

PROVIDER RESOURCE GUIDE: IMPROVING PATIENT EXPERIENCE

A Guidebook to CAHPS, HOS and Quality Resources

Jefferson Health Plans

Jefferson Health Plans is focusing on improving patient satisfaction scores and elevating patients' experience with their health plan and their providers.

Jefferson Health Plans is committed to partnering with our network providers to elevate patient satisfaction and improve the in-office experience. This guidebook will cover multiple facets of patient experience, including:

- Consumer Assessment of Healthcare Providers and Systems (CAHPS)
- Health Outcomes Survey (HOS)
- Best practices for getting needed care

If you have any questions about this resource and its contents, please contact our Provider Services Helpline at **1-888-991-9023** (Monday – Friday, 9 a.m. – 5 p.m.). For the latest information on Jefferson Health Plans' programs and initiatives, please visit JeffersonHealthPlans.com/QualityAndPopulationHealth.

Together, we can achieve our shared goal of elevating patients' satisfaction and improving their experience within healthcare.

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CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (CAHPS)

The Consumer Assessment of Healthcare Providers and Systems, commonly known as CAHPS, is considered the national standard for measuring and reporting on consumers' experiences with health plans, providers and services provided. CAHPS surveys measure patients' perception of the quality of care received, such as the ease of access to providers and health care services and the patient/provider relationship, including the communication skills of physicians and practitioners.

Public reporting of CAHPS survey results helps patients to make informed decisions when selecting providers and health plans. In addition, the results help healthcare organizations use data to identify strengths and weaknesses, determine where they need to improve, and track progress over time.

For additional information about the CAHPS survey, including survey questions, please visit ahrq.gov/cahps/surveys-guidance.

WHY IS CAHPS IMPORTANT?

Our collective success depends on it! CAHPS measures make up 25% of the entire STARS program.

Jefferson Health Plans invests in programs and initiatives focused on improving member satisfaction:

- Jefferson Health Plans implemented a separate survey this year to gauge Medicare members' experiences with regard to key indicators included in the Medicare CAHPS survey.

Q: Who receives the CAHPS survey?

A: A sample of Medicare members.

Q: How is CAHPS administered?

A: Surveys are distributed by mail and conclude with telephone-assisted surveys for participants who have not responded; surveys are conducted annually between March and June.

Q: How long is the CAHPS survey?

A: 68 questions.

KEY CAHPS MEASURES

Jefferson Health Plans' Areas of Focus

GETTING NEEDED CARE

Description: This category of questions asks patients how easy it is for them to get needed care, including care from specialists.

Actions you can take to help:

- Identify barriers to care specific to patients
- Assist patients in getting needed care
- Educate patients on key benefits
- Remind patients with Jefferson Health Plans (Medicare) they have a transportation benefit (PA residents online); see **More Programs and Benefits** section on page 16 for more details.

GETTING APPOINTMENTS AND CARE QUICKLY

Description: This category of questions asks patients how quickly they get appointments and care.

Actions you can take to help:

- Identify barriers to care specific to patients
- Assist patients in getting appointments scheduled
- Educate patients on appointment standards
- Offer alternative options for your patients to access care during off hours
- Have staff establish a connection with patients when there is a longer wait than normal

CUSTOMER SERVICE

Description: This category of questions asks patients how easy it is to get information and help from the health plan when needed.

Actions you can take to help:

- Be courteous/nice to patients
- Offer excellent customer service
- Ensure that the patient understood the resolution of any concerns addressed during the visit
- Check in on your own internal teams, as they are often the first interaction patients have with your office

PRACTICE EMPATHY

Navigating the health care system can be difficult and confusing, so it's no wonder patients sometimes lash out in frustration. Empathy can help diffuse a tense situation and patients are often less anxious when they are informed.

See page 14, for tips on choosing words wisely and exercising emotional intelligence.

CULTURAL SENSITIVITY

Understanding the differences among cultures is a critical component to making patients feel safe, respected and providing excellent customer service. Take the time to learn how unique cultures impact patients' expectations and their approach to accepting and receiving care. A lack of cultural sensitivity can make a member feel less valued and distrusting of the advice or medical treatment he or she receives.

