

What You Should Know About the CAHPS Survey and HOS

You can make a difference



What are CAHPS and HOS?

The Medicare **Consumer Assessment of Healthcare Providers and Systems (CAHPS)** survey and the Health Outcomes Survey (HOS) are member-facing surveys. As a health care provider, your interactions with patients can directly influence the survey results.

The CAHPS survey is part of a program developed by the Agency for Healthcare Research and Quality (AHRQ) to support and promote the assessment of consumers' experiences with health care. This survey covers topics important to consumers and focuses on aspects of quality consumers are best qualified to assess, such as the communication skills of their health care providers and the ease of access to health care services.

The survey is administered by a contracted vendor. Each year, a random sample of health plan members from eligible Medicare Advantage (MA) contracts is selected to receive the CAHPS survey. The members chosen must remain unknown to the plan and their participation is voluntary. The survey is administered between March through June and distributed by mail and email. Telephone-assisted surveys are available for participants.

More details on the CAHPS survey and how it applies to Medicare Advantage plans can be found at MA-PDPCAHPS.org.

The **Health Outcomes Survey (HOS)** assesses the ability of a Medicare Advantage organization to maintain or improve the physical and mental health of its members over time. The survey is administered by a contracted vendor. Each year, a random sample of health plan members from eligible MA contracts is selected to receive the HOS. The members chosen must remain unknown to the plan and their participation is voluntary. The survey is administered between July and November and is distributed by mail. Telephone-assisted surveys are available for participants.

More details about the HOS can be found at hosonline.org.

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The CAHPS survey and HOS results are included in the health plan ratings determined by the National Committee for Quality Assurance (NCQA) and the Star quality rating from the Centers for Medicare & Medicaid Services (CMS). Improving quality ratings are an indicator that First Choice VIP Care Plus members are enjoying healthier, happier, and more productive lives.

Health care providers help drive performance on the following CAHPS and HOS measures

**Annual flu vaccine and pneumonia vaccine:**

Percent of sample members who received a flu vaccination since the prior July and the percent of sample members who reported ever having received a pneumococcal vaccine.



Obtaining needed care: Members rate how easy it was to get appointments with specialists and how easy it was to get the care, tests, or treatment they needed through their health plan in the prior six months.

**Getting appointments and care quickly:**

Members rate, in the previous six months, how often they were able to schedule an appointment and get care as soon as needed.

**Overall rating of health care quality:**

On a 0-to-10 scale, members rate their health care in the previous six months..



Monitoring physical activity: Members report whether they have discussed exercise with their doctor and if they were advised to start, increase, or maintain their physical activity level during the year.



Improving bladder control: Members who report having a urine leakage problem are asked whether they have discussed it with their doctor. Those who have, are asked whether they received treatment.



Overall rating of the plan: On a 0-to-10 scale, members rate their health plan.



Coordination of care composite measure: Members rate their physicians' familiarity with their medical history and prescriptions, how well physicians follow up with patients after tests, and how well "personal doctors" are managing care with specialists or other providers.



Improving or maintaining physical health: Members report whether their physical health is the same or better than expected in the past two years.



Improving or maintaining mental health: Members report whether their mental health is the same or better than expected in the past two years.



Reducing the risk of falling: Members who had a fall or problems with balance and discussed it with their health care provider are asked whether they received a fall-risk intervention in the last year.

First Choice VIP Care Plus is a health plan that contracts with both Medicare and South Carolina Healthy Connections Medicaid to provide benefits of both programs to enrollees.