

What You Should Know About CAHPS and HOS Quality Measures

You can make a difference



Physicians drive performance on these important CAHPS and HOS quality measures. You will find impactful talking points and advice beneath each measure.

What are CAHPS and HOS?

The Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS®) program is a multiyear survey initiative to support and promote the assessment of consumers' experiences with health care. These surveys cover topics important to consumers and focus on aspects of quality consumers are best qualified to assess, such as the communication skills of providers and the ease of access to health care services.

A random sample of health plan members is selected from eligible Medicare Advantage (MA) contracts to participate in the CAHPS program each year. The surveys are administered between March and June, beginning with surveys distributed by mail and concluding with telephone-assisted surveys for participants who have not responded.

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 an MA organization to maintain or improve the physical and mental health of its members over time. A random sample of health plan members is selected from eligible MA contracts to participate in the HOS program each year. The surveys are administered between April and July, beginning with surveys distributed by mail and concluding with telephone-assisted surveys for participants who have not responded.

More details about HOS measures can be found at www.hosonline.org.

CAHPS and HOS ratings account for more than a quarter of overall Centers for Medicare & Medicaid Services (CMS) Stars Program quality ratings. That is not the only reason AmeriHealth Caritas VIP Care cares.

Improving quality ratings are an indicator that AmeriHealth Caritas VIP Care members are enjoying healthier, happier, and more productive lives. Everyone deserves to live life fully, so please read through this brief guide to CAHPS and HOS.

Annual flu vaccine and pneumonia vaccine: This measure shows the percentage of sampled members who received an influenza vaccination since the prior July and the percent of sampled members who reported ever having received a pneumococcal vaccine.

- Some studies have found the number of flu complications is often underreported.
- Ask patients if they received flu and pneumonia vaccines.

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

- Make scheduling as easy as possible. Ask staff to schedule specialist appointments and write down the details for your patients.

Getting appointments and care quickly: Members rate, how often over the previous six months they were able to schedule an appointment and get care as soon as needed. Members also rate how often they saw the person they came to see within 15 minutes of their appointment time.

- Break up wait times by moving patients from the waiting room into an exam room to take vitals.
- Contact your patients when delays are expected using telephone, text, or email.
- Advise patients of the best days or times to schedule appointments.

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Overall rating of health care quality: On a 0-to-10 scale, members rate their health care in the previous six months.

- Ask open-ended questions to give your patients a chance to disclose health issues and concerns.
- A quick explanation for lengthy wait times has been shown to markedly improve patient satisfaction.

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

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

- Expedite the time it takes to follow up on blood tests, X-rays, and other tests.
- Remind patients to bring a list of their prescriptions to their appointments.
- Prior to appointments, speak with patients' specialists to review the care they have provided.

Obtaining medications: Members rate how often in the last six months it was easy to use their health plan to get prescribed medicines, to fill a prescription at a local pharmacy, and to fill prescriptions by mail.

- Please use the formulary, provide 90-day fills, synchronize medication fills when appropriate, work prior authorizations in a timely manner, and set expectations with patients regarding resolution time if prior authorization is needed.

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

- AmeriHealth Caritas VIP Care wants to improve its members' perceptions of their own physical health. Applaud your patients' physical health when possible, and encourage them to stay positive.

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

- Ask about your patients' mental health. Simple recommendations such as increased social activity, exercise, and healthy eating can have a big impact on a patient's sense of emotional well-being.

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

- Strengthen recommendations by being specific. For example, suggest walking at a particular local park or shopping mall so patients have a specific, actionable idea.

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

- When you recommend Kegel exercises or other less conventional remedies, emphasize that you are, in fact, providing treatment so patients will take your recommendations seriously.
- Recommend treatment options no matter the frequency or severity of the bladder control problem.

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

- Falls are the leading cause of hospital admissions among older adults, according to the Centers for Disease Control and Prevention.
- Remind patients that installing handrails or using a cane can prevent falls.

Please take the time to read and understand how you can guide your patients on CAHPS and HOS measures.