Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey

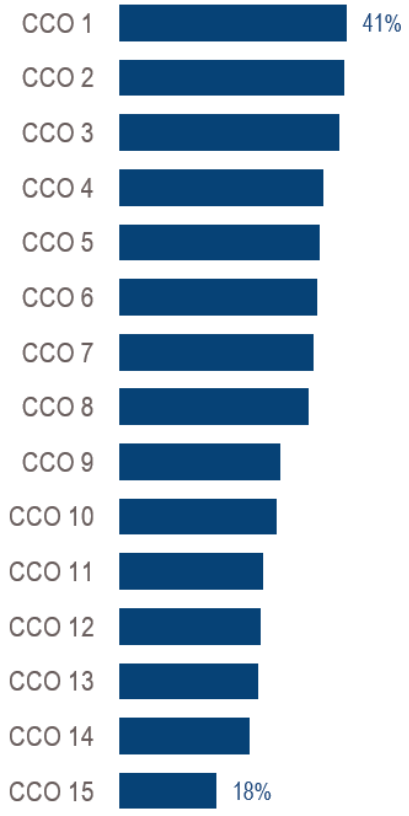
HPA Data Profile

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) is a survey of people in Oregon who have their main source of insurance coverage through the Oregon Health Plan (OHP). OHP is health insurance coverage for people with lower incomes. The CAHPS Survey covers topics that are important to OHP consumers and focuses on aspects of health care quality that consumers are best qualified to assess—such as the communication skills of providers and how easy it is to access services. CAHPS Survey results help policymakers and researchers understand how OHP is (or isn't) working for people and evaluate the impacts of new policies to see if they are effective.

A few examples of the things CAHPS data can tell us include:

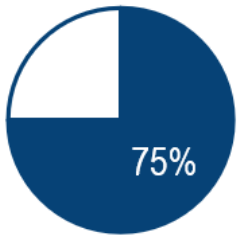
Access to dental care varied across CCOs in 2021.

Percentage of adult members who said they had a regular dentist and would go for checkups or when they had tooth pain.

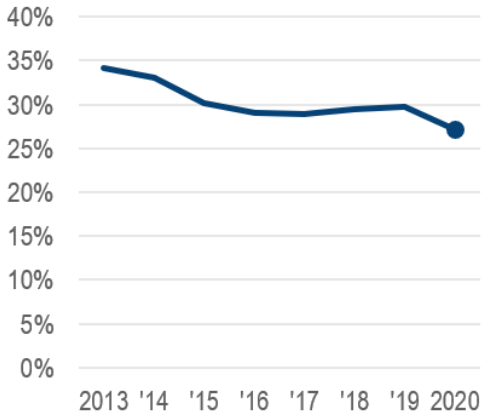


3 in 4 OHP members in Oregon reported getting an appointment with a specialist as soon as they needed.

Percentage reporting 'always' or 'usually' in 2021.



The percentage of OHP members who report using tobacco continues to decrease.



Regular reporting

CAHPS Survey results are published annually in two formats

Banner Books provide detailed results and analysis at the CCO level

CAHPS Survey results are published annually on OHA's CAHPS webpage in a set of reports, also called "Banner Books." Separate reports are published for each coordinated care organization (CCO) and for Open Card (also known as Fee-for-Service), as well as combined statewide results. Statewide and CCO-level results are further stratified and published separately for adults and children.

CAHPS reports show summary results for many of the survey questions as well as composite measures (learn more about composite measures on the next page). Results also show:

- Trends over the last three years
- When a change from the prior year is statistically significant
- Comparison to the statewide average and the highest- and lowest-performing CCOs

In addition to the survey results, the reports include helpful information like:

- *Key driver analyses* which recommend specific opportunities for improvement for each CCO (or Open Card) based on their individual CAHPS results; and
- Detailed methodology and the survey questionnaire.

The CCO Quality Metrics Dashboards allows users to view some summary measures across all CCOs at-a-glance

Summary results for twelve CAHPS measures (eight of which are reported separately for adults and children) are also published in Oregon's CCO Quality Metrics dashboards. Through the dashboards, users can quickly compare trends over time across all the state's CCOs, and view statewide results disaggregated by race, ethnicity, language, and disability (REALD). By the end of 2026, all CAHPS measures will be phased out of the CCO Quality Metrics Dashboards and transitioned to a new dashboard dedicated solely to CAHPS measures.

About the data

This section provides an overview of CAHPS Survey data and how they are collected. Detailed methodology and definitions can be found in the Banner Book reports on the CAHPS webpage.

