



Family Choice  
Provider Forum April 2024

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April 19, 2024

# QUALITY AND RISK ADJUSTMENT

## 1. Quality and Risk Adjustment Performance Improvement

- Cozeva - Interactive Online Quality/RAF Platform

## 2. Medicare Annual Wellness Program

- Wrap up of 2023
- Launch of 2024

## 3. Improving CAHPS/Member Experience

- Importance of Adhering to Appointment Access and Availability
- Importance of Managing Member Expectations
- Access and Availability – 2023 Survey Results

# Quality Improvement Strategy

## PROGRAM GOALS (TRIPLE AIM)

Improve Health Outcomes

Improve Patient Experience

Lower Cost

### Improve Health Outcomes

- Comprehensive, timely and accurate diagnosis of patient health conditions → Risk Adjustment Factor (RAF)
- Timely care and services → HEDIS/Stars

### Improve Patient Experience

- Access and availability of primary, specialty and ancillary care
- Care is coordinated and rendered with focus on patient perception and satisfaction in mind → CAHPS

### Lower Cost

- Medication Adherence → Stars
- Timely coordination/handoff between inpatient and outpatient providers avoiding unnecessary readmissions → HEDIS/Stars
- Examples – outpatient medication reconciliation upon 30 days of IP discharge; follow up within 7 days or ER visit for members with multiple chronic conditions → HEDIS/Stars

# QUALITY IMPROVEMENT AND RISK ADJUSTMENT – HOW TO IMPROVE?

Practitioner engagement – provide readily available actionable data and scores → **COZEVA**

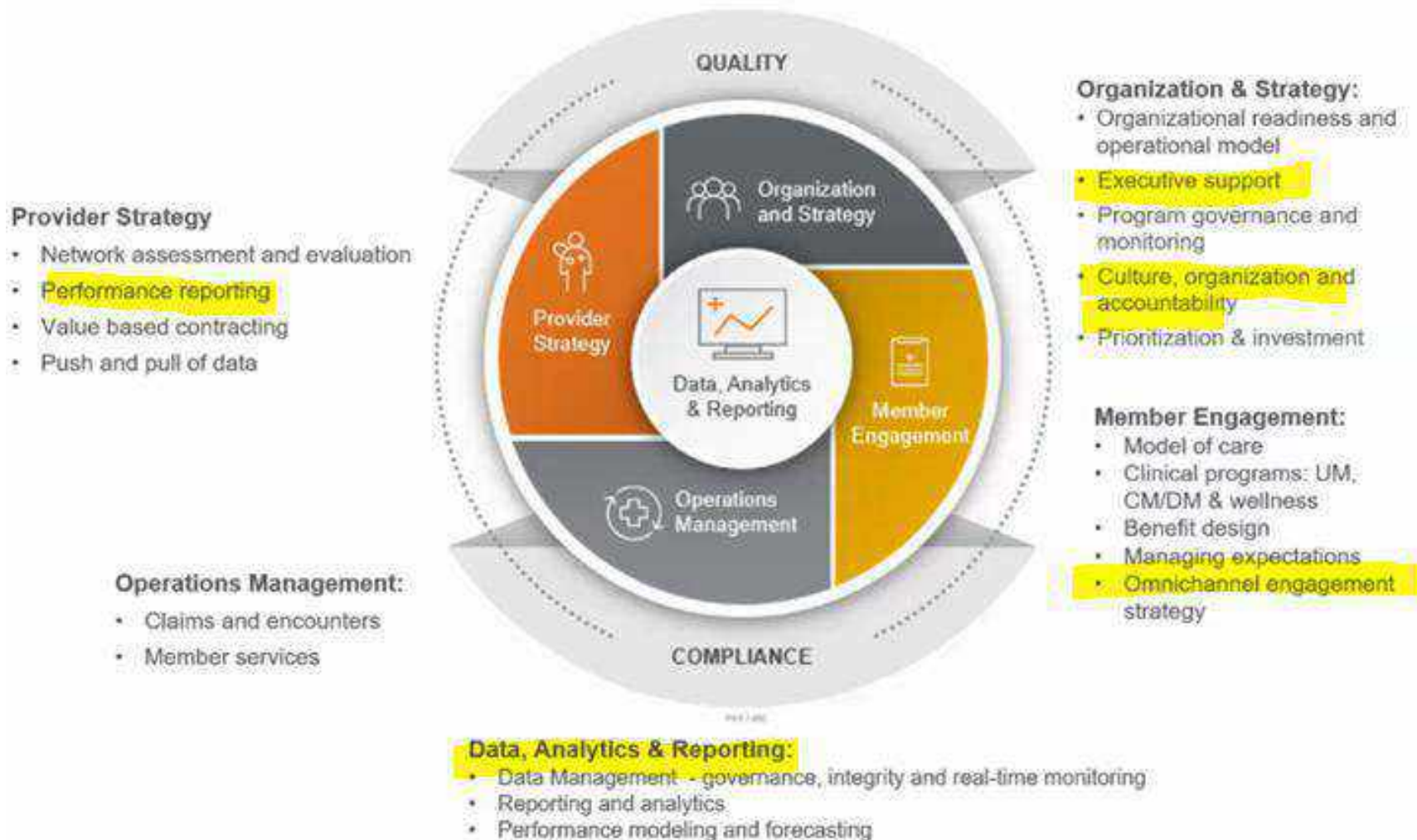
- Bonus incentives based on quality performance and member retention
- Providers have line of sight, year round, on quality and RAF performance → **COZEVA!!**
- On-board providers to the Cozeva platform and ensure daily use to close chronic condition and care gaps.
- Retrospective chart procurement and coding 2022 and 2023 (retro) → submit data to plans
- Prospective chart procurement and coding 2024 → submit data to plans
- Year-round practitioner training on using Cozeva coding, member experience, HEDIS/Stars (clinical care management)
- Year-round monitoring of quality performance for individual practitioners

