

PROVIDER TIPS

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) is an industry standard survey used to evaluate patient satisfaction. Improving patient satisfaction can help increase compliance with physician recommendations and improve patient outcomes.

- Each year, a CAHPS survey is sent out to a random number of Members across all lines of business to evaluate their experience with their health care.
- Topics covered in this survey include communication with providers and ease of access to health care services.

Measure	Survey Questions	Provider Tips for Improvement
GETTING NEEDED CARE	<ul style="list-style-type: none"> • How easy was it to get the care you needed? • How easy was it to get care with specialists? 	<ul style="list-style-type: none"> • Each day, make a few appointments available to accommodate urgent visits. • Offer to schedule specialist appointments while the Member is in the office. • Provide assistance with scheduling transportation services. • Make appointments available during non-traditional work hours and weekends. • Offer telemedicine services.
GETTING APPOINTMENTS & CARE QUICKLY	<ul style="list-style-type: none"> • Did you get care as soon as you needed it? • Did you get an appointment at a doctor's office or clinic as soon as you needed it? • Did you see your provider within 15 minutes of your appointment time? 	<ul style="list-style-type: none"> • Let Members know your office hours and how to get care after hours. • Offer extended evening or weekend hours. • If running late, have your staff let Members know the reason for the delay and apologize. • Entertain Members while they wait by providing educational health materials to read or watch. • Shorten Member's perceived wait time by performing work-up activities (e.g., blood pressure temperature, etc.). • Offer an option to reschedule or to be seen by another provider.
HOW WELL YOUR DOCTOR COMMUNICATES	<ul style="list-style-type: none"> • Did your doctor explain things in a way that was easy to understand? • Did your doctor carefully listen to you? • Did your doctor show respect for what you had to say? • Did your doctor spend enough time with you? 	<ul style="list-style-type: none"> • Allow the Member to express their concerns at the beginning of the encounter. • Improve Member satisfaction with communication. • Discuss and explain everything you do and do not do for your Members. Encourage questions. • Before ending the visit, ask Members if they have questions and if their concerns were properly addressed. • Offer resources, such as community programs and health education.

Measure	Survey Questions	Provider Tips for Improvement
<p>RATING OF YOUR PERSONAL DOCTOR</p>	<ul style="list-style-type: none"> Rate your personal doctor on a scale of 0 to 10. 	<ul style="list-style-type: none"> Explain that all office staff play an important role in creating a great health care experience for Members. Promote employee engagement. Focus on areas needing improvement through Member satisfaction surveys. Take complaints seriously, and try to resolve them immediately. Show care and compassion.
<p>CARE COORDINATION</p>	<ul style="list-style-type: none"> Was your doctor informed and up to date about specialist care? Did your doctor have your medical records? Did your doctor follow up to provide test results? How quickly did you get the results? Did your doctor talk to you about prescription medicines? Did you receive help to manage your care? 	<ul style="list-style-type: none"> When initiating a referral, supply the other provider with the Member's medical record, test results, and the reason for the referral. Utilize a provider communication form and request specialist progress notes. Review all medications to ensure Member's understanding of medication and to encourage adherence. Consider offering email or text communication, particularly for medication refills. Schedule follow-up visits to discuss abnormal lab results, consult results, and newly prescribed medications. Perform follow-up calls for normal lab results. Teach Members how to access their lab results, view future appointments, and communicate with a medical professional for non-urgent needs through MyChart. Contact Members months in advance to schedule tests, screenings, or physicals.

