

Three-year patient experience incentive guide

How to participate

To participate in the patient experience component of the incentive program, please submit the following in the 1st quarter of the calendar year to enter *Year 1::*

- 1. Copy of post-visit survey and
- 2. Survey results (if applicable) from prior year to initiate *Year 1* of the program

All documentation required for participation must be submitted through the provider portal for consideration in the patient experience component of the provider incentive program (PIP). Files submitted through the portal should be in one of the following formats: Excel, PDF, PowerPoint, or Word. Tracking and documentation through the portal are secure and convenient.

Please review the specific instructions according to your group classification:

- A. Groups surveying their patients with an existing survey or
- B. Groups currently not surveying their patients but who want to create a survey
- **Survey-enabled groups and/or providers:** Groups and/or providers with surveys in circulation.

Submission checklist

- Previous year's results to serve as baseline performance data.
- Copy of current survey: If any changes are made throughout the year, please submit the latest version with each iteration.

Our team will review the survey and provide best practice recommendations. Please note that recommendations are optional as we understand it may be difficult to modify surveys that are already in circulation.

Providers interested in implementing a survey: Groups and/or providers that do not have a survey in circulation and are interested in creating a survey, please consider the following tips for creating a survey through a vendor or in-house:

1. Choosing a HIPAA-compliant and/or low-cost vendor

Consider this list of survey vendor options that are low-cost. Each vendor has different access tiers to their platform. Please review the following factors: CMS methodology, top box scoring, customization, dissemination, analytics, and reporting. Prior to selection, please ensure that the chosen survey tool is HIPPA compliant.

- SurveyMonkey
- Qualtrics
- Formstack
- SurveyGizmo
- Sogosurvey
- QuestionPro
- Checkbox Survey
- Confirmit
- InCrowd
- M3 Global Research

To help your group start on survey construction, feel free to leverage three different surveys attached. Use these as a basis for your post-visit survey and customize as appropriate.

2. In-house survey construction and administration

- Leverage attached sample surveys to help construct a survey and customize as appropriate.
- Decide how your group will administer the survey. Will you print and collect paper surveys? Send surveys out via email? If using a paper survey, create a drop box for patients to submit the paper survey anonymously.
- Determine how often you will survey each patient (for example, after every visit).
- Determine how much time post-visit will you invite patients to participate in your survey (recommended: 24 to 48 hours).
- Choose an exclusion criterion (for example, patients will not be surveyed for 90 days after completing a survey).

3. Collecting data

- Track results using a spreadsheet like Excel or create an Access database.
- Provide selected survey: Providers will need to submit the selected survey to participate in the incentive program.

Patient experience incentive

If the group meets the Carelon Health panel size requirement by October 31 of each payout year, they will be eligible for the incentive payment. The payment occurs at the group level. Results for survey data collected must be submitted in year one. Carelon Health patient survey results must be segmented from the total patient panel survey results in years two and three to qualify for the incentive payout. In other words, we will need to survey results for the year that includes all data and survey results for just Carelon Health patients.

Patient Experience Incentive FAQ

What is the provider incentive program?

The provider incentive program is designed to encourage providers to collect and own their data on patient experience and satisfaction to better understand their current patient experience and identify areas for improvement based on the survey results. Highly satisfied patients increase loyalty which may yield better patient outcomes.

Who is eligible to participate in this program?

Provider groups are eligible to participate if providers have a panel size of at least 25 patients each year. The cutoff date for final panel size count is October 31 of each calendar year.

What benefits does this program offer to your group?

The program rewards \$20 per patient for groups who take steps in investing in their patient experience through the implementation of a survey. Deploying this data collection tool will allow your group to collect invaluable feedback from your patients and gain a better understanding your patient's experience.

How and when will payments be made?

Payments will be made annually at the group level. Expect payment disbursement at the end of each evaluation cycle.

How can we ensure that our post-visit survey is sufficient for participation in the incentive program?

We provided a sample survey that your group can leverage. To gain better understanding of the types of questions that CMS collects regarding patient experience and satisfaction, please review the <u>CMS CAHPS</u> <u>methodology</u>. You can leverage questions from CAHPS that your group would like to include in the survey though we do not recommend a lengthy survey like CAHPS, which is deployed annually.

What if the group faces challenges in implementing the post-visit survey or makes changes to the survey?

If you encounter any challenges during implementation, please reach out to our patient experience team at <u>Patient.experience@carelon.com</u> to discuss best practices.

How often and when will incentive payouts be distributed?

Payments will be made annually at the group level. Expect payment disbursement at the end of each evaluation period. Please note that in years two and three, survey results for Carelon Health patients must be segmented out of total patient panel survey results.

Can we submit our previous year's survey data if we already have a survey in place?

Yes. You can submit last year's report through the provider portal.

How often should patients be surveyed?

Patients should be surveyed at least once a year after a completed visit, but not more than once within 90 days of last survey completion.

What happens if we drop below 25 patients on our panel after October 31 of each payout year?

We will honor the panel size by the October 31 cutoff date for consideration of the incentive for that payout year. In other words, the group will have to meet the panel size requirement the following year to be considered for the incentive pay for that calendar year.

How can we use the data collected from post-visit surveys for improving patient experience?

We encourage groups and/or providers to use the data collected to identify areas of opportunity to improve the patient experience. If you need guidance on how to analyze and implement changes based on the data, please reach out to the patient experience team at <u>patient.experience@carelon.com</u>.

How will the data be used?

The data collected will be used to collaborate with the group to improve the patient experience and develop strategies on improving performance.

Which metrics from our survey will be evaluated for the incentive?

Our team will review each survey submission and identify the metrics that closely align with the Overall Patient Satisfaction (year 2) and CAHPS measures (year 3). If the wording of the questions is not exact, we will select the metrics that best fit years two and three improvement requirements. The metrics chosen from your survey will be shared with your group and are to remain unchanged in the following years for continued consideration for the incentive.

Is there any additional support or resources available to help us with this program?

Yes, we will provide resources, guides, and support throughout the program. The patient experience team is here to support provider groups with any questions or concerns.

