



The CAHPS® Survey: We All Play a Role

Every year, the Centers for Medicare & Medicaid Services (CMS) sends our members the **Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey**. This survey collects information about members' experiences with **Medicare Advantage (MA) and/or their prescription drug plan (PDP)**.

The survey measures important aspects of members' health care experiences that cannot be assessed by other means. This includes how our members interact with you.

Please encourage your patients to respond to the CAHPS survey if they are selected to participate.

Who gets the CAHPS survey?

CMS sends the survey to a random sample of members who are:

- Enrolled in an MA or PDP plan for at least six months
- 18+ years of age

When do members receive the CAHPS survey?

The CAHPS survey is conducted from March through June. Members are asked to rate their last six months of care.

How are CAHPS results used?

CAHPS results affect CMS' Star Ratings. Star Ratings rank MA plans on a scale from one to five stars and are posted on [CMS' Medicare website](#). We strive to achieve the highest possible Star rating for our MA plans.

How You Can Help Improve Member Experiences Year-Round

Provide needed care quickly and coordinate care with specialists

- Leave openings for sick visits and urgent appointments
- Discuss how to access telehealth services and after-hours care
- Follow up with members' specialists to ensure continuity of care

Communicate clearly

- Ask members about their top health concerns
- Keep conversations clear and simple
- Follow up after urgent or emergency care

Keep members healthy

- Recommend and/or administer the flu shot during flu season
- Educate members on preventive services, chronic conditions and ongoing care
- Let members know whether you offer telehealth services that allow them to access care from home
- Discuss the [COVID-19 vaccine](#)
- Screen members for risk factors, like tobacco use, and recommend appropriate lifestyle changes
- Complete and document any health assessments
- Identify and follow up with members who haven't visited in the past year

Learn more about the CAHPS survey on the [CMS website](#).

This information is for informational purposes only and is not a substitute for the sound medical judgment of a provider. Members are encouraged to talk to their provider if they have any questions or concerns regarding their health.

Medicare Advantage plans provided by Blue Cross and Blue Shield of Texas, which refers to HCSC Insurance Services Company (HISC) (HMO, PPO and HMO Special Needs Plans), and also to GHS Insurance Company (GHSIC) (HMO Plans). HMO and PPO employer/union group plans provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HCSC, HISC and GHSIC are Independent Licensees of the Blue Cross and Blue Shield Association. HCSC and HISC are Medicare Advantage organizations with a Medicare contract. GHSIC is a Medicare Advantage organization with a Medicare contract and a contract with the Texas Medicaid program. Enrollment in these plans depends on contract renewal.

Prescription drug plans provided by Blue Cross and Blue Shield of Texas, which refers to HCSC Insurance Services Company (HISC), an Independent Licensee of the Blue Cross and Blue Shield Association. A Medicare-approved Part D sponsor. Enrollment in HISC's plans depends on contract renewal.

CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

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