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**William N. Parham, III**

March 30, 2023

**Director, Paperwork Reduction Staff**

Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development  
Centers for Medicare & Medicaid Services

Attention: Form Number: CMS-R-246 (OMB control number: 0938- 0732), Room C4-26-05

7500 Security Boulevard

Baltimore, Maryland 21244-1850

**Re: CMS-R-246: Medicare Advantage, Medicare Part D, and Medicare Fee-For-Service  
Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey**

Dear Director Parham,

Elevance Health appreciates this opportunity to comment on the Centers for Medicare & Medicaid Services' (CMS) "Medicare Advantage, Medicare Part D, and Medicare Fee-For-Service Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey" information collection request, published on February 7, 2023.

Elevance Health is a lifetime, trusted health partner fueled by its purpose to improve the health of humanity. The company supports consumers, families, and communities across the entire care journey – connecting them to the care, support, and resources they need to lead healthier lives. Elevance Health's companies serve approximately 119 million people through a diverse portfolio of industry-leading medical, digital, pharmacy, behavioral, clinical, and complex care solutions. Elevance Health serves over 2.5 million Medicare beneficiaries through our Medicare Advantage (MA) plans, nearly 1.5 million of the beneficiaries we serve are in MA-Part D (MA-PD) plans, and about 600,000 beneficiaries are full or partial-benefit dual eligibles. For more information, please visit [www.elevancehealth.com](http://www.elevancehealth.com) or follow us @ElevanceHealth on Twitter and Elevance Health on LinkedIn.

## Executive Summary

Serving beneficiaries and ensuring access to equitable, high-quality healthcare, supports, and services is at the center of all that we do. The beneficiary is the core of our focus and, as such, we encourage a number of revisions to the MA and Prescription Drug Plan (PDP) CAHPS

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survey (MA-PDP CAHPS) to ensure that it is meaningful for beneficiaries and actionable for health plans.

Specifically, we urge CMS to address the continued decline in survey response rates by modernizing survey language, removing content that is not used for reporting or scoring or is outside of the health plan's control, and balancing respondent burden by removing survey items when new survey items are added. We also strongly support CMS' revisions to the *Getting Appointments and Care Quickly* measure, as proposed in CMS' Advance Notice of Methodological Changes for Calendar Year (CY) 2024 for MA Capitation Rates and Part C and Part D Payment Policies (2024 MA Advance Notice). Additionally, Elevance Health supports the addition of a web-based mode for the MA-PDP CAHPS survey but recommend that CMS consider allowing the use of a web-based mode for surveys to be at the discretion of plans so that plans may maximize response rates across their beneficiaries.

Lastly, we strongly urge CMS to consider survey and quality measure alignment when revising the MA-PDP CAHPS survey. Because there is significant survey content overlap between the MA-PDP CAHPS survey and other surveys used by health plans in CMS programs, including the Qualified Health Plan (QHP) Enrollee Experience Survey (EES), we urge CMS to align survey revision efforts of the MA-PDP CAHPS survey and QHP EES to ensure comparability and efficacy.

## Detailed Comments

### Response Rates

Response rates for the CAHPS survey have declined consistently from 61.7% in 2010, to 35.3% in 2022 as beneficiaries suffer from survey fatigue.<sup>1</sup> The long survey, which can be completed via the mail and follow-up phone surveys, contains outdated language that has been shown to confuse beneficiaries.<sup>2</sup> The survey should be modernized, shortened, and updated to ensure clear language that reflects changes in care delivery. Additionally, we encourage CMS to ensure beneficiaries have the option to take the survey online to improve response rates as

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<sup>1</sup> Medicare Advantage and Prescription Drug Plan CAHPS Survey: *CAHPS Survey National Response Rates. MA-PDP CAHPS* (July 1, 2022): <https://www.ma-pdpcahps.org/globalassets/ma-pdp/comparative-data/2022/current-and-historic-cahps-overall-response-rates.pdf>

<sup>2</sup> Better Medicare Alliance and Center for Innovation in Medicare Advantage: *Measuring Patient Experience of Medicare Advantage Beneficiaries: Current Limitations of the Consumer Assessment Tool and Policy Recommendations*. Study conducted by NORC at the University of Chicago (January 2021): <https://bettermedicarealliance.org/wp-content/uploads/2021/01/BMA-Patient-Experience-Policy-Report-FIN.pdf>.

