



CAHPS® Survey

For Medicare Advantage and Prescription Drug Plans

Every year, some of our members receive the **Consumer Assessment of Healthcare Providers and Systems survey**. This survey collects information about members' experiences with their **Medicare Advantage and prescription drug plans**.

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.

If you get questions from members who have received the survey, **please encourage them to respond**.

Who gets the CAHPS survey?

The survey is sent to a random sample of members who are:

- Enrolled in a Medicare Advantage or prescription drug 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?

Responses obtained from the survey influence the Centers for Medicare & Medicaid Services Star Ratings. Star Ratings rate Medicare Advantage plans on a scale from one to five stars. We strive to achieve the highest possible Star rating for our plans.



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

Supporting Member Experiences

Consider the following tips:

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

Discuss preventive services

- Recommend 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

The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment.

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Prescription drug plan is provided by Blue Cross and Blue Shield of Illinois, 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.

HMO, HMO-POS and PPO plans provided by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HMO plan provided by Illinois Blue Cross Blue Shield Insurance Company (ILBCBSIC). HCSC and ILBCBSIC are Independent Licensees of the Blue Cross and Blue Shield Association. HCSC and ILBCBSIC are Medicare Advantage organizations with a Medicare contract. Enrollment in HCSC's and ILBCBSIC's plans depends on contract renewal.