**Improve RAF and quality score → increase growth and revenue**

Implement best practices to engage and support individual practitioners to improve RAF and quality/CAHPS scores

- Face-to-face practitioner in-service – action plan
- Follow up check-ins to assess progress
- Real-time monitoring of performance – scores for RAF, AW, HEDIS, Stars, MCAS Compliance rates

# QUALITY WHEEL



# 1. Cozeva

- **Cozeva now live**
- Access Cozeva through CapConnect
- PCPs or office staff affiliated with a PCP will have access to Cozeva

## Quality and Risk Adjustment Reporting Platform Now Live!

Providers,

You are now able to access our new Cozeva platform by selecting “Cozeva Login” link on the top navigation menu. Once you click on “Cozeva Login” you will be automatically logged into Conifer Cozeva instance and able to view diagnoses and service history of your assigned members.

**\*Note only users that are PCPs, or affiliated with a PCP, will be granted access to Cozeva**

The registry displays measurement year 2023 by default (to close remaining data gaps); however, you have the option of selecting measurement year. On April 1<sup>st</sup>, default display will be switched over to current measurement year 2024.

For those new to the Cozeva platform, we know you will have questions and we’re here to help.

Please reach out to the appropriate departments for assistance:

- If you need login access to CAP Connect, please contact VBC Product Support via email: [VBC-productmanagement@coniferhealth.com](mailto:VBC-productmanagement@coniferhealth.com)
- For any issues related to the Cozeva registry, you can either email [qualityprograms@coniferhealth.com](mailto:qualityprograms@coniferhealth.com) or call 866-629-0137.

Thank you for your dedication to the health and well-being of our members. By utilizing the Cozeva platform on a daily basis, you ensure that your patients:

- Receive comprehensive assessments and diagnoses
- Obtain timely care for preventive screenings and chronic care management

We will have ongoing trainings throughout the year and training dates will be posted on CapConnect.

# Conifer Cozeva Roll Out – Effective 3/15/2024

## **WELCOME: CONIFER COZEVA PLATFORM**

### **I. GET CONNECTED**

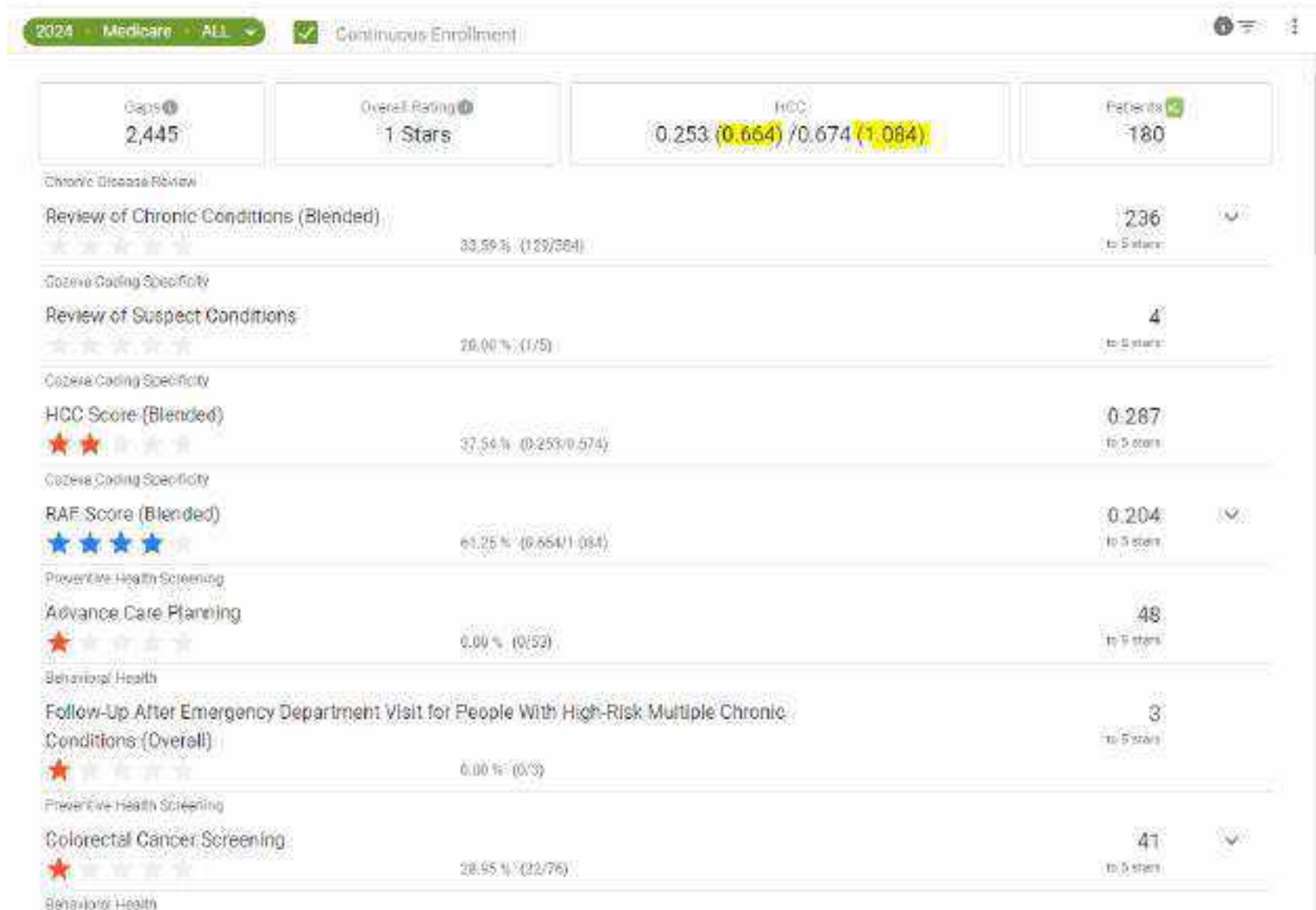
#### **CONNECT TO COZEVA VIA CAPCONNECT**

