

One of the contributing factors to negative patient experiences is trouble accessing prescribed medication. A positive patient experience is associated with better adherence. Consumer Assessment of Healthcare Providers and Systems (CAHPS) scores help improve that experience.

Did you know?

- Prescribing non-formulary or excluded medications can cause delays in access to care, higher out-of-pocket costs, and decreased patient satisfaction. It may also be difficult for patients to obtain prescribed medications that require an unanticipated prior authorization review.
- Non-formulary medications can lead to poor treatment adherence and clinical outcomes.
- Non-formulary, specialty, and Part B medications are not eligible for tier exceptions.
- Healthcare experts determined that decreased prescriptions of non-formulary medications can lead to improved patient experience and better CAHPS scores.
- New generic medications are often released at a higher price and may remain non-formulary until cost decreases. Brand medications often have a lower co-pay, and as a result, may be preferred over generic medications.
- Lidocaine 5% (Lidoderm) patches are only covered by CMS for post-herpetic neuralgia, diabetic neuropathy, and cancer pain. Prescribing Lidocaine 5% patches for all other uses is not covered.
- Medications to treat erectile dysfunction are generally excluded from coverage.*



About CAHPS

- Blue Shield of California and providers share a common goal: to improve patients' healthcare experience, which can be measured by increased CAHPS scores.
 - CAHPS health plan survey is the national standard for measuring and reporting standardized information on enrollee's experiences with health plans and their contracted providers.
 - CAHPS scores help identify strengths and determine opportunities for improvement.
 - CAHPS scores are used in federal and state performance-based compensation systems.

* Some plans may include additional benefit to cover up to 6 tablets of Sildenafil per month for erectile dysfunction. Please check the pharmacy real-time benefits tool or the online formulary search to verify coverage.

Best practices

- Whenever possible, prescribe formulary medications.
- Utilize Real Time Pharmacy Benefit tools that allow for real-time access to formulary coverage and costs.
- Establish office workflows that provide for efficient completion of prior authorization requests.
- During each office visit, review the patient's medication list to:
 - Identify opportunities to discontinue unnecessary medications.
 - Identify opportunities to reduce or consolidate medication doses.
 - Ask patients if they need medication refills, have problems obtaining medications, have difficulty taking medications, or have any other needs.

Real-Time Pharmacy Benefits Tool

Available in most Electronic Health Records (EHRs). Check with your EMR vendor, medical group, or MSO to determine if any implementation steps are needed for your practice.



Improve quality

Prescribe cost-effective drugs to improve adherence and clinical outcomes.



Inform decision-making and patient satisfaction

Receive up to three dose-matched alternatives so you and your patient know Rx costs before leaving the exam room. Patients can save an average of \$725 per year.



Save time

Reduce prior authorizations (PAs) by identifying drugs with coverage restrictions and displaying alternative drugs without PAs to help eliminate pharmacy call backs.



View the tool in your existing EHR workflow

The tool is real-time payer agnostic and may already be there for your patients.



Increase affordability

In addition to helping patients save money and helping to lower drug costs overall, you may also increase revenue with risk-based contracts.