



March 8, 2021

OMB Desk Officer

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

**RE: CMS-R-246 (OMB control number: 0938-1088)**

Dear Sir or Madam:

I am writing on behalf of America's Health Insurance Plans (AHIP) in response to the notice under the Paperwork Reduction Act (PRA) concerning the "Medicare Advantage, Medicare Part D, and Medicare Fee-For-Service Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey" published by the Centers for Medicare & Medicaid Services (CMS) in the *Federal Register* (86 FR 8361) on February 5, 2021. The draft survey is of interest to AHIP's member organizations, many of which participate in the Medicare Advantage (MA) and Part D programs. Our comments on the survey and methods are below.

### **Telehealth Services**

The initial, main instructions for the CAHPS survey prompt respondents to think about the health care services they received in person, by telephone, or by video. We appreciate the initial instructions that ask beneficiaries responding to the survey to consider health care services received through a variety of methods, including by video or telephone, especially as care delivery through telehealth increased during the COVID-19 public health emergency. Virtual visits should be reflected in the CAHPS survey. Although the main instructions of the survey ask beneficiaries to also consider telephone and video services when answering the survey questions, not all survey questions have been updated to align with these instructions. For example, several survey questions still ask if the beneficiary received care in a doctor's office or clinic or has "seen" a doctor.

We are concerned about the lack of consistency in survey language. Asking respondents to think about health care "in person, by phone or by video call" in the opening paragraph of the survey, but seemingly excluding these instructions in the survey questions could be confusing or misleading to beneficiaries and impact the reliability of their survey responses. We recommend that CMS update the language throughout the survey to minimize beneficiary confusion and promote the reliability and validity of the survey results.

### **Survey Administration**

The administration of the survey currently consists of vendors mailing a pre-notification letter, followed by the questionnaire, a follow-up questionnaire to non-respondents, and telephone follow-up to non-respondents of the mail portion. We understand CMS is exploring the feasibility of incorporating a web mode of data collection. We continue to recommend that CMS modernize the methods for administering the survey through the use of new technologies to increase response rates.

## **Engagement for Additional Improvements**

We also look forward to engaging with CMS, plans, and other stakeholders to identify additional improvements to ensure that the survey questions are appropriate and reliable indicators of Medicare beneficiary experiences of their health and prescription drug plans and that survey measures are properly weighted in comparison to other measures in Star Ratings.

We appreciate the opportunity to comment. Please contact me if additional information would be helpful or if you have questions about the issues raised in this letter. I can be reached at (202) 778-3256 or [mhamelburg@ahip.org](mailto:mhamelburg@ahip.org).

Sincerely,

A handwritten signature in black ink, appearing to read 'mhamelburg', written in a cursive style.

Mark Hamelburg  
Senior Vice President, Federal Programs