#### **HOW TO ACCESS COZEVA FROM THE CAPCONNECT WEBSITE**

1. Log in to [CapConnect](#) and go to the homepage
2. If the user has access to COZEVA, there will be a link in the top navigation menu: “COZEVA Login”
3. Click the “COZEVA Login” link
4. The COZEVA page will open in a new tab.
  - a. You may have to sign into Okta again or enter the Multi Factor Authentication code to complete the COZEVA login process.



# Conifer Cozeva - Provider View



Coded RAF: 0.664  
Potential RAF: 1.084



# Conifer Cozeva – Patient View for one FC Provider

Each row represents Medicare HMO patient assigned to this provider X

Last Visit	Care Gap	HCC Gap	Coded RAF	Coded Clinical RAF	Potential RAF	Recapture Gaps	Suspect Gaps	Coded Conditions
06/16/2023	21	4.190	0.674	0.000	4.864	6	0	0
04/02/2024	16	3.361	0.547	0.078	3.908	4	0	0
08/24/2023	16	1.975	0.505	0.000	2.480	6	0	0
04/04/2024	18	1.829	0.469	0.000	2.298	7	0	0
10/14/2023	10	1.727	0.850	0.500	2.577	1	0	1
04/07/2022	22	1.622	1.030	0.677	2.652	4	0	2
02/27/2024	19	1.619	0.440	0.000	2.059	7	0	0
06/21/2023	18	1.590	2.337	2.045	3.927	2	1	3
08/26/2023	15	1.542	0.670	0.000	2.212	4	0	0
12/15/2023	19	1.516	0.505	0.000	2.021	5	0	0
12/15/2023	18	1.512	1.038	0.313	2.550	7	0	1

First row highlighted

1. Most recent date of visit 6/16/2023
2. Care gap count of 21 indicates total number of chronic conditions and HEDIS/quality gaps that must be addressed
3. Coded RAF of 0.674 represents demographic RAF score based on age and gender
4. Coded Clinical RAF of 0.000 indicates that for 2024 service year, there was no HCC Dx submitted via claims/encounters
5. Potential RAF of 4.864 is derived from diagnoses submitted by any/all providers in prior years and suspected/inferred diagnoses based on member's clinical data

