AetnaPX

Survey 101

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Medicare Advantage (MA) Health Outcomes Survey (HOS) key concepts

Survey administration
The Centers for Medicare and Medicaid Services (CMS) mandates the HOS survey and an approved vendor administers it. For Stars Ratings, we include only members age 65 and older.

Distribution
We send the survey every year from July through November by mail and phone. Some members take it for the first time (Baseline Cohort). Others take it again two years later (Follow-Up Cohort).

Questions
Three HEDIS Effectiveness of Care measures come from questions about care and advice members receive from their providers. Two Functional Health measures come from the Veterans RAND-12 questions, which form the physical and mental component summary scores (MCS and PCS). We compare baseline and follow-up scores to see if members feel their mental or physical health improved, stayed the same or declined.

Sample
CMS requires plans with 600 or more members to participate in the HOS. They randomly select about 1,200 members from each Medicare contract for the baseline survey. Smaller contracts include all eligible members.

Weighting
Starting in 2027, the HOS measures make up 12% of the overall Star Rating.

Measure and domain weighting

3x
Functional Health measures count three times more than Effectiveness of Care measures.

- Improve or maintain mental health
- Improve or maintain physical health
- Monitor physical activity
- Reduce fall risk
- Improve bladder control

Strategic value

Positive HOS responses show strong communication and timely follow-up. These actions build trust and loyalty between patients and providers. Because the HOS carries more weight in Star Ratings, improving these scores boosts Star Ratings and incentives.

Member tactics for driving impact

- Include HOS screenings in your workflow and document fall risk, bladder issues and physical activity.
- Use clear, friendly language so members remember these conversations when they take the survey.
- Complete and document annual mental and physical health screenings (such as depression checks, pain assessments and mobility evaluations).
- Provide timely follow-up and adjust care as physical and mental health needs change.

MA Consumer Assessment of Healthcare Providers and Systems (CAHPS) key concepts

Survey administration
CMS mandates and administers the CAHPS survey for STAR Ratings.

Domains
The survey includes nine domains with 20 scored questions. These focus on overall experience, provider services, pharmacy services and customer service.

Distribution
We send the survey every March by email and web link.

Sample
CMS requires plans with 600 or more members to participate in CAHPS. They randomly select about 800 members from each Medicare contract.

Data collection and results
CMS measures member experiences from September to March and releases results in July (unadjusted) and August (adjusted).

Weighting
By 2027, CAHPS measures will make up 22% of the overall Star Rating. Experience measures count twice as much as Process measures.

Measure and domain weighting

2x Experience Measures	• Getting needed care • Getting appointments and care quickly • Customer service • Rating of health care quality • Rating of health plan • Rating of drug plan • Getting needed prescriptions • Care coordination	**22%** Percentage of total Star Rating
1x Process measures	Annual flu shot	

Strategic value

Industry-leading CAHPS scores begin with a member-focused approach and strong execution. Health plans and providers that offer easy access to care and clear communication build trust and satisfaction.

Member tactics for driving impact

- Monitor feedback to spot trends of areas for improvement.
- Communicate clearly using plain language and check for understanding.
- Identify barriers like transportation, housing or food and provide resources or referrals.

Aetna Medicare Post Visit Survey key concepts

Survey administration
We send this survey to gather member feedback shortly after a health care visit.

Domains
The survey includes 24 multiple choice questions and one open text question. These align with CAHPS and HOS domains.

Distribution
We send the survey by email and web link based on claims data, soon after a visit.

Sample
We target members who recently had a visit to make the feedback timely and relevant.

Data collection and results
We collect responses monthly and share insights through dashboards. About 1.2 million members receive the survey.

Weighting
We use the survey results internally for predictive insights and improvement strategies.

Strategic value

The survey provides timely, actionable feedback on member experience. Positive responses help improve trust, engagement and Star Ratings.

Member tactics for driving impact

- Monitor feedback to identify and address gaps quickly.
- Use clear, member-friendly language and confirm understanding.
- Share best practices through PatientForward® and PathForward to improve patient experience and provider engagement.