# **CAHPS and HOS overview**

### What you need to know about CAHPS and HOS member-facing surveys

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) program is an annual survey to support and promote the assessment of patients' experiences with health care providers and access to health care services.

The **Health Outcomes Survey (HOS)** assesses the ability of a Medicare Advantage organization, in partnership with providers, to maintain or improve the physical and mental health of its members over time. Collectively, these surveys assess patients' experience with their providers in coordinating and managing their care.

- Survey measures are a significant part of Star Ratings. Surveys ask members to rate not only their health plan, but also the services received by their provider. Provider collaboration is essential to achieving higher Star Ratings.
- Medicare Advantage plans will need strong provider partnerships. Strong provider partnerships translate to strong Star and Value-based care (VBC) contract performance.
- Higher Star Ratings lead to better health outcomes and patient satisfaction. Previously, the CMS Star Ratings program weight for CAHPS member experience measures was 2x. Beginning with the 2023 Star Ratings, the measures increased to a 4x weighting. This will increase CAHPS and HOS contribution to Star Ratings to 37%.

## **CAHPS** overview

#### CAHPS: What it is and what it measures

Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is an AHRQ program that began in 1995. Its purpose is to advance our scientific understanding of patient experience with health care. The acronym "CAHPS" is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

The CAHPS survey covers topics important to consumers and focuses on quality measures such as the communication skills of providers and ease of access to health care services.

From March through June, a random sample of Aetna Medicare plan members receive the CAHPS survey. Participation is voluntary.

Blackout period: From late February through June, health plans are prohibited from asking their members any CAHPS-related question that could influence official survey responses. Physicians, however, may discuss CAHPS and HOS-quality topics with patients during this period.

#### Weighting measure type Measure domain Getting needed care Rating of health plan Getting appointments • Rating of drug plan & care quickly · Getting needed Experience Customer service prescriptions measures Rating of health care quality Care coordination Percentage of · Annual flu shot total Star Rating Process measures



## **HOS** overview

#### HOS: What it is and what it measures

The Health Outcomes Survey (HOS) is a patient-experience survey that is designed to collect and trend health-status data from patients participating in Medicare Advantage programs. CMS uses this information to drive quality improvement and performance and to improve or maintain the health of those patients.

The survey chiefly measures patient-reported outcomes related to mental and physical health functioning. These contribute to the Mental Composite Score (MCS) and Physical Composite Score (PCS).

In addition, it measures some HEDIS Effectiveness of Care elements.

From August through November, a random sample of Aetna Medicare plan members receive the HOS survey at the beginning and end of a 2-year period. Participation is voluntary.

Blackout period: From late February through June, health plans are prohibited from asking their members any CAHPS-related question that could influence official survey responses. Physicians, however, may discuss CAHPS and HOS-quality topics with patients during this period.



For more information about the CAHPS and HOS surveys, please contact your Aetna Medicare representative or visit **cahps.ahrq.gov** and **hosonline.org**.