# Conifer Cozeva: Individual Patient View

HCC Conditions ? Blended ▼
Add Diagnosis
✕

RAF Score
0.674 / 4.864 =
HCC
0.000 / 4.190 +
👤
0.674

<p><b>Cancer Metastatic to Lung, Liver, Brain, and Other Organs; Acute Myeloid Leukemia Except Promyelocytic</b></p> <p>HCC 17 · Clinical Factor 3.902</p> <p><span style="background-color: #ffc107; padding: 2px 5px; border-radius: 4px;">Recapture</span> <a href="#" style="font-size: 0.8em; color: #007bff;">View Suspect Reason</a></p>	<p>Secondary malignant neoplasm of liver and intrahepatic bile duct</p> <p>Past 2 years · <span style="background-color: #6c757d; color: white; padding: 2px 5px; border-radius: 4px;">C78.7</span> 01/13/2022 - by SALIMI-TARI MD, PEYMAN, MD</p>
<p><b>Heart Failure, Except End-Stage and Acute</b></p> <p>HCC 226 · Clinical Factor 0.334</p> <p><span style="background-color: #ffc107; padding: 2px 5px; border-radius: 4px;">Recapture</span> <a href="#" style="font-size: 0.8em; color: #007bff;">View Suspect Reason</a></p>	<p>Hypertensive heart disease with heart failure</p> <p>▶ Past 2 years · <span style="background-color: #6c757d; color: white; padding: 2px 5px; border-radius: 4px;">I11.0</span> 05/16/2023 - by NGUYEN MD, PHUC, MD</p>
<p><b>Dementia, Moderate</b></p> <p>HCC 120 · Clinical Factor 0.316</p> <p><span style="background-color: #ffc107; padding: 2px 5px; border-radius: 4px;">Recapture</span></p>	<p>Unspecified dementia, moderate, with psychotic disturbance</p> <p>Past 2 years · <span style="background-color: #6c757d; color: white; padding: 2px 5px; border-radius: 4px;">F03.02</span> 06/16/2023 - by NGUYEN MD, PHUC, MD</p>
<p><b>Dementia, Mild or Unspecified</b></p> <p>HCC 127 · Clinical Factor 0.316</p> <p><span style="background-color: #ffc107; padding: 2px 5px; border-radius: 4px;">Recapture</span> <a href="#" style="font-size: 0.8em; color: #007bff;">View Suspect Reason</a></p>	<p>Alzheimer's disease with late onset</p> <p>▶ Past 2 years · <span style="background-color: #6c757d; color: white; padding: 2px 5px; border-radius: 4px;">G30.1</span> 06/16/2023 - by NGUYEN MD, PHUC, MD</p>
<p><b>Prostate, Breast, and Other Cancers and Tumors</b></p> <p>HCC 23 · Clinical Factor 0.172</p> <p><span style="background-color: #ffc107; padding: 2px 5px; border-radius: 4px;">Recapture</span> <a href="#" style="font-size: 0.8em; color: #007bff;">View Suspect Reason</a></p>	<p>Malignant neoplasm of central portion of unspecified female breast</p> <p>▶ Past 2 years · <span style="background-color: #6c757d; color: white; padding: 2px 5px; border-radius: 4px;">C50.119</span> 09/24/2022 - by NGUYEN MD, PHUC, MD</p>

🧪 **NOVEMBER 20**

- Collection of venous blood by venipuncture
- Natriuretic peptide
- 6 more ▶
- by - Consolidated Medical Bioanalysis, Co Inc

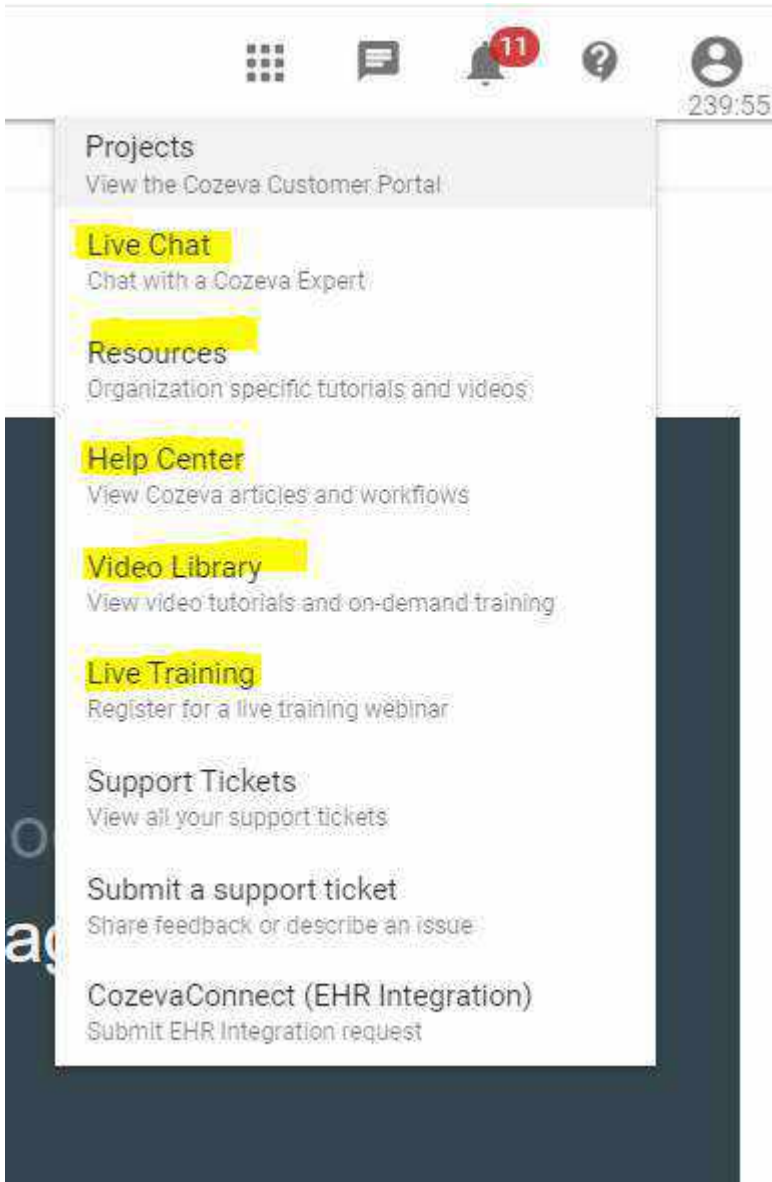
🏠 **JUNE 22**

- Commode chair, mobile or stationary, with fi
- by - Dong Nai Pharmacy, Tin Phat Pharma