Language matters, too. Did you know that more than 60 million people living in the United States speak a language other than English in their homes, and 22 million speak only limited English? Help address language barriers by letting patients know medical interpreters, sign language interpreters and telephonic language services are available, free of charge, to facilitate communication.

OVERALL RATING OF HEALTH CARE QUALITY

Description: This category of questions asks patients to rate the quality of the health care they received from the health plan and their doctor.



Actions you can take to help:

- Identify barriers to care specific to patients
- Assist patients in getting needed care
- Educate patients on key benefits
- Remind Medicare patients of transportation benefit

CARE COORDINATION

Description: This category of questions asks how well the plan coordinates patients' care. (This includes whether doctors had the records and information they need about patients' care and how quickly patients got their test results.)

Actions you can take to help:

- Identify barriers to care specific to patients
- Assist patients in getting needed care
- Assist patients in getting appointments scheduled
- Remind patients with Jefferson Health Plans (Medicare) they have a transportation benefit (PA residents online); see **More Programs and Benefits** section on page 16 for more details.

What might impact a patient's ability to access needed care?

- Availability – providers must have appointment slots available and accept a patient's insurance.
- Convenience – the ease of scheduling the appointment.
- Affordability – the ability of the patient to pay for their care.
- Transportation – the ease of arranging for transportation to and from health care facilities.

See below for Jefferson Health Plans' access and availability standards and be sure to reinforce these standards with your patients.

CRITERIA	PCP	OBGYN	SPECIALIST
Routine Office Visits	• Within 10 business days	• OB: Initial prenatal visit within 24 hours of identification of high risk by Jefferson Health Plans or maternity care provider or immediately if emergency exists. • First prenatal visit (pregnant 1–3 months): Within 10 days • First prenatal visit (pregnant 4–6 months): Within 5 days • First prenatal visit (pregnant 7–9 months): Within 4 days • GYN: Within 10 days • OB/GYN: Within 5 days of effective date of enrollment	• Otolaryngology, dermatology, pediatric endocrinology, pediatric general surgery, pediatric infectious disease, pediatric neurology, pediatric pulmonology, pediatric rheumatology, dentist, orthopedic surgery, pediatric allergy and immunology, pediatric gastroenterology, pediatric hematology, pediatric nephrology, pediatric oncology, pediatric rehab medicine, and pediatric urology: Within 15 business days • All other specialists: Within 10 business days
Routine Physical	• Within 3 weeks	N/A	N/A
Preventive Care	• Within 3 weeks	N/A	N/A
Urgent Care	• Within 24 hours	• Within 24 hours	• Within 24 hours
Emergency Care	• Immediately and/or refer to ER	• Immediately and/or refer to ER	• Immediately and/or refer to ER
First Newborn Visit	• Within 2 weeks	N/A	N/A

CRITERIA	PCP	OBGYN	SPECIALIST
Patient with HIV Infection	• Within 7 days of enrollment for any member known to be HIV positive unless the member is already in active care with a PCP or specialist regarding HIV status	N/A	• Within 7 days of enrollment for any member known to be HIV positive unless the member is already in active care with a PCP or specialist regarding HIV status
EPSDT	• Within 45 days of enrollment unless the member is already under the care of a PCP and the member is current with screenings and immunizations	N/A	N/A
SSI Recipient	• Within 45 days of enrollment unless the enrollee is already in active care with a PCP or specialist	• Within 45 days of enrollment unless the enrollee is already in active care with a PCP or specialist	• Within 45 days of enrollment unless the enrollee is already in active care with a PCP or specialist
Office Wait Time	• 30 minutes (or up to 1 hour if urgent situation arises)	• 30 minutes (or up to 1 hour if urgent situation arises)	• 30 minutes (or up to 1 hour if urgent situation arises)
Weekly Office Hours	• At least 20 hours per site	• At least 20 hours per site	• At least 20 hours per site
Maximum Appointments per Hour	• 6	N/A	N/A






HEALTH OUTCOMES SURVEY (HOS)

Every year, the Centers for Medicare & Medicaid Services (CMS) administers the Health Outcomes Survey (HOS), which assesses the ability of an organization to maintain or improve the current physical and mental health status of its members. A random sample of Jefferson Health Plans' Medicare members receive the HOS survey.

