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**SUBMITTED**

**SNP ALLIANCE ANALYSIS & POSITION - CAHPS**

The SNP Alliance is a nonprofit leadership organization that focuses on beneficiaries with the most complex physical, mental health, and social risk individuals who are also primarily low income, dually-eligible for Medicare and Medicaid.

The Alliance strongly supports consumer assessment of health plans and obtaining member input around health plans actions.

However, we have several comments regarding the burden of CAHPS around some items on the survey--specifically on these special needs individuals--with regard to the value (accuracy, reliability and utility) for use in performance measurement and quality improvement. We focus on the value of the information collected for special needs beneficiaries and the special needs health plans.

Given the complex characteristics of these special needs beneficiaries, which include not only disease/condition issues but also social determinant of health issues (such as lack of stable housing, variable access to phone service, linguistic diversity and low health literacy)—filling out a written survey and returning it or responding to a telephone survey—is a higher burden for these beneficiaries. Though some do participate in the survey, the response rates overall are lower for these individuals—introducing potential of bias to the sample.

The response rate to CAHPS has been declining over the last decade—struggling to meet 40% and in some cases lower. Therefore, from a statistical viewpoint, the accuracy of the sample to represent all MA beneficiaries—and particularly to capture the perspective of low income, disabled, and complex care individuals—is called into question.

We are also concerned about the global nature of some questions where the respondent cannot specifically identify the episode of care or provider of care that is the focus of their response to the questions. We call attention to the lack of context in the answers give. There are problems

with the wording of some of the CAHPS questions – such as “Rate your provider” or “Rate your specialist” or “Rate all of your healthcare over the last six months.” A special needs plan beneficiary may see two or three specialists (e.g., endocrinologist, cardiologist, rheumatologist) in six months for various conditions. The beneficiary may also see a behavioral health specialist, counselor, general primary care provider, and have a home visit from a nurse practitioner. How is this person able to rate all of these interactions via one question and how does the response yield information that the health plan can act on---particularly since the results are blinded and the providers that were seen are not identified?

We recommend that these issues be considered when evaluating the burden on special needs beneficiaries with multiple chronic and complex conditions in completing the CAHPS.

While there is still value, some of the items and resulting information lacks specificity and may not be accurate for these populations.

Additionally, some of the items are not under the health plan control, such as the time the person spends in the doctor’s waiting room. A recent study of beneficiaries and plans provides additional insight: [BMA-Patient-Experience-Policy-Report-FIN.pdf \(bettermedicarealliance.org\)](#).

Thank you for taking these issues into consideration when determining value vs. burden of this survey for special needs individuals.

Respectfully,



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