Lines of Business Directory

Main Contact Information

LINE OF BUSINESS (LOB)	MEMBER SERVICES PHONE NUMBER	TTY	NURSE ADVICE LINE (SAME FOR ALL LOB)	BEHAVIORAL HEALTH & SUBSTANCE MISUSE HOTLINE	MEMBER SERVICES HOURS OF OPERATION	WEBSITE ADDRESS
CORPORATE (MEMBERS & PUBLIC)	Local: 210-227-2347 Toll-free: 1-800-434-2347	Local: 210-358-6080 Toll-free: 1-800-390-1175 <i>Additional Option: 711</i>	1-800-434-2347	1-877-221-2226	Monday through Friday, 8 a.m. to 5 p.m.	CommunityFirstHealthPlans.com
STAR	Local: 210-358-6060 Toll-free: 1-800-434-2347	Local: 210-358-6080 Toll-free: 1-800-390-1175 <i>Additional Option: 711</i>	1-800-434-2347	1-877-221-2226	Monday through Friday, 8 a.m. to 5 p.m.	CommunityFirstMedicaid.com
STAR KIDS	Local: 210-358-6403 Toll-free: 1-855-607-7827	Local: 210-358-6080 Toll-free: 1-800-390-1175 <i>Additional Option: 711</i>	1-800-434-2347	1-844-541-2347	Monday through Friday, 8 a.m. to 7 p.m.	CommunityFirstMedicaid.com
CHIP/CHIP PERINATE	Local: 210-358-6300 Toll-free: 1-800-434-2347	Local: 210-358-6080 Toll-free: 1-800-390-1175 <i>Additional Option: 711</i>	1-800-434-2347	1-877-221-2226	Monday through Friday, 8 a.m. to 5 p.m.	CommunityFirstMedicaid.com
MEDICARE ADVANTAGE ALAMO & DSNP	Local: 210-358-6386 Toll-free: 1-833-434-2347	711	1-800-434-2347	1-877-221-2226	7 days a week, 8 a.m. to 8:00 p.m. (Message service available on weekends and holidays from April 1–September 30.)	CommunityFirstMedicare.com
UNIVERSITY FAMILY CARE PLAN (UFCP)	Local: 210-358-6090 Toll-free: 1-800-434-2347	Local: 210-358-6080 Toll-free: 1-800-390-1175 <i>Additional Option: 711</i>	1-800-434-2347	1-877-221-2226	Monday through Friday, 8:30 a.m. to 5 p.m.	UniversityFamilyCarePlan.com
UNIVERSITY COMMUNITY CARE PLAN (UCCP)	Local: 210-358-6400 Toll-free: 1-888-512-2347	Local: 210-358-6080 Toll-free: 1-800-390-1175 <i>Additional Option: 711</i>	1-800-434-2347	1-877-221-2226	Monday through Friday, 8:30 a.m. to 5 p.m.	UniversityCommunityCarePlan.com
COMMERCIAL	Local: 210-358-6070 Toll-free: 1-800-434-2347	Local: 210-358-6080 Toll-free: 1-800-390-1175 <i>Additional Option: 711</i>	1-800-434-2347	1-877-221-2226	Monday through Friday, 8:30 a.m. to 5 p.m.	Commercial. CommunityFirstHealthPlans.com

NON-EMERGENCY MEDICAL TRANSPORTATION



Each year, 3.6 million people in the U.S. do not get medical care due to transportation issues.

Community First Providers can help STAR, STAR Kids & Medicare Advantage/D-SNP Members schedule NO COST non-emergency medical transportation (NEMT) through our transportation partner, Medical Transportation Management (MTM).

Do you have a patient in need of transportation?

Providers can help schedule both routine and life-sustaining appointments for patients through MTM. Here's how:

1. CALL MTM DIRECTLY

1-888-444-0307 (TTY 7-1-1)

Monday through Friday, from 8:00 a.m. to 5:00 p.m.
Call at least 48 hours before the scheduled appointment.

2. BOOK ONLINE

Providers can also book and manage a ride online at
mtm-inc.net/healthcare-providers/

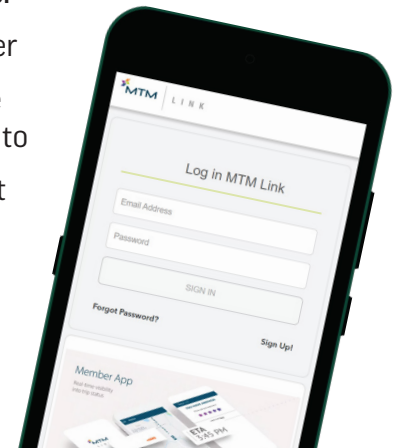
To assist a Member after hours, please call **1-888-444-0924**.