The results help evaluate how members view their current health status and if providers addressed their health concerns. Two years later, the same respondents receive a follow-up survey on maintaining or improving physical and mental health.

WAYS FOR IMPROVING HOS MEASURES

To better connect with patients, think about integrating these tips into your daily activities.

See **More Programs and Benefits** section on page 16 to learn how to order blood pressure cuffs for patients with high blood pressure.

HOS Measure: Improving or maintaining physical health

Engage with patients before they even check into the office by planning ahead. Implement a pre-visit checklist to better address past issues or concerns the patient has raised during previous visits. Dedicate time to review a patient's health history before his/her appointment time. Find out the patient's upcoming appointment schedule and have his/her lab work results available.

Pay particular attention to patients who have multiple chronic conditions or new chronic conditions. Helping them to feel like they have control over their health will improve their responses on the survey.

By having results available during the appointment, patients can be part of the decision-making and are more likely to follow treatment recommendations.

Ask patients about getting a flu shot and other preventative measures, too.

HOS Measure: Improving or maintaining mental health

Consider using depression screening tools like the Patient Health Questionnaire (PHQ-9) to identify early signs of depression. Ask questions to assess if a patient's mental health affects daily activities, such as, "Do you have a lot of energy?" and, "How much of the time has your physical or emotional health interfered with social activities?"

When appropriate, refer Jefferson Health Plans members to a behavioral health resource by calling Magellan at 1-800-424-3704. Please note that a referral is not required for behavioral health services.

HOS Measure: Monitoring physical activity

Implement a standardized functional assessment tool—an industry-wide survey tool or list of questions—to monitor patients' physical activity. Ask pointed questions such as, "In the past seven days, did you need any help from others to perform everyday activities, like bathing or dressing?"

Remember to submit the CPT2 code for functional status assessment, 1170F, on the claim.

All Jefferson Health Plans (Medicare) members have access to the SilverSneakers® fitness center network. Members also can choose to join the Kroc Center, in Philadelphia.
See **More Programs and Benefits** section on page 16 for more details.

HOS Measure: Improving bladder control

Initiate the discussion of bladder control with patients and ask if it has affected their daily life or sleep. Recommend exercises and discuss treatment options. Inform patients there are many ways to control or manage the leaking of urine, including bladder training exercises, incontinence products, medication and surgery. If you determine a patient would benefit from seeing a urologist, kindly refer your patient. Please note that referrals are not required.

Assessments, such as the 3 Incontinence Questions tool, can be helpful to determine if chronic urinary incontinence is present.

HOS Measure: Reducing risk of falling

Talk to patients about the risk of falling so that you can initiate interventions to prevent injuries. Ask patients if they have fallen in the past 12 months or if they have any problems with balance or walking. Share tips with patients about how they can prevent falls, such as standing up slowly, installing handrails in the shower, monitoring side effects of medicine, limiting alcohol intake and using an assistive device to walk if they feel unsteady.



FOCUSING ON MEMBER EXPERIENCE

To improve our members' experience, Jefferson Health Plans has implemented a number of interventions, including:

- Member satisfaction focused provider webinars
- Practice transformation coaching for select provider sites
- Member and provider focus groups
- Member-satisfaction focused outbound calls to members

STAFF SCRIPT TIPS

Some of the member satisfaction survey questions can be hard to understand or easy to misinterpret if patients are not familiar with certain terms. Here are some helpful talking points and tips to share with staff when informing patients about aspects of their visit or other encounters with the care team. The more that patients hear these terms, the more likely they are to answer survey questions as intended.