🧪 **JUNE 20**

- Collection of venous blood by venipuncture
- Thyroid stimulating hormone (TSH)
- 3 more ▶
- by - Consolidated Medical Bioanalysis, Co Inc

# Conifer Cozeva: Training and Resources



Conifer will also conduct individual and group training sessions

Look for the training schedule on CAPConnect

Conifer Cozeva training deck along with a recording is posted to CAPConnect

## 2. Annual Wellness Program 2024

- Customized pre-filled 2024 Annual Wellness Visit forms available in early April 2024
- Annual Wellness Visit forms are not required but may be used as a guide
- Only need to submit a 2024 patient chart

### 2024 Annual Wellness Visit Form Information

Family Choice Health Services values your care and commitment to the health and well-being of our members. Please be advised that we will have customized pre-filled 2024 Annual Wellness Visit forms by, early April 2024.

We do not require you to fill out the Annual Wellness Visit form – You only need to submit a 2024 patient chart. If you prefer, you may use our [generic Annual Wellness Form](#) OR you can refer to the 2023 Annual Wellness Visit pre-filled form for each Medicare member. The Annual Wellness Quality Incentive program requirements are as follows:

1. Sign an [attestation](#) that you have reviewed and understand the 2024 program requirements
2. Address at least 80% of chronic care gaps and services
3. Submit claims (ICD-10 and procedure code submissions (CPT, CPTII, HCPCS)) through your regular channels since your performance score will be calculated using these claims
4. Submit the 2024 patient chart by fax to 818-817-5181 or provide EMR access

Please contact [qualityprograms@coniferhealth.com](mailto:qualityprograms@coniferhealth.com) for questions regarding the Medicare Annual Wellness program. Thank you again for putting our members first and for delivering care that is timely and appropriate in a positive and respectful manner.

# Annual Wellness Program 2024

IMPORTANT INFORMATION ABOUT THE

## 2024 Annual Wellness Quality Incentive Program



## What are the requirements?



You will be notified in early April when the customized forms for your patients are ready in CapConnect.

Until then, use the 2024 blank generic form in CapConnect or the patient's 2023 customized form as a guideline.

Please be sure to double check after the 2024 custom forms are released that all of your patients' current care needs have been addressed.

**1. Sign the attestation that you have reviewed and understand the 2024 requirements**

Trainings are scheduled for March 1, March 6, and March 9, and training materials will be available on CapConnect.

**2. See your patients**

Even if you don't have member customized forms yet, schedule your patients as soon as possible for their annual wellness evaluation.

**3. Address at least 80% of your patients' chronic care/diagnosis and HEDIS quality gaps**

The gaps are unique to each patient according to their age, gender, and medical history.

**4. Submit the claims**

through your regular submission workflow. Your performance will be calculated via administrative data: ICD-10 and procedure code submissions (including the G-Codes for AWV).

**5. Submit the patient chart**

Make sure that all claims submitted are supported in your patient records and fax it to 818-817-5181 or provide login access to your EMR.

**Provider name, credentials, signature, and DOS must appear at the end of the patient record and each page must contain the name, DOB, and DOS of the patient.**

**The incentive bonus is \$250 per member for meeting these requirements.**

If you don't address all patient care gaps in your first visit, please schedule additional visits as needed. Document all diagnoses and services in the patient's chart and submit corresponding claims as usual.

# Annual Wellness Program 2024

To: Family Choice Medical Group IPA Network Primary Care Physicians  
From: Family Choice Medical Group IPA Network Leadership  
Date: February 22, 2024  
Subject: CY 2024 Annual Wellness Visits: Attestation Form

Family Choice Medical Group is pleased to offer the 2024 Medicare Annual Wellness incentive program. Family Choice Medical Group is committed to promoting early detection, ongoing assessment, and management of conditions and timely preventive care and services for our members.

We encourage you to review the 2024 Medicare Annual Wellness Training Deck in its entirety and to reach out if you have any questions.

The program offers incentive payments for ensuring Family Choice Medical Group members receive a comprehensive annual health evaluation and services throughout 2024. This includes making certain that all known diagnoses and Quality Measures are accurately documented and claims are submitted to us within the specified timeline.

Once the program requirements are met and the incentive payment is earned, payments will be issued monthly. This process will begin three months after the initial distribution of the member customized forms become available to you. Each customized patient form is intended to guide your assessments and services, and will be uploaded to Conifer's provider portal, CapConnect, under "Pay 4 Performance." We anticipate this document to be available to you in April 2024.

Your commitment to scheduling member visits, providing quality care, and submitting timely claims/encounters to Family Choice Medical Group throughout the year is greatly appreciated and is critical to the success of this program and your patient's overall wellbeing.

Please acknowledge your review of the 2024 Medicare Annual Wellness Training Deck by printing and signing (or e-signing) the attestation below and returning it via email to [qualityprograms@coniferhealth.com](mailto:qualityprograms@coniferhealth.com).

We thank you for your time and participation in this valuable program and dedication to our members' wellbeing. Your representative will be in touch to help track your progress and share reporting information.

