

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) program is a survey administered by CMS to assess patients’ experiences with healthcare. These surveys focus on aspects of quality, from the perspective of the beneficiary, such as the communication skills of physicians and office staff, and the ease of access to healthcare services.

The following measures are captured through CAHPS survey for Performance Year 2021:

ACO Measure	Title
ACO – 1	Getting Timely Care, Appointments, and Information
ACO – 2	How Well Your Providers Communicate
ACO – 3	Patients’ Rating of Provider
ACO – 4	Access to Specialists
ACO – 5	Health Promotion and Education
ACO – 6	Shared Decision Making
ACO – 7	Health Status/Functional Status
ACO – 34	Stewardship of Patient Resources
ACO – 45	Courteous and Helpful Office Staff
ACO – 46	Care Coordination

The outreach to Next Generation ACO beneficiaries will be conducted by NWMHP’s qualified contracted entity. The survey will consist of a random sample of the ACO’s beneficiaries using a set of questions that will cover the measures listed above.

These results will impact NWMHP’s overall quality score for Performance Year 2021.

How are the beneficiary responses rated?

Beneficiaries are asked to respond to survey questions on a scale from 0 to 10 with 10 being the best and 0 being the worst. The responses for each question are then compiled to construct an average overall score for that question. Each of the measures listed on the previous page have up to four questions that make up the measure score.

When will the CAHPS survey take place?

Date	Activity
10/18-21 – 10/19/21	Pre-notification letters mail
10/19/21	Customer Support line opens
10/25/21-10/26/21	First questionnaire with cover letter mails
11/15/21-11/16/21	Second questionnaire with cover letter mails to non-responders
12/03/21	Initiate telephone follow-up
01/13/22	Last day of mail and phone data collection
01/18/22-01/20/22	Final survey data files are submitted to CMS

How can you prepare for the CAHPS survey?

Patients are more accepting of appointment delays if they understand the cause of the delay.

- Office staff should keep patients up to date and attempt to explain the cause for the delay.
- Consider allowing the patients to leave for a short time and return at the new expected time.
- Office staff should acknowledge the delay when talking with the patient.

Ask patients to schedule their routine check-ups and follow-up appointments in advance.

- Advise patients on the best days or times to schedule appointments.

Ask patients how the provider/office staff could help improve their healthcare experience.

Before a patient’s visit, review the reason for the visit and determine if a follow up is needed on any health issues or concerns from a previous visit.

- Use medical history to provide personalized health advice based on each patient’s risk factors.

What are some example questions that could be asked?

ACO Measure	Example Question
ACO – 1	Did you receive routine care as soon as you needed?
ACO – 1	Did you receive answers to medical questions the same day that you asked them?
ACO – 2	Did your provider explain things in a way that was easy to understand?
ACO – 2	Did your provider listen to what you were saying?
ACO – 2	Did your provider spend enough time with you during your visit?
ACO – 3	How would you rate your provider?
ACO – 4	Were you able to easily schedule an appointment with a specialist if needed?
ACO – 5	Did your provider and/or staff discuss healthy eating habits and exercise?
ACO – 6	Did your provider ask what you thought was best for you regarding starting or stopping prescription medications?
ACO – 7	What would you describe your overall health rating as?
ACO – 34	Did your provider and or staff discuss the cost of your prescription medications?
ACO – 45	Was the office staff courteous and helpful?
ACO – 46	Did your provider have knowledge of your medical history?
ACO – 46	Did your provider and/or staff follow-up with results from testing?