Questions in this section assess how often providers discuss certain Healthcare Effectiveness Data and Information Set (HEDIS) measures, such as:
• Influenza vaccine.
• Smoking cessation: discussing cessation strategies and medications.
• Health promotion and education.
• Physical activity.
• Fall prevention.
• Urinary incontinence.

Recommendations:
• Speak with patients about these key health topics. Provider incentives may be available to you for these HEDIS measures. Visit Provider Access Online for more information.
• Provide takeaway resources to help patients understand their health options. Ask your Provider Relations Representative about available resources.
• Remind patients many preventive services are covered with no cost-sharing.

Online Services Available
Providers can visit Provider Access Online (providers.fideliscare.org), our secure provider portal, to most efficiently communicate with us. Get answers to your questions and requests faster, to allow members to get their treatment sooner. Through the portal, you can:
• View patient eligibility and benefits
• Request and view prior authorizations
• View claims status
• View remittance advice
• View other documents
• And more!

Thank you!
Working together, we can support members’ health and wellness, and improve their satisfaction with the care they receive.

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