Attestation

Provider printed name:	Printed title:	Date:
Signature:		

## AW 2024 Training Deck – posted to CAP Connect



# Annual Wellness Program 2024

## What do providers need to do to participate?

The incentive bonus is \$250 per member. For providers to be eligible to receive the payment, the requirements for participating are as follows:

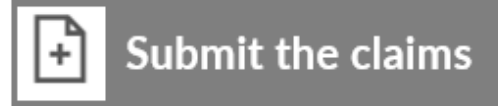


Even if you don't have member customized forms yet, schedule your patients for a visit to ensure you see them this year.



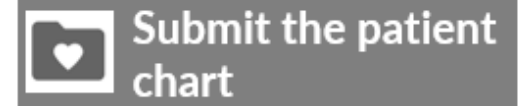
The chronic care/diagnosis and HEDIS quality gaps are unique to each patient according to their age, gender, and medical history.

**AW custom form uploaded to CAP Connect will help inform you of what those gaps are.**



**through your regular claims submission workflow.** Your performance score will be calculated via administrative data: claims, ICD-10, and procedure code submissions (including G-Codes for AWV).

*Meeting the other requirements will not matter if you do not submit claims for the required measures.*



within 30 days of DOS by faxing it to **818-817-5181**, uploading to Cozeva, or providing login access to your EMR.

**Provider name, credentials, signature, and DOS** must appear at the end of the patient record and each page must contain the **name, DOB, and DOS** of the patient.

# 2023 Service Year - Successes

Observed overall increase for CalOptima OneCare RAF for 2023 service year.

Attributable to medical record review and coding AND launch of 2023 Medicare Annual Wellness Program

CalOptima RAF Report				
	Count of Medicare Mbrs	2022 Mid Year RAF (DOS 1/1/2021-12/31/2021) Submission Deadline: 3/3/2022	2023 Mid Year RAF (DOS 1/1/2022-12/31/2022) Submission Deadline: 3/3/2023	Dec 2023 Build Up RAF (Service Year 2023) Data Submitted Dec 2023
<b>Grand Total</b>	<b>1574</b>	0.943	0.970	<b>1.120</b>
Variance:			0.027	<b>0.150</b>
CalOptima will issue risk adjusted premium payment for the 1574 members.				

Individual provider performance – random sample

Individual Providers - Family Choice	Count of Medicare Mbrs	2022 Mid Year RAF (DOS 1/1/2021-12/31/2021) Submission Deadline: 3/3/2022	Average of 2023 Mid Year RAF (DOS 1/1/2022 - 12/31/2022) Submission Deadline: 3/3/2023	Dec 2023 Build Up RAF (DOS 1/1/2023 - 12/31/2023) Data Submitted Dec 2023	Difference RAF (2023 DOS - 2022 DOS)
A	125	1.257	1.316	1.443	0.127
B	60	0.764	0.657	0.953	0.297
C	17	1.051	1.036	1.310	0.274
D	8	0.729	0.773	1.023	0.250
E	8	0.680	0.978	0.907	-0.071
<b>Grand Total</b>	<b>218</b>	<b>1.065</b>	<b>1.080</b>	<b>1.263</b>	<b>0.183</b>



### 3. OVERVIEW OF MEMBER EXPERIENCE/CAHPS

- CAHPS Core Questionnaire consists of questions related to -
  - **Access to Care**
  - Communication with provider or health care team
  - Coordination of care
  - Customer service
  - Overall rating
- Plans have the option of adding supplemental questions. Number of questions can range from 39 -100+
- Some variation by line of business
- Core questions do not change frequently

# Member Experience - CAHPS

## Preparing for positive patient experiences

We encourage you to use this checklist as you plan for delivering excellent patient experiences. Taking these steps may help you receive high patient experience scores in post-visit surveys.

### Pre-visit

#### 1. Gather information and let patients know what to expect

- Provide alternate appointment options (e.g., telehealth, before/after hours or wait list) if it helps them get the care they need, when they need it
- Request patients bring in a list of specialists they're seeing and any prescription or over-the-counter medications they're taking
- Send preappointment reminders by email or phone
- Offer checklists to complete before visit (medical history)
- Set expectations of office waiting time

#### 2. Establish a care coordination process

- Obtain and/or order medical records and review them (e.g., lab test results, specialist records and preventive screening results)
- Send medical records to referring health care professionals

#### 3. Prepare for scheduled patients

- Review the next day's appointment at the end of every day, or every morning
- Create patient chart
- Document patient's preferred communication method

### During the visit

#### 1. Provide care

- Review medications
- Review specialist visits
- Provide follow-up lab or test information
- Assess changes in balance, physical activity and bladder control
- Remind patients that they may receive a patient experience survey by automated call after their visit

#### 2. Complete administrative tasks

- Request prior authorizations
- Schedule appointments for specialists or tests and create patient reminders

### Post-visit

#### 1. Follow up with patient

- Give patients a post-visit summary to reference
- Communicate delivery method and timing of lab or test results
- Remind the patient they may receive a post-visit follow-up survey
- Schedule any additional specialist visits, labs or tests

#### 2. Post-discharge follow-up

- Call patients after hospitalization to follow up on their medications, reconcile their medications and schedule follow-up appointments

#### 3. Review patient survey results and plan for next visit

- Use the patient experience post-visit survey to help inform areas you could improve