- Consider defining different types of visits so that staff can assist patients in scheduling the best type of visit for them.
  - **Well visits** are important to ensure that you are in good health, maintaining wellness and stopping health problems before they occur or before they get worse. Well visits typically occur once a year and are separate from other medical visits related to illness or injury.
  - **Sick visits or illness-related visits** are intended for acute problems or a flare-up of a chronic condition or problem. They generally involve active, short-term medical treatment for a specific illness or injury. They are for non-emergent care issues that can be addressed at the provider's outpatient office or clinic.
  - **Follow-up visits** generally occur after an initial visit for a medical problem or illness or a regular series of check-ins with a provider to manage chronic conditions or recurring issues. Appropriate follow-up can help patients to identify misunderstandings, answer questions, make further assessments and adjust treatments.
- Communicating about how patients will receive their lab or imaging results is key to reducing confusion for members and hopefully cut down on phone calls to your office.
  - Communicate with patients about your office's process for following up about test results.
  - Some patients may not be as accustomed to receiving results electronically through a patient portal. It may be helpful to coach patients about the mode in which they will receive their results.
  - Sample scripting: "You will receive your results within 7 days. If you are signed up for our patient portal, you may not receive a phone call, but your results will be available as soon as they are processed and sent to the portal."
- What is a medical question or clinical advice question?
  - A **medical question** or **clinical advice question** generally asks a provider or care team to provide a diagnosis or interpretation of lab results, medical notes, etc. Patients may ask medical questions about current symptoms, their current treatment regimen or side effects to a medication. A medical question or clinical advice question is **not** a medication refill request or a referral request. Scheduling appointments are not considered medical questions either.

ACCESS REDESIGN

The quality of access is critical to the health of your patients and the success of your health center. Patients with urgent medical conditions, as well as those with non-urgent conditions, want timely and convenient access to their providers. Improving appointment availability, reducing time spent waiting at your health center, and rapid responses to clinical questions are all part of access. Patient satisfaction, and ultimately provider satisfaction, is enhanced by improving access.

Jefferson Health Plans has developed several tools and guides to assist with customer service and member satisfaction initiatives at your offices. The next few pages include information on the following concepts:

- Access Redesign
- Customer Service Excellence
- Quality Improvement Checklist

		PROJECT GOALS
Third Next Available Appointment (TNAA)	How long do your patients typically wait before receiving an appointment they requested?	Patients are seen within 3 weeks for routine care and within 24 hours for urgent care.
Same Day Appointments	How many appointment slots are actively reserved for same day use? How many patients that request to be seen on the same day are actually seen?	Up to 30% of daily schedule is reserved for same day appointment demand.
Cycle Time	How much time does the patient spend in your office beginning from their initial arrival?	The complete visit is 45 minutes in length with no more than 30 minutes of idle time.
No-Show Rate	How frequently do your patients not show up for their appointments (not including cancellations or rescheduled appointments)?	No-shows make up less than 10-15% of total scheduled appointments.
Provider Capacity Utilized	How many provider appointment slots result in completed visits with patients?	90% of provider's appointment capacity is utilized.
Telephone Availability	What is your standard for responding to clinical advice calls by a provider, during and after hours?	Patients can request clinical advice via telephone 24 hours a day, 7 days a week.

ACCESS REDESIGN: HOW TO...

Reduce System-Generated Demand and Improve TNAA

- Allow patients to call in to schedule their next appointment instead of automatic scheduling.
- Extend follow-up appointment intervals, when feasible.

  Example: Instead of automatically scheduling a patient 3 months out, extend to 6 months.
- Use different methods/technology for meeting patient needs like phone, email and text messaging.

  Example: Leverage/build a notification system that will alert your patients when it's time to be seen.
- Remove unnecessary or duplicate visits from the schedule.

  Example: If a patient is being seen on Tuesday but has a previously scheduled appointment for Friday, consult the patient and remove the Friday appointment.

Implement and Improve Same-Day Access

- Perform a demand study to determine the number of daily requests for appointments by provider (for routine and urgent care).
- Based on results of the demand study, identify the number of appointments to reserve on daily provider schedules.
- Block the number of same-day slots in the schedule.
- Give these slots a new label (e.g., "same-day") to allow you to easily monitor and run reports for that appointment type.

Avoid reserving these slots for "urgent" requests only. Patients seeking routine care should also have access to same day appointments.

- Train staff on the use of same-day appointment slots. Monitor slots to ensure they stay open.
- Determine availability and utilization, then adjust the number of same-day slots reserved based on demand.

Improve Telephone Access

- Monitor response times to clinical advice calls.

