

May 20, 2021

William N. Parham, III, Director  
Centers for Medicare and Medicaid Services (CMS)  
Office of Strategic Operations and Regulatory Affairs  
7500 Security Boulevard  
Baltimore, MD 21244-1850

***RE: CMS-10701 Medicare Beneficiary Experiences with Care Survey (MBECS) System***

Dear Director Parham,

The American Association of Nurse Practitioners (AANP), representing more than 325,000 nurse practitioners (NPs) in the United States, appreciates the opportunity to comment with ways to enhance the quality, utility and clarity of this new information collection. We agree with CMS that the MBECS can be a useful tool to evaluate priority groups of interest; however, we are concerned that the survey instrument does not include nurse practitioners and only indicates that patients see physicians for their primary and specialty care. **Accordingly, we request that CMS amend the survey by changing the word “doctor” to “health care provider” throughout the survey so that nurse practitioners are included in the survey.**

NPs are advanced practice registered nurses (APRNs) who are prepared at the masters or doctoral level to provide primary, acute, chronic and specialty care to patients of all ages and walks of life. Daily practice includes: assessment; ordering, performing, supervising and interpreting diagnostic and laboratory tests; making diagnoses; initiating and managing treatment including prescribing medication and non-pharmacologic treatments; coordinating care; counseling; and educating patients and their families and communities. NPs practice in nearly every health care setting including clinics, hospitals, Veterans Affairs and Indian Health Care facilities, emergency rooms, urgent care sites, private physician or NP practices (both managed and owned by NPs), nursing homes, schools, colleges, retail clinics, public health departments, nurse managed clinics, homeless clinics, and home health. NPs hold prescriptive authority in all 50 states and the District of Columbia. It is important to note that the majority of NPs are certified in primary care and see Medicare and Medicaid patients. NPs complete more than one billion patient visits annually.

As of 2018, there were more than 145,000 NPs billing for Medicare services, making NPs the largest and fastest growing Medicare designated provider specialty.<sup>1</sup> Over one-third of Medicare beneficiaries received a billable service from an NP.<sup>2</sup> NPs have a large impact on primary care as approximately 70% of all NP graduates deliver primary care<sup>3</sup>. NPs comprise approximately one quarter of the primary care workforce, with that percentage growing annually.<sup>4</sup>

Even though NPs provide approximately a quarter of all primary care in the U.S., treat one third of Medicare beneficiaries and are the fastest growing group of providers, NPs are not included in this survey instrument. For the specific population targeted by the MBECS, it is also important to note that NPs are more likely to provide care to underserved communities. As providers of care in rural areas and areas of lower socioeconomic and health status, NPs understand the barriers to care that vulnerable patients face on a daily

<sup>1</sup> <https://www.cms.gov/files/document/2018-mdcr-providers-6.pdf>.

<sup>2</sup> <https://www.cms.gov/files/document/2018-mdcr-physupp-6.pdf>.

<sup>3</sup> <https://www.aanp.org/about/all-about-nps/np-fact-sheet>.

<sup>4</sup> [Rural and Nonrural Primary Care Physician Practices Increasingly Rely On Nurse Practitioners](#), Hilary Barnes, Michael R. Richards, Matthew D. McHugh, and Grant Martsof, Health Affairs 2018 37:6, 908-914.

basis.<sup>5, 6, 7</sup> As a result of not including NPs in this survey instrument, the data obtained from this survey will not be reflective of the current health care workforce.

For example, there is a section titled “Your Personal Doctor” which only asks respondents questions related to their “personal doctor” and another section titled “Getting Health Care From Specialists” which provides a definition of “specialist” that only includes physicians. In the “Your Personal Doctor” section, the questions are written in such a way that patients who regularly see NPs for their care would answer the questions inappropriately. This would be contrary to the purpose of the questions which, we assume, is to identify how many patients have a regular source of health care. Regarding specialists, our survey results indicate that approximately 30% of NPs practice in specialty areas. Other estimates show a higher percentage. However, NPs practicing in specialty areas are entirely excluded from that section. This again could lead to an undercounting of patients receiving a regular source of specialty care.

We reiterate the importance of including NPs in all questions that reference doctors. **CMS should change the language in the survey to be provider neutral by replacing the word “doctor” with “health care provider”, and at the onset of the survey describe what providers (including NPs) are included in that definition.** This has been used in other surveys, such as the Child Hospital Consumer Assessment of Healthcare Providers and Systems Survey, which has a section titled “Your Experience with Providers.”

We would also like to call your attention to the survey questions that we feel are ambiguous and may cause confusion for patients. These include questions 15, 16, 23, 24, 25, 27, 34, 37, 48, 51. We recommend that these questions be evaluated for clarity for patients.

Nurse practitioners provide a significant portion of health care to patients in all settings and all insurance markets. To improve the accuracy of the survey data it is important that NPs are included in the survey instrument questions. The notice stated that this survey would be compared to the results of surveys such as CAHPS. CAHPS includes nurse practitioners and those results have shown that patients report higher satisfaction with nurse practitioners than other provider types. We strongly encourage CMS to standardize the practice of including nurse practitioners in all survey instruments, including the MBECS.

We thank you for the opportunity to comment on the MBECS. Should you have comments or questions, please direct them to MaryAnne Sapio, V.P. Federal Government Affairs, [msapio@aanp.org](mailto:msapio@aanp.org), 703-740-2529.

Sincerely,



Jon Fanning, MS, CAE, CNED  
Chief Executive Officer  
American Association of Nurse Practitioners

<sup>5</sup> Davis, M. A., Anthopolos, R., Tootoo, J., Titler, M., Bynum, J. P. W., & Shipman, S. A. (2018). Supply of Healthcare Providers in Relation to County Socioeconomic and Health Status. *Journal of General Internal Medicine*, 4–6. <https://doi.org/10.1007/s11606-017-4287-4>.

<sup>6</sup> Xue, Y., Smith, J. A., & Spetz, J. (2019). Primary Care Nurse Practitioners and Physicians in Low-Income and Rural Areas, 2010-2016. *Journal of the American Medical Association*, 321(1), 102–105.

<sup>7</sup> Andrilla, C. H. A., Patterson, D. G., Moore, T. E., Coulthard, C., & Larson, E. H. (2018). Projected Contributions of Nurse Practitioners and Physicians Assistants to Buprenorphine Treatment Services for Opioid Use Disorder in Rural Areas. *Medical Care Research and Review*, Epub ahead. <https://doi.org/10.1177/1077558718793070>