

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Beneficiary Choices
7500 Security Boulevard, Mail Stop C4-23-07
Baltimore, Maryland 21244-1850



PLAN OVERSIGHT & ACCOUNTABILITY GROUP

Date: January 10, 2007

To: Medicare Compliance Officer
Medicare Advantage Quality Contact and/or
Part D Quality Assurance Contact

From: Cynthia Moreno, Director /s/

Subject: Consumer Assessment of Health Providers and Systems Survey

The Centers for Medicare & Medicaid Services (CMS) has conducted an annual Consumer Assessment of Health Providers and Systems Survey (CAHPS) since 1998. The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 requires CMS to conduct a CAHPS survey of the new Prescription Drug Plans. To minimize burden on Medicare beneficiaries, CMS has streamlined the CAHPS survey effort while incorporating the new 4.0 CAHPS core items. CMS will administer four versions of the CAHPS survey; one for Medicare Advantage plans, one for Medicare Advantage Prescription Drug plans, one for Prescription Drug Plans and a shorter version for Fee-for-Service organizations.

This survey was originally planned for January through April of 2007. Due to unavoidable delays, CMS now plans to begin the survey at the end of February 2007. The shortened period will not impact the timing of the plan reports or the sending of CAHPS data to NCQA for health plan accreditation.

For more information please contact Amy Heller, Amy.Heller@cms.hhs.gov or at 410-786-9234.