  Establish protocol and track the provider response time.
- Perform a 'Secret Shopper' call on your practice.

  How many times did the phone ring before the call was answered? How helpful was the person that ultimately answered the call?

  Were you placed on hold? For how long? Was the phone initially picked up by an auto attendant, a person, or were you placed on hold immediately?

Decrease Total Cycle Time

Consider Your Space

- Bring as many services as possible to the patient instead of moving them around.
- Have 2 exam rooms for each provider and allow providers to move from room to room.

Work as a Team

- Leverage the full clinical capacity of each team member.

  Example: Use non-physician members of the care team to communicate test results, Rx refills, referrals and forms.
- Establish broad work roles and focus on workflow development for additional responsibilities.

  Example: Assign specific staff to do SDoH assessments.

Manage Your Time

- Monitor patient flow and react/adjust accordingly.
- Measure both the cycle time and the idle time during visits.
- Communicate in real time with patients and staff.

Be Prepared, Work Smart

- Prepare for the day and anticipate needs beforehand. Leverage technology when it is available.

  Example: Utilize population management software to set-up the next day's tasks at the end of the day.

Improve No-Show Rate

Before the Visit

- Schedule patients ASAP when they call.
- Provide a printed appointment reminder card.
- Use an automated system to send reminder calls or texts.
- Don't just remind patients - confirm appointment details with them.

  Example: You are scheduled for Tuesday at 9 a.m., are you still able to make it to your appointment?

During the Visit

- Thank patients who keep appointments and arrive on time.
- Monitor and track the historical no-show rate by patient. This allows for strategic double-booking instead of guessing whether or not a slot should be double booked.

After a No-Show

- Call patients and track responses for why they did not show.
- Be careful of creating implicit biases against patients when profiling them as a "chronic no-show."

Customer service in health care is often referred to as customer excellence. Service excellence is the ability of health care professionals to consistently meet and manage patient expectations. Excellent customer service needs to be extended to both internal and external customers.

Internal Customers
- Students
- Co-workers
- Partners
- Contractors

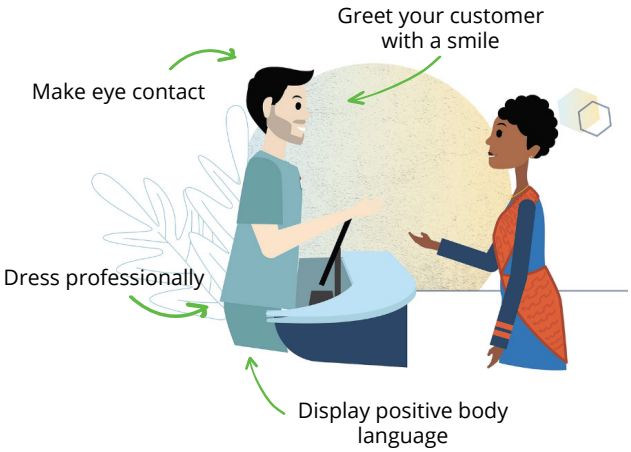


External Customers
- Patients
- Family
- Visitors
- Vendors

CUSTOMER SERVICE EXCELLENCE

BUILD RAPPORT

Rapport is another term for building a genuine connection and a sense of friendliness with another person. Rapport can be established quite quickly, right from the beginning of your interaction.



CHOOSE YOUR WORDS WISELY

RESPONSE thought-out, calm, measured

VS.

RESPONSE quick, abrupt, unprepared

"I understand. Let me find out how I can resolve this for you."

"Are you sure that's what happened?"

EMPATHY being able to put oneself in another's shoes

VS.

SYMPATHY agreeing with another's feelings

"I'm sorry you don't feel heard by your doctor. I can provide your anonymous feedback."

"I'm not surprised he said that! I don't like the doctor much either."

EMPOWER CUSTOMERS TO OVERCOME OBSTACLES



Give yourself positive self-talk. "Yes, this is tough, but I'm going to stay calm and solve the problem."

Take a deep breath. This isn't personal. Ask, "Can you tell me what happened?"

Listen actively. Let your patient talk. If there is off-the-topic rambling, gently redirect the patient back.

