



January 10, 2022

Centers for Medicare & Medicaid Services
Office of Strategic Operations and Regulatory Affairs,
Division of Regulations Development
Room C4-26-05
7500 Security Boulevard
Baltimore, Maryland 21244-1850.

Re: Medicare Advantage and Prescription Drug Plan Consumer Assessment of
Healthcare Providers and Systems (CAHPS) Survey Field Test (CMS-10793)

Submitted Electronically: www.regulations.gov

Dear Sir/Madam:

UnitedHealthcare is submitting comments regarding the Information Collection Request (ICR) on the proposed field test of the Medicare Advantage and Prescription Drug Plan Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. The ICR was published by the Centers for Medicare & Medicaid Services (CMS) in the *Federal Register* on November 9, 2021 (86 FR 62173). The field test is intended to examine a new web-based submission format along with new survey content.

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.

Implementation of Future Survey Changes

The survey documents make a number of significant changes to the current Medicare CAHPS survey. For example, 13 questions are removed from the 2021 Medicare CAHPS survey and 16 new questions have been added. In addition, the wording of some existing questions has been change and the number and order of those questions were impacted. While we support many of these changes, it is critical for CMS to consider the material effects these changes will have on responses – both the rate of responses and the actual responses. In addition, CMS should examine and solicit stakeholder input on how data from the survey might be used for Medicare Advantage (MA) and Prescription Drug Program (PDP) Star ratings. We also ask CMS to share the results of the field tests which will allow better review and input on the potential impact of survey changes.

Web Based Survey Formats

UHC supports the use of a web-based survey format to supplement the ability of individuals to complete the survey by mail or phone. We currently provide a web survey option for our members in other lines of business as an alternative to completing a paper survey. While the response rate to the web surveys is currently relatively low (between 10% and 20%), we believe more individuals are likely to respond overall given the additional option. This is an important consideration due to the fact that the paper survey response rates have declined over time.

UHC recommends that CMS provide additional detail and guidance on how the web-based survey field test will be conducted including protections for the privacy and data security of protected health information included in the responses. In addition, we ask whether MA and PDP sponsors will be expected to provide member e-mail addresses to the survey vendor.

Telehealth Assessment

UHC agrees with the addition of questions related to use of phone and video telehealth visits. Telehealth is a growing option for many providers and their patients, especially during the COVID-19 pandemic. While phone and video visits are not expected to replace in-person appointments, the availability of telehealth can enhance overall patient care by providing an alternative option to in-person visits. Assessing the patient's experience with telehealth is an important consideration for health plans, providers, and CMS.

Longer surveys decrease response rates. As a result, we recommend that CMS select a subset of the questions to be included in the survey. For example, this section of the survey could be streamlined by removing Question 9 (In the last 6 months, how often did you get the instructions you needed to use phone or video for your visits?) as that topic is covered by Question 10 on the ease of use of the telehealth visit. In addition, Questions 12, 13, and 14 are indirectly covered by Questions 9 and 10 and should be removed.

Test Results

UHC supports adding questions regarding blood tests, x-rays, and other tests. These changes focus on the individual being informed when to expect test results, getting those results, and understanding the information. However, we recommend modifying Questions 20 and 21 since explanation of results may not always be needed directly from a doctor, nurse or other health care provider. In some cases, tests are explained electronically or by mail that meet the individual's needs. We recommend an alternate question to replace Questions 20 and 21 - *In the last 6 months, how often was it easy to understand your test result?* In addition, we suggest removing Question 22 (In the last 6 months, how often did you get as much information as you needed about your test results?) as it appears to be duplicative of Questions 21 and 22.

Physician Encounters

UHC agrees with the additional questions concerning the individual's personal physician and whether the doctor dismissed symptoms that were important (Question 31). However, we recommend removing or significantly rewriting the question regarding getting help managing care among different providers (Question 36). The question response has very low reliability and is often not reportable.

Language Use

UHC agrees that supporting individuals with Limited English Proficiency is a critical need within the health care system. As a result, we recommend replacing the question on the individual's primary spoken language (Question 50) with a question asking whether they needed language support or access – *During the past 6 months did you need help getting access to services from a health care provider in a language other than English?*

Unfair Treatment

UHC supports efforts to address discrimination and reduce health inequities. However, Question 55 about unequal treatment is overly complicated and could be simplified by asking the following – *During the past 6 months did any health care provider treat you in an unfair or insensitive way due to your race, gender, religion, age or disability?*

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

Sincerely,

A handwritten signature in black ink that reads "Jacqueline A Kuder". The script is cursive and fluid.

Jacqueline Kuder
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