

September 9, 2020

Centers for Medicare & Medicaid Services  
Department of Health & Human Services

Submitted electronically to [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain)

RE: Notice of Proposed Information Collection; Document no. 2020-17417 [CMS-10156, CMS-10170, CMS-10110 and CMS-10488]

To whom it may concern:

Kaiser Permanente offers the following comments on the above-captioned Notice, published August 10, 2020.<sup>1</sup> We appreciate the opportunity to provide feedback on the Information Collection Request (ICR) renewal of Consumer Experience Survey Data Collection and the updates to the 2021 Qualified Health Plan (QHP) Enrollee Survey.

The Kaiser Permanente Medical Care Program is the largest private integrated healthcare delivery system in the U.S., delivering health care to 12.4 million members in eight states and the District of Columbia.<sup>2</sup> We are committed to providing the highest quality health care.

### **General Comments**

Kaiser Permanent strongly supports modifying the QHP Enrollee Survey to address the increased use of telehealth. The global pandemic has changed how individuals, including our members, access healthcare; without these updates, the QHP Enrollee Survey could exclude respondents who received care virtually over the past 6 months, via phone or video. In addition, expanding the QHP Enrollee Survey to allow for telehealth visits would align with updates the National Committee for Quality Assurance (NCQA) may make to the Health Plan commercial CAHPS® survey. Plus, these modifications would better position the QHP Enrollee Survey to capture changes in the modalities that individuals use to receive care.

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<sup>1</sup> 85 Fed.Reg.48255

<sup>2</sup> Kaiser Permanente comprises Kaiser Foundation Health Plan, Inc., the nation's largest not-for-profit health plan, and its health plan subsidiaries outside California and Hawaii; the not-for-profit Kaiser Foundation Hospitals, which operates 39 hospitals and over 700 other clinical facilities; and the Permanente Medical Groups, self-governed physician group practices that exclusively contract with Kaiser Foundation Health Plan and its health plan subsidiaries to meet the health needs of Kaiser Permanente's members.

We include comments on specific proposed revisions to the QHP Enrollee Survey. Our suggested changes are indicated below (~~striketrough~~ or **bold underline**).

## Section Instructions

We recommend a minor edit to instructions for the section entitled, *Your Health Care in the Last 6 Months*: “*This includes care you got in a clinic, emergency room, doctor’s office, ~~or~~ by telephone, or video appointments.*”

We also recommend updating instructions for *Your Personal Doctor*, by adding “or talk to” in addition to “see.” This may be helpful for respondents who have only talked with their personal doctor over the phone. For example: “*A personal doctor is the one you would see **or talk to** if you need a check-up, want advice about a health problem, or get sick or hurt.*”

For the section *Getting Health Care from Specialists*, we recommend adding some additional language to include virtual care. For example: “*When you answer the next questions, **include care you got in a clinic, emergency room, doctor’s office, by phone, or by video.** Do not include dental visits or care you got when you stayed overnight in a hospital.*” This change aligns with the language NCQA is considering adding to the commercial CAHPS survey.

For the updated QHP Enrollee Survey instructions, possibly bold or underline wording related to virtual care so respondents, who may be new to telehealth, consider these experiences when answering survey questions.

## Question Modifications

Kaiser Permanent supports proposed updates to Questions 22, 23, 24, 25, 26, 27, 28, 33, 37, 41, and 42, instructing enrollees to “*include in person, telephone or video appointments*” when responding. We also offer additional suggestions to update individual items.

For questions about access to care, CMS should consider revising references to specific sites of care, especially when the emphasis is on physical locations (i.e., ER, clinic) with telehealth tagged on at the end. These revisions will reduce confusion about whether to consider virtual visits as well as in-person care. They will also help to align with changes being proposed to CAHPS. Other changes (“seen or talked to” versus “seen”) would help ensure respondents consider telehealth visit when answering these questions. For example:

Question Q22. “*In the last 6 months, when you needed care right away, ~~in an emergency room, doctor’s office, or clinic,~~ how often did you get care as soon as you needed? Include in person, telephone or video appointments.*”

Question Q23. “*In the last 6 months, how often did you get an appointment for a check-up or routine care ~~at a doctor’s office or clinic~~ as soon as you needed? Include in person, telephone or video appointments.*”

Question Q24: “*In the last 6 months, not counting the times you went to an emergency room, how many times ~~did you go to a doctor’s office or clinic to get health care for yourself? Include in person, telephone or video appointments.~~ did you get health care for yourself in person, by phone, or by video?*”

Question Q28. “*In the last 6 months, how many times did you have an in person, phone, or video appointment with your personal doctor about your health?*”

Question Q41. *In the last 6 months, how often did you get an appointment ~~to see~~ with a specialist as soon as you needed? Include in person, telephone, or video appointments.*”

Question 42. “*How many specialists have you seen or talked to in the last 6 months? Include in person, telephone, or video appointments.*”

Question 44. “*We want to know your rating of the specialist you saw or talked to most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate the specialist?*”

We also suggest a minor edit throughout, specifically to change “in person” to “in-person” when it is used as a modifier (e.g., an in-person visit versus seeking care in person)

### **Additional Questions**

Kaiser Permanente supports the addition of Question 17: “*In the last 6 months, how often did you need medical care but could not get it because you were concerned about a public health emergency (such as the coronavirus outbreak)?*” However, we are concerned this question cannot capture individuals who could not get care because the place where they receive care was closed, rather than (or in addition to) concerns about the public health emergency.

Therefore, CMS should consider rephrasing the question to focus on the impact of the public health emergency on access or ask separate questions, one about availability of care and the other about concerns related to risks of coronavirus overriding the need for care.

Kaiser Permanente supports the addition of Question 21: “*In the last 6 months, did your usual doctor or primary care provider offer telephone or video appointments, so that you did not need to physically visit their office or facility?*” We suggest a follow-up question, asking if the respondent had a video visit. That question does not have to be contingent on whether the provider offered a telehealth option. For example: “*In the last 6 months, did you have a telephone or video appointment? Yes/No*”

Alternatively, the QHP Enrollee Survey could include a question about all the types of visits in the last 6 months, which would allow analysis of those respondents who may have only had virtual care, only in-person, or both. For example: “*In the last 6 months, have you received any of the following types of care? Please select all that apply.*

- A. Came in for an in-person visit
- B. Had a phone appointment (a scheduled time when a provider called you)

- C. Had a video visit (you met with a provider by video using a camera on your computer or mobile device)**
- D. Did not have a visit or other care in the past 6 months**

**CONCLUSION**

Kaiser Permanente looks forward to working with CMS to support modifications to the QHP Enrollee Survey that help capture important information about patient experiences during the pandemic. Thank you for considering our comments. Please feel free to contact Bill Wehrle at 916.475.6819 (email [bill.s.wehrle@kp.org](mailto:bill.s.wehrle@kp.org)) or Blake Hodges at 303.808.1978 (email [blake.e.hodges@kp.org](mailto:blake.e.hodges@kp.org)) with questions or concerns.

Sincerely,

Bill S. Wehrle  
Vice President  
Health Insurance Exchanges