Assume good intent. You don't know what happened before your patient appeared at the counter. Perhaps they had a really difficult morning.

UTILIZE EQ

Emotional intelligence (EQ) is the ability to manage one's own emotions, as well as the emotions of others.



JEFFERSON HEALTH PLANS
Patient Experience | Access Redesign

Quality Improvement (QI) can be defined as systematic and continuous actions which lead to the enhancement of desired health outcomes. QI initiatives can result in better outcomes for patients, happier staff, and increased efficiency.

QI METHODOLOGY

1 SET THE AIM
What are you trying to accomplish?

You can make any needed improvements in your practice by applying the QI methodology.

Project ideas with AIM statements:

- **Improve Quality of Care:** Increase percentage of diabetic patients that receive yearly HbA1c testing from 57% to 65% by March 31st.
- **Improve Patient Access:** Reduce the no-show rate for clinic patients to 15% by December 1st.
- **Improve Preventative Care:** Address 75% of daily gaps in care for patients missing mammograms within six months.
- **Improve Patient Satisfaction:** Receive at least 25 completed patient satisfaction surveys per week by the next quarter.

2 ESTABLISH MEASURES
How will you know when a change is an improvement?

Measures tell you whether the changes actually lead to improvement.

Process Measures
Measures that show what providers do to maintain and improve patient health. *Example: Percentage of patients whose hemoglobin A1c level was measured twice in the past year.*

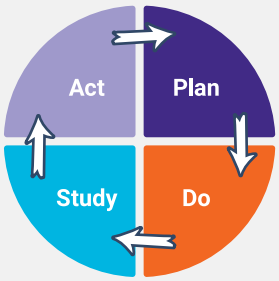
Outcome Measures
Measures that show how well a service or intervention influenced the health status of patients. *Example: Average hemoglobin A1C level for population of patients with diabetes.*

3 SELECT CHANGES
What changes will result in improvement?

While all changes do not lead to improvement, all improvement requires change. In this step, you and your team will brainstorm ideas on how to learn more about the process or system you're trying to improve as well as ideas for initial tests of change.



4 TEST THE CHANGES
PLAN-DO-STUDY-ACT Cycles



PLAN: Articulate the details needed to execute the test cycle

DO: Carry out the plan and record observations

STUDY: Assess the results and what was learned

ACT: Make decisions on next steps

PDSA cycles test one change, are short in duration, look at a small sample size, and are iterative.

5 IMPLEMENT THE CHANGES
Apply the change to your whole practice

Take time to celebrate your success before planning the next QI project!

TIPS FOR IMPROVING QUALITY HEALTH OUTCOMES DURING OFFICE VISITS

Jefferson Health Plans is committed to helping our members maintain and improve physical and mental health outcomes. Please use this checklist as a guide for pre-visit prep or during visits with your patients.

Did you complete the following assessments during your visit?

- ☐ Social Determinants of Health
- ☐ Care of Older Adults Measures
- ☐ Pain Screening
- ☐ Functional Assessment/Fall Prevention
- ☐ Medication Review
- ☐ Depression Screening
- ☐ Urinary Incontinence

Is patient due for any of the following vaccines?

- ☐ Pneumococcal
- ☐ Influenza
- ☐ Zoster
- ☐ COVID

Does patient have any open care gaps?

- ☐ Advanced Care Planning
- ☐ Breast Cancer Screening
- ☐ Colorectal Cancer Screening
- ☐ A1c Control
- ☐ Blood Pressure Control
- ☐ Diabetes Eye Exam – does patient have an eye care professional?
- ☐ Medication Adherence – does patient need refill for chronic conditions or maintenance medication?

Check-out checklist:

- ☐ Schedule follow-up visit or annual well visit.
- ☐ If your patients have any care coordination issues, please refer to the Jefferson Health Plans Care Coordinators.
- ☐ Encourage patient to complete patient satisfaction surveys after the visit. Their feedback is important to help make positive changes for the practice and health plan!
- ☐ Remind patients that they may be eligible for rewards from Jefferson Health Plans when they close care gaps.
- ☐ Add ICD-10 codes for chronic conditions, CPT2 codes and SDOH ICD-10 codes to visit if applicable.