# DMHC ACCESS STANDARDS – ALL LOBS

## Urgent Care

prior authorization  
**not required** by health plan

 **2** days

prior authorization  
**required** by health plan

 **4** days

## Non-Urgent Care

### Doctor Appointment

**PRIMARY CARE PHYSICIAN**

 **10** business days

**SPECIALTY CARE PHYSICIAN**

 **15** business days

**Mental Health Appointment**  
(non-physician<sup>1</sup>)

 **10** business days

**Appointment**  
(ancillary provider<sup>2</sup>)

 **15** business days

## Follow-Up Care

**Mental Health / Substance Use Disorder Follow-Up Appointment**  
(non-physician)

 **10** business days from prior appointment  
(effective July 1, 2022)

# PCP APPOINTMENT ACCESS DURING OFFICE HOURS

## Survey fielded Q4 2023 – Q1 2024

### Executive Summary

#### Survey Methodology for Access PCP During Hours Surveys

We had operators call during hours. They used a standard script. We recorded the time for the call to be answered and the office to be prepared to talk with the agent. The responses from the office were recorded in real time by the system into the database.

#### Assigning Survey Results to IPAs

The results from surveys are shared with each of the IPAs for which the provider is contracted.

#### Survey Timeframe

Survey collection activities for Conifer were conducted between Oct 27, 2023 and Feb 22, 2024.

#### Top Box Analysis

Scores on this report are calculated using the Top Box score. For each question in this survey, the Top Box score is the percentage of respondents who select the most positive answer choice for the question. This follows CMS conventions for scoring.

#### Informational Survey Questions Excluded

Informational questions where the answer choices cannot be rated from most positive to most negative are excluded from this report.

#### Greatest Strengths and Greatest Opportunities

The questions are sorted from highest Top Box score to lowest Top Box score. The "greatest strengths" are the top 2 questions and the "greatest opportunities" are the bottom 3 questions. When multiple questions have the same Top Box score, additional rules are evaluated.

#### Survey Response Metrics

No Answer: 12

Answering Machine: 30

Answering Service: 6

Total of No Answer, Answering Machine, or Answering Service: 48

Live Responses: 105

Total Contacts: 153

# PCP APPOINTMENT ACCESS DURING OFFICE HOURS

## Survey fielded Q4 2023 – Q1 2024



# SPECIALIST APPOINTMENT ACCESS DURING OFFICE HOURS

## Survey fielded Q4 2023 – Q1 2024

### Executive Summary

#### Survey Methodology for Access SP During Hours Surveys

We had operators call during hours. They used a standard script. We recorded the time for the call to be answered and the office to be prepared to talk with the agent. The responses from the office were recorded in real time by the system into the database.

#### Assigning Survey Results to IPAs

The results from surveys are shared with each of the IPAs for which the provider is contracted.

#### Survey Timeframe

Survey collection activities for Conifer were conducted between Nov 6, 2023 and Feb 22, 2024.

#### Top Box Analysis

Scores on this report are calculated using the Top Box score. For each question in this survey, the Top Box score is the percentage of respondents who select the most positive answer choice for the question. This follows CMS conventions for scoring.

#### Informational Survey Questions Excluded

Informational questions where the answer choices cannot be rated from most positive to most negative are excluded from this report.

#### Greatest Strengths and Greatest Opportunities

The questions are sorted from highest Top Box score to lowest Top Box score. The "greatest strengths" are the top 2 questions and the "greatest opportunities" are the bottom 3 questions. When multiple questions have the same Top Box score, additional rules are evaluated.

#### Survey Response Metrics

No Answer: 19

Answering Machine: 159

Answering Service: 24

Total of No Answer, Answering Machine, or Answering Service: 202

Live Responses: 101

Total Contacts: 303

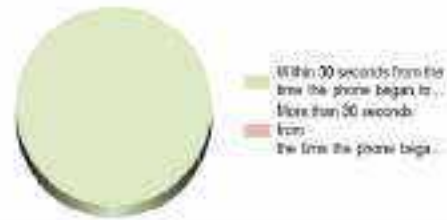
# SPECIALIST APPOINTMENT ACCESS DURING OFFICE HOURS

## Survey fielded Q4 2023 – Q1 2024

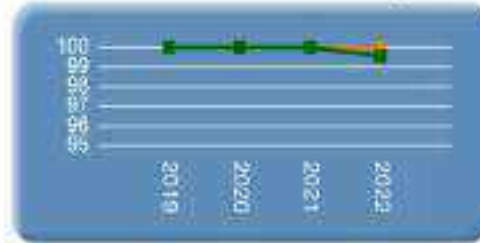
### Strength # 1: Did the office answer the phone?

Your Score	Conifer IPA Average
100.00	99.55

Distribution of Answer Choices for 2022



#### Your Score vs. Conifer IPA Average



Your score did not change between this year and last year.

### Strength # 2: Does your office have a process in place to provide translation services for patients that do not speak English?

Your Score	Conifer IPA Average
84.16	88.67

Distribution of Answer Choices for 2022



#### Your Score vs. Conifer IPA Average



Your score improved by 3.00 between this year and last year.

