

Kaiser Permanente Comments on Notice of Information Collection:  
Medicare Advantage, Medicare Part D, and Medicare Fee-For-Service  
Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey

March 8, 2021

Kaiser Permanente appreciates the opportunity to provide feedback on the revision of the Consumer Experience Survey Data Collection and the 2021 Medicare Advantage, Medicare Part D, and Medicare Fee-For-Service Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey.<sup>1</sup>

As discussed in detail in our comments on the 60-day Notice of Information Collection,<sup>2</sup> Kaiser Permanente is concerned that the new version of the Medicare CAHPS survey does not reflect the much greater degree to which telehealth modalities are now being used for care delivery in the Medicare population and, therefore, may not properly measure and report consumers' experience with their health care and their health and drug plans.

We recognize that the new version of the survey references telehealth in the survey cover instructions. However, the survey still does not integrate references to telehealth into the wording and questions in the body of the survey. We are concerned that prompting respondents to consider telehealth in the cover instructions but not referencing telehealth in the survey questions, which often refer to in-person visits exclusively, will cause confusion.

We are also concerned, based on our observations after a comparison of the commercial CAHPS survey tools, that omitting explicit references to telehealth in the survey questions will result in flawed data collection and unreliable results that should not be used for Medicare Star Ratings purposes. The National Committee for Quality Assurance (NCQA) updated the 2021 Health Plan commercial CAHPS survey (CAHPS 5.1) to include language related to telehealth in both the instructions and the questions themselves. We compared the new version (CAHPS 5.1) with the prior version (CAHPS 5.0) last fall and found that including the telehealth language throughout the survey led to much higher reports of utilization by individuals who experienced only telehealth visits. Our internal off-cycle Medicare CAHPS survey had similar findings: when telehealth-only respondents were expressly told to recall their telehealth visits, they reported much higher utilization than when they were only prompted to report on doctor/PCP visits with no reference to telehealth visits.

We again respectfully request that CMS revise the CAHPS survey, consistent with the specific recommendations regarding survey question wording we included in our January 8, 2021 comments and re-stated below.

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<sup>1</sup> 86 Fed. Reg. 8361 (Feb. 5, 2021).

<sup>2</sup> 85 Fed. Reg. 71344 (Nov. 9, 2020).

## Recommendations

Below we include comments on specific proposed revisions to the 2021 MCAHPS Survey. Our suggested changes are indicated below (~~strike through~~ or **bold underline**) and closely align with the changes made by NCQA on the 2021 CAHPS 5.1 survey.

### Specific Question Modifications

Kaiser Permanente is recommending updates to question language that reflect how virtual care is delivered for Questions 3-8, 11, 12, 18, and 28-31. For questions about access to care, CMS should consider revising references to specific sites of care to reduce confusion about whether to consider virtual visits as well as in-person care. Other changes (“seen or spoken with” versus “seen”) would help ensure respondents consider telehealth visit when answering these questions. We also suggest using “in-person” when used as a modifier (e.g., an in-person visit versus seeking care in person).

For example:

Question 3. *“In the last 6 months, did you have an illness, injury, or condition that needed care right away ~~in a clinic, emergency room, or doctor’s office?~~”*

Question 4. *“In the last 6 months, when you needed care right away, how often did you get care as soon as you needed? **Include in-person, telephone or video appointments.**”*

Question 5. *“In the last 6 months, did you make any appointments for a check-up or routine care ~~at a doctor’s office or clinic?~~”*

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

Question 7: *“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?~~ **did you get health care for yourself in person, by phone, or by video?**”*

Question 8: *“Wait time includes time spent in the waiting room or exam room, **or waiting for a phone or video appointment.** In the last 6 months, how often did you see **or speak with** the person you came to see within 15 minutes of your appointment time?”*

Question 11: *“A personal doctor is the one you would see **or speak with** if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?”*

Question 12: *“In the last 6 months, how many times did you visit **or speak** with your personal doctor to get care for yourself?”*

Question 18. *“In the last 6 months, when you visited **or spoke with** your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care? **Include in-person, telephone or video appointments.**”*

Question 28. “In the last 6 months, did you make any appointments to see or speak with a specialist?”

Question 29. “In the last 6 months, how often did you get an appointment to see or speak with a specialist as soon as you needed? Include in-person, telephone, or video appointments.”

Question 30. “How many specialists have you seen or spoken with in the last 6 months? Include in-person, telephone, or video appointments.”

Question 31. “We want to know your rating of the specialist you saw or spoke with 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?”

#### Additional Questions

Kaiser Permanente also recommends adding additional questions that ask members to list all the types of visits they experienced in the last 6 months. This would allow analysis of respondents who may have only had virtual care, only in-person, or both. For example: “In the past 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 at a medical office
- b. Had a phone appointment (a scheduled time when a provider called you instead of you having to come into a medical office)
- c. Had a video visit (you met with a provider by video using a camera on your computer or mobile device)
- d. Chatted with a provider using a real-time online messaging application
- e. E-visits (complete a short online questionnaire about your symptoms and receive a care plan)
- f. Other
- g. Did not have a visit or other type of care in the past 6 months

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Kaiser Permanente appreciates CMS’ consideration of these comments and looks forward to working with CMS to support modifications to the Medicare CAHPS Survey that help capture important information about patient experiences with telehealth visits. Please contact Tom Cieszynski ([tom.cieszynski@kp.org](mailto:tom.cieszynski@kp.org)) or Blake Hodges ([blake.e.hodges@kp.org](mailto:blake.e.hodges@kp.org)) with questions or concerns.