Overview of data elements

The CAHPS Survey includes dozens of questions designed to measure topics that consumers are best qualified to assess. The complete questionnaire for each year up to 2022 can be found in the CAHPS reports online. Some examples of the types of questions in the standardized CAHPS Survey include:

"In the last 6 months, how often…"

- *did you get an appointment for routine care as soon as you needed?*
- *did your doctor explain things in a way that was easy to understand?*
- *did your doctor show respect for what you had to say?*
- *did you get an appointment with a specialist as soon as you needed?*

- *did your health plan's customer service give you the information or help you needed?*
- *was it easy to get the medical equipment you needed through your health plan?*

In addition to the individual questions, standardized **composite** measures are also calculated. CAHPS composite measures combine results from multiple related survey questions into a single measure. For example, the *How well doctors communicate* composite measure summarizes responses to four questions: How often doctors explained things, listened carefully, showed respect, and spent enough time with the member. CAHPS has four composite measures: *Getting needed care*; *Getting care quickly*; *How well doctors communicate*; and *Customer service.*

Finally, OHA sometimes adds questions beyond the standardized CAHPS Survey to help inform Oregon's specific health policy priorities. For example, the 2022 survey included extra questions related to delayed dental care and the COVID-19 pandemic.

How the data are collected

OHA has a contractor that collects survey responses. The survey sample is drawn from people who live in Oregon and whose main source of insurance coverage is OHP. To be included, people must also be currently enrolled in OHP at the time of the survey and be continuously enrolled for six months prior to the sample being drawn. Usually only one member per household is selected to receive the survey. An exception to this rule might occur if the surveyor is having a hard time meeting the desired sample size for an individual CCO; then more than one member per household might be selected. There are two versions of the survey: one for adults, and one for children under 18. (The CAHPS Survey administered to children ask*s legal guardians* to report *on behalf of* the child being surveyed.)

People who are selected for the survey have the option to participate online, by mail, or by phone. Beginning in 2025, members receive the survey in either English, Spanish, Vietnamese, Russian, or Chinese (depending on their preferred language). Prior to 2025, the survey was available only in English and Spanish.

In most years, around 48,000 people are contacted for the CAHPS Survey. The sample size was doubled to around 100,000 people between 2023 and 2025. This helped improve the reliability of CAHPS results during those years, especially at the CCO level and for smaller demographic groups. The survey fielded in 2026 will return to the smaller historical sample size of around 48,000. Sample sizes are evenly distributed among health plans (that is, among each CCO or Open Card). The overall response rate for CAHPS Surveys is typically around 15 percent.

> **A note about survey response rates:** The response rates for CAHPS are comparable to other survey research projects, which in recent years have experienced an overall decline in response rates. Response rates are impacted by many factors, such as changing methods of communication (social media, in-app messages, and cell phone-only households), potential survey fatigue for some groups, and lower engagement overall. OHA is working to increase response rates by using larger sample sizes, refining survey invitations and other communication materials, and using more efficient collection methods. Along with increasing the number of responses, OHA is prioritizing representation. A lower response rate with more diverse and representative respondents is more valuable statistically than a very high response rate with more homogenous or alike respondents.

Timing and frequency

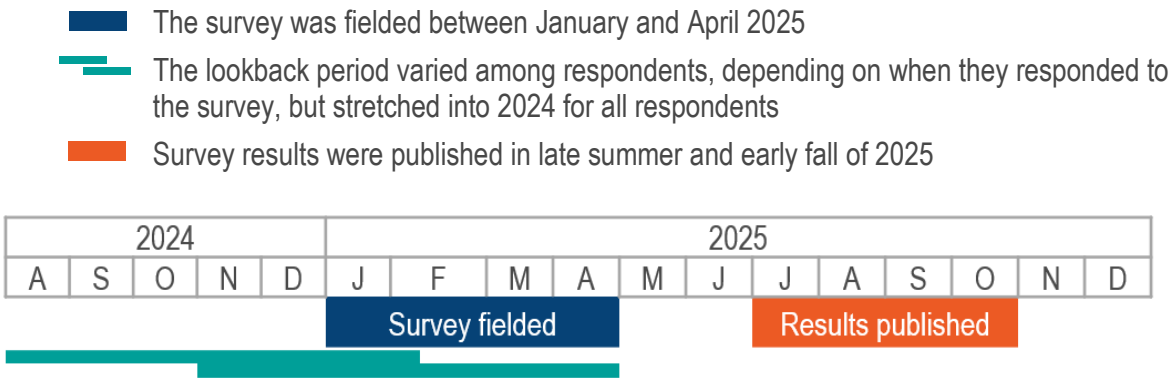
CAHPS Surveys are fielded early each calendar year—usually from January through April. Respondents are asked about their experiences with health care **during the previous six months.**

Depending on when individuals respond during the survey period, the lookback period might stretch as far back as August of the previous year, or as late as November. See Figure 1 below for an illustrated example using the 2024 survey.