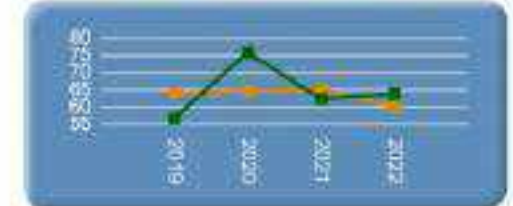
### Opportunity # 1: When is the next available appointment for an URGENT EXAM that does NOT require a prior authorization or referral?

Your Score	Conifer IPA Average
60.00	64.03

Distribution of Answer Choices for 2022



#### Your Score vs. Conifer IPA Average



Your score went down by 3.22 between this year and last year.

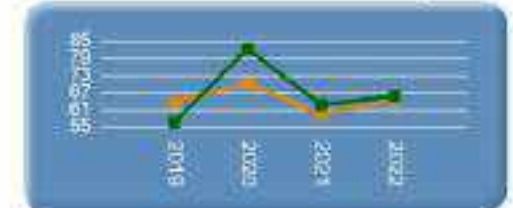
### Opportunity # 2: When is the next available appointment for a ROUTINE EXAM?

Your Score	Conifer IPA Average
64.36	65.80

Distribution of Answer Choices for 2022



#### Your Score vs. Conifer IPA Average



Your score improved by 4.74 between this year and last year.

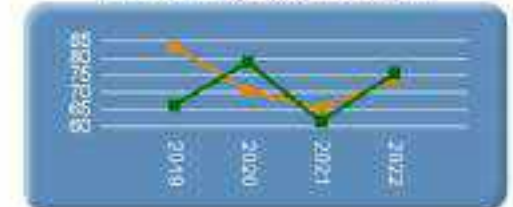
### Opportunity # 3: When is the next available appointment for an URGENT EXAM that DOES require a prior authorization or referral?

Your Score	Conifer IPA Average
74.00	75.55

Distribution of Answer Choices for 2022



#### Your Score vs. Conifer IPA Average



Your score improved by 5.67 between this year and last year.

# AFTER HOURS ACCESS - Survey fielded Q4 2023

## Executive Summary

### **Survey Methodology for Access After Hours Surveys**

We had operators call after hours. They used a standard script. The responses from the office were recorded in real time by the system into the database.

### **Assigning Survey Results to IPAs**

The results from surveys are shared with each of the IPAs for which the provider is contracted.

### **Survey Timeframe**

Survey collection activities for Conifer were conducted between Oct 30, 2023 and Nov 22, 2023.

### **Top Box Analysis**

Scores on this report are calculated using the Top Box score. For each question in this survey, the Top Box score is the percentage of respondents who select the most positive answer choice for the question. This follows CMS conventions for scoring.

### **Informational Survey Questions Excluded**

Informational questions where the answer choices cannot be rated from most positive to most negative are excluded from this report.

### **Greatest Strengths and Greatest Opportunities**

The questions are sorted from highest Top Box score to lowest Top Box score. The "greatest strengths" are the top 2 questions and the "greatest opportunities" are the bottom 3 questions. When multiple questions have the same Top Box score, additional rules are evaluated.

### **Survey Response Metrics**

No Answer and No Answering Machine: 8

Responses: 120

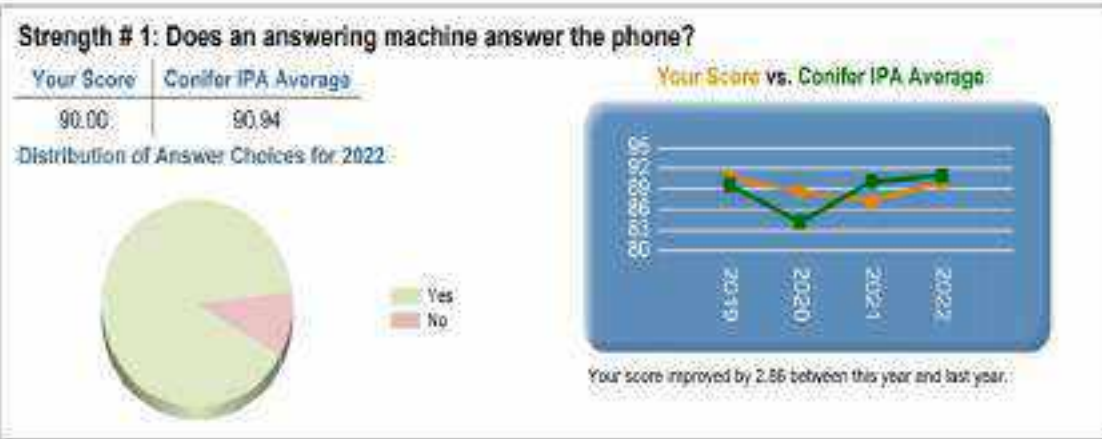
Total Contacts: 128

### **"No" and "Unclear" Response Options for Access After Hours**

For consistency, "No" and "Unclear" responses have been combined for all years.



# AFTER HOURS ACCESS - Survey fielded Q4 2023



# QUESTIONS?

## Contact the Conifer/Family Choice QI Team

- By email: [qualityprograms@coniferhealth.com](mailto:qualityprograms@coniferhealth.com)
- By phone: 866-629-0137

## Additional contacts

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