CAHPS® Survey Fast Facts

The CMS Star Rating System measures a health plan’s quality of care. Member response plays an important role in determining CMS Star Ratings. Each spring, Medicare beneficiaries just like you are given an opportunity to share their opinion about their health plan by participating in the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey.

Here are some important facts about the CAHPS Survey:

- The Consumer Assessment of Healthcare Providers and Systems (CAHPS) Surveys are a series of patient surveys rating health care experiences. The surveys, conducted annually since 1995, focus on healthcare quality aspects that patients find important. These include coordination of health care services, access to care, customer service and the overall quality of the health plan -- including the Part D prescription drug benefit.
- CAHPS surveys are funded and overseen by the Agency for Healthcare Research and Quality (AHRQ), a government organization.
- CAHPS surveys are one component used to measure a health plan’s Star Rating. The Five Star Quality Rating System for Medicare Advantage Plans is run by the Centers for Medicare and Medicaid Services (CMS) in order to help educate consumers on health plan quality.
- The ratings consist of over 50 measures taken from 5 different rating systems: HEDIS (Healthcare Effectiveness Data and Information Set), CAHPS (Consumer Assessment of Healthcare Providers and Systems), CMS (Centers for Medicare and Medicaid Services), HOS (Health Outcomes Survey), and IRE (Independent Review Entity).
- Each spring, the CAHPS Survey is mailed to approximately 800 Preferred Care Partners members beginning in late February. Members who are unable to complete and mail back the paper survey will be able to respond telephonically between mid-April and the end of May.
- Preferred Care Partners will not know the names of the members included in the survey. Health plan members are selected at random to participate and all answers are confidential. We use an outside company to do this confidential survey. This company receives all responses and provides us with only the final scores and comments.

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).
HOS Survey Fast Facts

In 1996, CMS initiated the development of the Medicare Health Outcomes Survey (HOS). This survey was the first national survey to measure the quality of life and functional health status of Medicare beneficiaries enrolled in Medicare managed care.

This survey is used to gather valid and reliable health status data for use in quality improvement activities, plan accountability, public reporting and improving health. The HOS Survey is one of five rating systems used by CMS to rate health plans through the Five Star Quality Rating System for Medicare Advantage plans.

The systems rate Medicare Advantage plans according to five domains: staying healthy through preventive services (screenings and vaccines); managing chronic conditions; rating of plan responsiveness and care; complaints, appeals and voluntary disenrollment; and telephone customer service. Based on criteria provided in part from these rating systems, CMS rates all Medicare Advantage plans on calculated scores. Stars are awarded on an annual contract level as a result of these scores.

Here are some important facts about the HOS Survey:

- The HOS Survey is a longitudinal survey administered each spring to a random sample of health plan members in eligible organizations. The same group of members is resurveyed after two years.

- More than 1,000 Preferred Care Partner health plan members will be mailed their surveys between April 8th and May 6th. Members who are unable to complete this survey can respond telephonically between June 3rd and August 1st.

- HOS Survey items translate to the following Star Ratings components: improving or maintaining physical health; improving or maintaining mental health; improving bladder control; monitoring physical activity; and reducing the risk of falling.

- All Medicare Advantage plans must participate.

Please call our Member Services Department toll free if you have any questions: 1-866-231-7201/TTY 711 toll free seven days a week from 8:00a.m. to 8:00p.m.