Survey results are published within a few months after the survey closes. CCO and state-level Banner Books are published online in the summer, and CAHPS measures that are part of the CCO metrics reporting program are usually published by early fall (learn more in the *Regular Reporting* section of this document).

CAHPS results are readily available online back to 2018. Results back to 2013 can be requested.

Figure 1. A timeline of the 2025 CAHPS Survey



An important note about how CAHPS results are labeled: In OHA's CCO quality metrics reporting, CAHPS results are labeled by the year prior to the survey being fielded because the six-month "lookback period" for respondents stretches into the previous calendar year (as shown in Figure 1 above). CAHPS Banner Book reports, on the other hand, label results based on the year the survey was administered. For simplicity, the remainder of this profile will refer to results by the year the survey was fielded (that is, consistent with CAHPS Banner Book reporting).

READLD and SOGI

What are READLD and SOGI?

READLD and SOGI are types of standardized demographic information. READLD stands for: **R**ace, **E**thnicity **a**nd **L**anguage, **D**isability. SOGI stands for: **S**exual **O**rientation and **G**ender **I**dentity.

Collecting and analyzing data aligned with READLD and SOGI standards helps us identify and address health disparities, and support data justice in communities that are most affected by health disparities. Learn more about READLD and SOGI on OHA's website.

READLD and SOGI in the CAHPS Survey

The CAHPS Survey has asked the full suite of READLD demographic questions since the 2021 fielding of the survey. A partial list of questions had been included for three years prior to 2021.

Beginning with surveys fielded 2023, the CAHPS Survey includes SOGI questions according to the current standards (standards were draft until rulemaking was completed in July 2024). Previous iterations of the survey have included some gender identity questions.

For some questions, particularly at the CCO level, small numbers of respondents mean the results aren't very reliable. OHA suppresses these results from public reporting. As described on earlier, the overall sample size was doubled between 2023 and 2025 survey fielding. During those years, more results were reported by REALD stratified categories.

Things to remember when interpreting CAHPS data

Oversampling by race and ethnicity

To make sure the survey results do a good job of representing all people in Oregon, OHA *oversamples* the statewide survey by race and ethnicity. Oversampling means reaching out to a larger proportion of people in certain groups than there are in the population. Oversampling helps make survey results more reliable for groups with smaller representation in Oregon.

Data for members in the "oversample" are only included in the aggregated statewide results (and not the individual CCO results).

Changes over the years

There have been some important changes to the CAHPS Survey—and the way the results are reported in the CCO Quality Metrics dashboards—in recent years:

Children with chronic conditions

To understand the experience of care for children with chronic conditions, OHA has always stratified CAHPS results for this population. However, the methodology used for surveying children with- and without chronic conditions changed in 2021, and **results for children from 2021 onward cannot be directly compared to earlier years.** *Remember, as described in the Timing and Frequency section earlier in this document, results from the 2021 survey are labeled as "2020" in CCO metrics reporting.*

Prior to fielding the 2021 survey, OHA administered separate surveys to two mutually exclusive samples of children: Children **with-** and **without chronic conditions**. The children "with chronic conditions" received an extra set of questions relevant to the specific needs of that population—such as access to specialized services and coordination of care. Children "without chronic conditions" received the CAHPS Survey without these extra questions. Results from these two samples were **combined** in the CCO Quality Metrics dashboards for child-level CAHPS measures. In other words, children with chronic conditions were previously *overrepresented* in the child-level CAHPS results presented in the dashboard.

Beginning in 2021, OHA continues to field the chronic questionnaire to a sample of children *with* chronic conditions in a comparable manner as before. However, instead of specifically surveying children *without* chronic conditions, a random sample of children—which may include some children with chronic conditions—receives the standard survey. That means the general children's sample now includes some children with chronic conditions and is more representative of the overall population. It also means that results reported through the CCO metrics reporting

program for **"children" overall from 2021 onward should not be directly compared to earlier years.**

Race and ethnicity oversample

As described in the previous section, OHA oversamples the CAHPS Survey by race and ethnicity at the statewide level. Prior to 2022, OHA excluded the oversample from CAHPS results presented in the CCO Quality Metrics dashboards. Beginning in 2022, the oversample is included. **That means statewide results in the CCO Quality Metrics dashboards from 2022 onward should not be directly compared to earlier years.**

In the CAHPS Banner Book reports published on the CAHPS webpage, however, the oversample results have always been included in statewide results. As such, statewide results presented in the Banner Book will differ from results presented in the CCO Quality Metrics dashboards prior to 2021.