NEMT services include:

- Passes or tickets for travel by train, bus, or air
- Wheelchair-accessible vehicles
- Curb-to-curb transportation
- Travel expenses (for Members under age 20)
- Mileage reimbursement
- Travel expenses for attendants

When you call MTM, please be ready to provide:

- Member's Medicaid or Medicare ID number
- Name, address, and phone number of the health care setting they will be traveling to
- The medical reason for the Member's visit



INTERPRETER SERVICES

Community First provides free language services to people whose primary language is not English. Services include:

- Qualified interpreters
- Information written in other languages
- Face-to-face interpreters in a provider's office

For more information, call:

Community First Member Services
Monday through Friday, 8 a.m. to 5 p.m.
Local: 210-227-2347
Toll-free 1-800-434-2347

PROVIDER PORTAL

Create an account/log in to the Provider Portal at CommunityFirstHealthPlans.com/ProviderPortal.

Use the Provider Portal to:

- Verify Member eligibility
- Manage claims
- Review care plans and Individualized Service Plans
- Submit prior authorization requests
- Access forms and procedure documents specific to each health plan
- Update Provider information
- Look up codes for diagnoses, procedures, and drugs

For assistance creating an account, please contact Provider Relations at 210-358-6294 or email ProviderRelations@cfhp.com.

COMMUNITY FIRST ACCESS STANDARDS AND PROTOCOLS

Primary Care Providers

Appointment Type	Appointment Availability
Emergency care, including behavioral	24 hours a day, 7 days a week, upon Member presentation at the delivery site, including non-network and out-of-area facilities
Urgent care (PCP)	Within 24 hours of request
Routine care (PCP)	Within 14 days of request
Routine/scheduled inpatient/outpatient care	Within 14 days of request
Physical examinations	56 days or less (4 to 8 weeks)
Routine well childcare (0-18 years)	Within 14 days of request
THSteps medical checkups	Within 14 days of request
Children of traveling farm workers	Staff must ensure prompt delivery of services to children of traveling farm workers and other migrant populations who may transition into or out of HMO program more rapidly and/or unpredictably than the general population
Newborn care (in a hospital)	Newborns must receive an initial newborn checkup before discharge from the hospital to include all required tests and immunizations
Newborn care (after discharge from a hospital)	Within 3 to 5 days after birth and then within 14 days of hospital discharge
Provider office waiting time	Within 30 minutes of scheduled appointment time
Routine specialty care referrals	Within 21 days of request
Requests for feedback from pharmacy related to prescriptions	Within 24 business hours

Specialists

Appointment Type	Appointment Availability
Urgent care	Within 24 hours of request
Routine care	Within 14 days of request
Routine specialty care referrals	Within 21 days of request
Prenatal care (Initial)	14 calendar days or less or by the 12th week of gestation. Members who express concern about termination will be addressed as urgent care
High-risk pregnancies or new Members in the third trimester	Within 5 days or immediately if an emergency exists
Provider office waiting time	Within 30 minutes of scheduled appointment time
Requests for feedback from pharmacy related to prescriptions	Within 24 business hours

Behavioral Health Providers

Appointment Type	Appointment Availability
Urgent care	Within 24 hours of request
Routine care	Within 14 days of request
Behavioral health discharge planning/aftercare	Members discharged from an inpatient setting must have a scheduled follow-up outpatient appointment within 7 days after discharge. Members should be strongly encouraged to attend and participate in aftercare appointments.
Initial outpatient behavioral health visits	Within 14 days of request
Provider office waiting time	Within 30 minutes of scheduled appointment time
Requests for feedback from pharmacy related to prescriptions	Within 24 business hours