



June 3, 2021

The Centers for Medicare and Medicaid Services
Attn: CMS-10701 (OMB Control number: 0938-New)
7500 Security Boulevard
CMS-P-0015A, Room C4-26-05
Baltimore, Maryland 21244-1850.

Submitted Electronically: www.regulations.gov

Re: Medicare Beneficiary Experiences with Care Survey (MBECS) System

Dear Sir/Madam:

UnitedHealthcare (UHC) is pleased to respond to the Center for Medicare and Medicaid Services' (CMS) request for comments regarding the Medicare Beneficiary Experiences with Care Survey (MBECS) System published in the Federal Register on April 9, 2021.

UnitedHealthcare is dedicated to helping people live healthier lives and making the health system work better for everyone by simplifying the health care experience, meeting consumer health and wellness needs, and sustaining trusted relationships with care providers. In the United States, UnitedHealthcare offers the full spectrum of health benefit programs for individuals, employers, and Medicare and Medicaid beneficiaries, and contracts directly with more than 1.3 million physicians and care professionals, and 6,500 hospitals and other care facilities nationwide. The company also provides health benefits and delivers care to people through owned and operated health care facilities in South America.

UHC commends CMS Office of Minority Health (OMH) on its efforts to understand the experience of various minorities enrolled in Medicare and Medicaid plans. We believe that MBECS has the potential to provide insight into underserved populations and look forward to reading the methodology report and findings. Specifically, we believe that the MBECS may provide valuable insight on how to improve Medicare Advantage Prescription Drug (MA-PD) Consumer Assessment of Healthcare Providers and Systems (CAHPS).

To improve accessibility, UHC suggests the languages the survey are provided in should be, at minimum, consistent with the MA-PD CAHPS. This could be especially valuable for surveying specific subgroups within different race or ethnicity groups.

Analysis of the survey results based on beneficiary-identified race and ethnicity is the industry gold standard. While imputation of race and ethnicity is acceptable for selecting a survey sample, self-identification would offer consistency with other survey samplings. In further efforts to built consistency, UHC recommends the MBECS adhere to the Office of Management and Budget (OMB) categories for race and ethnicity. Internal analysis of MA-PD CAHPS responses indicate that beneficiaries who self-identify as Asian as compared to Native Hawaiian or Other Pacific Islander have different response tendencies.

Upon completion of each MBECS survey, UHC requests health plan access to a de-identified data set to allow plans to better understand how to improve quality for the surveyed populations. The response rates to each

survey mode should be included with the data set to determine if the web mode should be added to MA-PD CAHPS.

Prior to finalizing the proposal to implement the MBECS, we ask CMS to consider how MBECS could interact with the MA-PD CAHPS. To minimize the possibility of a beneficiary receiving two surveys in the same year, we request that beneficiaries in the MBECS survey sample be excluded from other CAHPS samples for the following year.

Thank you for your thoughtful consideration of our comments. Should you have any questions, please do not hesitate to contact me.

Sincerely,

Jennifer McKenna

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