



# Consumer Assessment of Healthcare Providers and Systems (CAHPS)

## Provider job aid

### **Definition:**

Consumer Assessment of Healthcare Providers and Systems (CAHPS) is a multi-year survey that asks consumers and patients to report on and evaluate their experiences with health care.

The Centers for Medicare & Medicaid Services (CMS) develop, implement and administer several different patient experience surveys. These surveys ask patients (or in some cases their families) about their experiences with, and ratings of, their health care providers and plans, including hospitals, home health care agencies, doctors, and health and drug plans, among others. The surveys focus on matters that patients themselves say are important to them and for which patients are the best and/or only source of information. CMS publicly reports the results of its patient experience surveys, and some surveys affect payments to CMS providers.

### **Frequency:**

Annually between February and June. Results are calculated and released between July and October.

### **Target Population:**

Medicare Advantage, commercial and Medicaid patients

### **Measurement Year Look-Back:**

Six months for Medicare and Medicaid, 12 months for commercial

### **CAHPS Clinician & Group Survey produces the following measures of patient experience:**

- Getting Appointments and Care Quickly; as well as Getting Needed Care
- How well providers communicate with patients
- Providers' Use of Information to Coordinate Patient Care
- Helpful, Courteous, and Respectful Office Staff
- Patients' Rating of the Provider

The CAHPS Clinician & Group Survey (CG-CAHPS) assesses patients' experiences with health care providers and staff in doctors' offices. Survey results can be used to:

- Improve care provided by individual providers, sites of care, medical groups, or provider networks
- Equip consumers with information they can use to choose physicians and other health care providers, physician practices, or medical groups.

Users of this survey include medical practices, health plans, health systems, regional and community-based collaborative, accreditation and certification organizations, State agencies, and Federal agencies (such as the Centers for Medicare & Medicaid Services, Veterans Health Administration, and the Department of Defense).