

CMS Response to Public Comments Received for CMS-R-246

CMS received three comments related to CMS-R-246 (OMB control number 0938-0732) for the Medicare Advantage, Medicare Part D, and Medicare Fee-For-Service Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey.

- Comment: Two commenters were concerned the CAHPS questionnaire will not accurately capture their members' experiences with phone or video visits. They appreciate the survey instruction that includes "in-person, phone, or video" types of appointments to account for the increase in telehealth appointments during the COVID-19 public health emergency, however they request that additional edits be made to survey items.

Response: CMS is actively considering whether any changes should be made to specific questions to further account for virtual care. Any future survey changes will need to be tested and proposed through rulemaking. MA and PDP CAHPS items are used to calculate a number of measures in Part C and D Star Ratings; per §§ 422.164(d) and 423.184(d) any substantive changes to Star Ratings measures must be proposed through rulemaking.

- Comment: Two commenters recommended CMS modernize the methods for administering the survey through the use of new technologies. One noted the declining response rate for CAHPS over the last decade and questioned the accuracy of the sample to represent all MA beneficiaries.

Response: There has been a general decline in the response rates for all surveys over the last decade. The MA & PDP CAHPS Survey uses a sequential mixed-mode protocol, which outperforms other survey protocols in terms of response rate and representativeness. CMS is planning to pilot test a web-based mode for the MA & PDP CAHPS Survey to supplement mail and phone survey administration modes. While a web-based mode has been shown to be useful for increasing survey participation by younger adults, prior research has shown more limited benefit in populations more similar to Medicare beneficiaries. Studies show that survey administration by telephone is the most effective mode for reaching low-income, low-education, and racial/ethnic minority groups, and that a web-only approach is particularly ineffective for reaching some of these subgroups. Careful testing is needed to assess the response rates and representativeness of a web mode of survey administration for the Medicare population.

- Comment: One commenter was concerned that some questions do not reference an episode of care or provider to focus responses, which they feel is burdensome for beneficiaries with multiple chronic and complex conditions to complete and difficult for the health plan to act on or outside health plan control (e.g., wait times).

Response: The Medicare CAHPS surveys focus on member experience with the health or drug plan over the prior six months; it is not intended to focus on a specific episode of care. For Medicare beneficiaries with multiple conditions in particular, naming all the providers they have seen during the prior six months is not practical and for many beneficiaries would greatly increase the length of the survey. Unlike other CAHPS surveys that focus on an

episode of care or provider, the Medicare CAHPS surveys are designed to allow objective and meaningful comparisons between health and drug plans, as well as with Original Medicare, on domains that are important to consumers. MA and PDP CAHPS measures used in Part C and D Star Ratings have high plan-level reliability, which suggests that plans can and do have leverage over the quality of provider care, including wait times. CMS feedback and testing activities routinely include individuals who are dual eligible, low-income, have chronic conditions, and who are diverse in race, ethnicity, and preferred language. To account for beneficiary characteristics that vary across plans and are associated with how beneficiaries respond to the survey, measure scores are adjusted for a range of beneficiary characteristics, including education, health status, dual eligibility, and Asian language.