



Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

About CAHPS® Survey

The CAHPS® Health Plan Survey is a standardized tool used to gather information about members' experiences with their services and health plans. There are separate surveys for children (age 17 and younger) and adults (age 18 and older). This survey is administered annually. Anyone who receives Tailored Plan, Standard Plan, Medicaid Direct, Eastern Band of Cherokee Indians (EBCI) or Foster Care NC Medicaid services during the six-month measurement period is eligible to participate in the survey in North Carolina.

Why is the CAHPS® Survey Important?

The survey results are used to assess performance of plans and incentivize high-quality care, identify strengths and weaknesses to focus on opportunities for improvement, and support members in evaluating the quality of health plans.

How is the CAHPS® Survey Administered?

North Carolina Department of Health and Human Services (NCDHHS) contracts with a vendor to administer the survey. The survey is mailed to randomly selected members along with reminder postcards throughout the administration period (typically Feb/March-May/June). Members can complete the paper survey and mail it back or complete the survey online using the QR code from their mailed survey information.

How can Providers Help?

- Encourage selected members to complete the survey.
- Answer member questions about the survey, as needed.
- Review the survey questions/categories and tips.
- Discuss topics with members to reinforce relationships with members.

CAHPS® Measures¹:

- Getting Needed Care
- Getting Care Quickly
- How Quickly Doctors Communicate
- Health Plan Customer Service
- Members' Ratings of Health Plan, Health Care, Personal Doctor, and Specialist

Potential Supplemental Questions:

- Telehealth
- Access to Health Information Online
- Mental Health
- Interpreter Needs
- Social Determinants of Health
- Flu Shots

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

1. Source: www.ahrq.gov/sites/default/files/wysiwyg/cahps/surveys-guidance/hp/about/measures-hp50-2109.pdf

CAHPS® Measures and Tips for Providers

Getting Needed Care

- Are members getting appointments with specialists as soon as needed?
- How easy is it for members to receive care, tests and treatment they need?

- Encourage and assist members to make appointments with specialists before they leave.
- Review authorization and referral processes to reduce barriers to member access.
- Help members understand why care, tests, or treatments were recommended.
- Ask members about any delays they are experiencing and provide support to find a resolution.

Getting Care Quickly

- Are members receiving care for illness or injury as soon as it is needed?
- Are members obtaining non-urgent appointment as soon as they are needed?

- Set aside time each day to accommodate urgent visits.
- Explain any delays for scheduling appointments.
- Offer to call member if an opening in the schedule occurs before their scheduled appointment.
- Encourage and assist members to schedule routine and follow-up appointments as soon as they can.
- Consider offering appointments in the early mornings, evenings or on weekends.
- Offer telehealth appointments, when possible.
- Schedule urgent issues with a nurse or physician assistant.
- Ensure members understand how to receive care after office hours.

How Well Doctors Communicate

- Does the member's doctor explain things clearly, in a way that can be understood?
- Are doctors listening to members?
- Do doctors show respect for members?
- Do doctors spend enough time with members?

- Use plain language and confirm understanding of member.
- Encourage questions.
- Look at the member and listen patiently.
- Display empathy.
- Involve members in making decisions and sharing treatment goals.
- Ensure the member has time to process the information and ask questions.

Members' Ratings

- How do members feel overall about their health care, personal doctors and specialists, and health plan?

- Provide member centered care and service.
- Ensure providers and staff are educated on the importance of member experience and CAHPS.
- Address open care gaps during each visit.
- Ensure ongoing communication is available for members.