Jefferson Health Plans Can Help

If you want to learn more about how using this checklist can help you improve QCP measures, CAHPS and member satisfaction, or HOS (Health Outcomes Survey), contact your Provider Services Representative.

MORE PROGRAMS AND BENEFITS

Jefferson Health Plans wants to remind you of several programs and benefits available to your patients that may help to increase satisfaction with their provider and plan experience.

SNAP

The Supplemental Nutrition Assistance Program provides nutrition help to low-income individuals and families. SNAP eligibility is based on income and family size. Patients need to apply for SNAP benefits at compass.state.pa.us or their county assistance office.

PA NAVIGATE

Jefferson Health Plans encourages providers to use PA Navigate, an online directory of local resources and support organizations, to help members find the resources they need. Visit panavigate.org to search for help.

SILVERSNEAKERS®

All Jefferson Health Plans (Medicare) members have access to the SilverSneakers® fitness center network. With over 16,000 fitness centers and gyms nationwide plus in-person and online classes, or an at-home fitness kit, you're sure to find the right fitness program for you.

REWARDS & INCENTIVES

The Wellness Rewards program incentivizes Medicare members to complete specific health-related activities to earn money on a reloadable card.

Providers are encouraged to visit JeffersonHealthPlans.com/rewards for a full description of the program.

TRANSPORTATION BENEFITS

Jefferson Health Plans (Medicare) members who live in Pennsylvania have a transportation benefit. Members can use the benefit for trips to and from doctor's visits, other healthcare appointments, and pharmacies.

- Special (DSNP): Unlimited rides
- Prime: 50 one-way rides
- Complete: 22 one-way rides

Please note: Members use two rides to go to and from a doctor's visit. The benefit is for one-way, not round trip, rides.

BP CUFFS

Blood pressure cuffs allow patients to monitor their blood pressure and report their results based on your direction. As a provider, you can complete and submit a blood pressure cuff referral form when appropriate for Medicare patients. A prescription from a provider is required. Visit JeffersonHealthPlans.com/forms to complete a request form.

ADVANCED CARE PLANNING

Voluntary ACP is a face-to-face service between the physician and a patient discussing advance directives with or without completing relevant legal forms. Because Medicare pays for ACP, you may be reimbursed for advance care planning services.

Examples of Advance Directives include living wills, instruction directives, healthcare proxy and healthcare power of attorney.

MEDICATION MANAGEMENT

Jefferson Health Plans has partnered with several vendors and pharmacies that can help support our provider partners with outreach and medication adherence efforts. Our members also have access to pharmacy benefits through their specific health plan. The resource guide can be found on our website at JeffersonHealthPlans.com/MedAdherence.



FREQUENTLY ASKED QUESTIONS

Q: Where can I find our patient care gaps?

A: Our provider portal has care gap reports. Visit JeffersonHealthPlans.com/ProviderPortal to learn more.

Q: Does Jefferson Health Plans provide fitness benefits to Medicare members?

A: Members of all Jefferson Health Plans (Medicare) plans get access to SilverSneakers®. Members in the Philadelphia region can also opt for membership in the state-of-the-art Salvation Army Kroc Center in place of SilverSneakers®.

Q: Does Jefferson Health Plans have a rewards program for members?

A: The Wellness Rewards Program incentivizes Medicare members to complete specific health-related activities to earn money on a reloadable card.

Providers are encouraged to visit JeffersonHealthPlans.com/rewards for a full description of the program.

Q: How can I order a blood pressure cuff for patients with high blood pressure?

A: Blood pressure cuffs can allow patients to monitor their blood pressure and report their results based on your direction. As a provider, you can complete and submit a blood pressure cuff referral form when appropriate for Medicare patients. A prescription from a provider is required. To complete a request form, visit JeffersonHealthPlans.com/forms.

Q: Where can I find the latest information from Jefferson Health Plans?

A: Visit JeffersonHealthPlans.com/ProviderNews for the latest updates from Jefferson Health Plans.

1-888-991-9023
1101 Market Street, Suite 3000
Philadelphia, PA 19107
JeffersonHealthPlans.com

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Jefferson Health Plans