Finally, the oversample methodology changed with the survey fielded in 2022 to include oversampling of Native Hawaiian and Pacific Islanders.

Composite measures

As described in the *Overview of Data Elements* section earlier in this document, CAHPS composite measures combine results from related survey questions into a single measure. **The calculation used by OHA to calculate composite measures has changed, so results from 2021 onward should not be directly compared to earlier years**. The methodology now used aligns with National Committee on Quality Assurance.

Statistical significance

As described in the *Regular Reporting* section of this document, the Banner Book reports on the CAHPS webpage use a * symbol when the change was statistically significant at the 95 percent confidence level. That means that we are very confident the difference was not due to chance.

Requesting data

Complete deidentified individual-level survey results can be requested by submitting a request form on the Health Analytics Data Request webpage.

CAHPS Survey data in action

Evaluating Oregon's unique Medicaid program

CAHPS Survey data were a key part of Oregon's 2017-2022 Medicaid waiver evaluation. The evaluation focused on areas the waiver was designed to address, including the use of health-related services, or HRS. (Learn more about waivers and HRS at the bottom of this page.)

Specifically, the evaluation included four CAHPS measures to help assess how people in Oregon experienced HRS, as well as the impact of HRS on quality and costs:

- **Member Rating of Health Status:** Percentage of members who rated their overall health as good, very good, or excellent

- **Getting Care Quickly:** Percentage of members who said they usually or always got 1) care for illness or injury as soon as needed, and 2) non-urgent/routine care appointments as soon as needed within the last six months
- **Getting Needed Care:** Percentage of members who said it was usually or always easy to get 1) needed care, tests, or treatments, and 2) appointments with specialists as soon as needed within the last six months
- **Rating of All Health Care**: Percentage of members who rated all of their health care in the last six months an 8, 9, or 10 (on a scale of 0 to 10)

The evaluators compared results *during* waiver implementation (2019) against a baseline (2016). Results were mixed: *Ratings of All Health Care*, *Getting Care Quickly* and *Getting Needed Care* increased, but **only the increase in *Ratings of All Health Care was* statistically significant**. Finally, *Member Rating of Health Status* decreased slightly, although this change was not statistically significant.

What's a waiver?

Medicaid is a federal program that is administered by each state. The federal government helps pay for the program and sets standards for how it works. However, a state can ask for flexibility to experiment with different approaches to administering its Medicaid program by applying for an 1115 Medicaid demonstration waiver.

Oregon has had such a waiver for its Medicaid program (which is called the Oregon Health Plan) since 1994. Each waiver is typically approved for a period of five years and must be formally evaluated to see if the state's methods are working.

Health-Related Services (HRS)

Through Oregon's Medicaid waiver, provider networks have the option to address patients' health needs outside of traditional health services. For example, HRS might support access to things like housing, transportation, or health food.

You can get this document in other languages, large print, braille, or a format you prefer. Contact HPA.IDEA.Team@odhsoha.oregon.gov.

Quick Facts

Name	Consumer Assessment of Healthcare Providers and Systems Survey
Acronym	CAHPS Survey
Summary	A survey of people in Oregon who have their main source of insurance coverage through the Oregon Health Plan (OHP). Covers topics that are important to consumers and that consumers are best qualified to assess.
Data type	Survey
Populations	OHP adults and children
Frequency	Annual
Available since	2013
Required?	Oregon is required to implement the child-level CAHPS Survey to comply with federal reporting requirements. Although the adult-level survey is not required by any regulation, it is important for quality improvement efforts.
Regular reporting	Statewide and plan-level results are published on the CAHPS webpage. results are also reported in the CCO Quality Metrics Dashboard.
Website	https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CAHPS.aspx
Data requests	Visit the Health Analytics Data Request webpage to submit a request.
Security level	Deidentified data sets: Level 1 “Published” (low-sensitive information) Raw data files: Level 3 “Restricted” (sensitive information) *Learn more about data security levels.*
Data dictionary?	Glossary of terms are available within the Banner Book reports published on the CAHPS webpage. Complete data dictionary would accompany raw data files if requested.
REALD	Fully implemented since 2021
SOGI	Beginning in 2022 results include SOGI questions according to the current standards (the standards were draft standards until finalized in July 2024). Previous years included some gender identity questions.
Suggested citation	Oregon Health Authority, Oregon Consumer Assessment of Healthcare Providers and System (CAHPS) Survey [YEAR]