

CONVERSATION STARTER

Use this checklist to ask patients important questions.

Every year, Medicare patients receive surveys that ask about their health and health care experiences. It's important to talk with patients about these topics throughout the year, but especially before surveys go out. These conversations help improve patient experiences, health outcomes and retention rates, and they impact Star Quality Ratings and CMS payments to providers and health plans.

PCP to discuss	Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey patient questions	CAHPS measurement
<input type="checkbox"/>	Have you had the flu shot this season?	Annual flu vaccine
<input type="checkbox"/>	Are you having any issues receiving needed services such as an appointment with a specialist, a referral, etc.?	Care coordination
<input type="checkbox"/>	Would you like to schedule your next routine care visit before you leave our office today? (Office staff to follow-up? <input type="checkbox"/> Yes <input type="checkbox"/> No)	Getting appointments and care quickly
<input type="checkbox"/>	Are you experiencing any delays, or do you have any questions about the tests, treatments and/or services you are receiving?	Getting needed care
<input type="checkbox"/>	Do you have any questions, or are you having any issues with the medications you are taking?	Getting needed prescription medications
PCP to discuss	Health Outcomes Survey (HOS) patient questions	HOS measurement
<input type="checkbox"/>	Have you had a fall in the past year, or are you having any trouble with balance? If so, what caused the fall? _____	Reducing the risk of falling
<input type="checkbox"/>	Have you been bothered by emotional problems such as feeling down, uninterested or anxious?	Improving or maintaining mental health
<input type="checkbox"/>	How often has your level of energy interfered with your social and/or physical activities? <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a week <input type="checkbox"/> Many times a week	
<input type="checkbox"/>	Are you having any pain that is limiting your physical activity?	Improving or maintaining physical health
<input type="checkbox"/>	Have you had any problems controlling your bladder in the past six months? If so, how often? _____ When does this problem occur? _____	Improving bladder control
<input type="checkbox"/>	How many times a week are you active, with increased heart rate, for at least 30 minutes? _____/week	Monitoring physical activity

QUESTIONS?

Email CAHPSandHOS@Cigna.com,
or access resources at [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) > [Provider Education](#).