73% of adults ages 65 and older are internet users.<sup>3</sup> CMS has previously expressed interest in increasing response rates for the MA-PDP CAHPS surveys, as well as adding new survey questions related to beneficiaries' demographic information and adding a web-based mode to survey administration. Elevance Health supports these efforts, and we would like to collaborate with CMS and measure stewards like the Agency for Healthcare Research and Quality (AHRQ) to update and improve the survey to ensure it provides an accurate portrayal of the beneficiaries' experience and considers the evolving healthcare system, health equity and the diversity of the MA population, and the growing use of technology resulting from the COVID-19 pandemic.

**Recommendation:** Elevance Health strongly supports efforts to modernize and shorten survey content and add a web-based mode to survey administration.

## Survey Content

Specifically, we believe that survey response rates would improve with a smaller, more effective set of questions. There are several questions included on the MA-PDP CAHPS survey that are not used for reporting or scoring purposes. Removal of these questions could result in a reduced burden on beneficiaries completing the survey and potentially increase response rates.

Additionally, CMS has previously indicated their interest in new survey content regarding telehealth, perceived discrimination, communication, care coordination, and test results. While we support these concepts and survey content that is meaningful and actionable, we recommend that CMS not add more questions to the survey without removing some existing survey questions that may be less reliable, valid, meaningful to beneficiaries, or actionable by plans.

## Modifications to the *Getting Appointments and Care Quickly* Measure

CMS previously sought feedback on revisions to the *Getting Appointments and Care Quickly* survey domain through the 2024 MA Advance Notice. Echoing our feedback in response to the 2024 MA Advance Notice, Elevance Health appreciates and strongly supports CMS' proposed revisions to the questions in the *Getting Appointments and Care Quickly* section. Specifically,

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<sup>3</sup> Livingston G: *Americans 60 and older are spending more time in front of their screens than a decade ago*. Pew Research Center (June 18, 2019): <https://www.pewresearch.org/fact-tank/2019/06/18/americans-60-and-older-are-spending-more-time-in-front-of-their-screens-than-a-decade-ago>

we support CMS reducing the *Getting Appointments and Care Quickly* measure to the existing two items:

- In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?
- In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed?

These changes would support the intent of the measure (that is, ensuring access to care quickly) without undue burden on beneficiaries and plans. The *Getting Appointments and Care Quickly* measure and others from the survey are completely or largely controlled by the provider rather than the health plan, including office wait times and following up on results. For example, health plans have little control over the question, “In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time?” When MA-PD beneficiaries were asked who was responsible for wait times in a provider’s office, 88% attributed wait times to the medical provider. Furthermore, when MA-PD beneficiaries were asked about their ability to recall the amount of time waiting to be seen for their care, 29% reported not feeling “very confident” in their ability to recall the wait time.<sup>4</sup> However, beneficiaries do remember whether they could easily access care and whether it was timely.

**Recommendation:** Elevance Health strongly supports reducing the number of survey questions on the MA-PDP CAHPS survey, modernizing survey language, removing content that is not used for reporting or scoring or is outside of the health plan’s control, and balancing respondent burden by removing survey items when new survey items are added. We also strongly support CMS’ revisions to the *Getting Appointments and Care Quickly* measure, as proposed in the 2024 MA Advance Notice.

## Survey Mode

Elevance Health continues to support CMS’ interest in increasing response rates for the MA-PDP CAHPS survey. CMS’ plan to implement a web-based mode (as an addition to the current mixed mode protocol) as well as the 5.1 wording clarifications (to explicitly include telehealth or use terms appropriate to both telehealth and in-person visits) in the 2024 CAHPS survey implementation, which will be used for the 2025 Parts C and D Star Ratings, will help improve response rates for the survey, and can better facilitate beneficiary responses in certain situations. However, we encourage CMS to not mandate its use, as it could be confusing in

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<sup>4</sup> Better Medicare Alliance and Center for Innovation in Medicare Advantage: *Measuring Patient Experience of Medicare Advantage Beneficiaries: Current Limitations of the Consumer Assessment Tool and Policy Recommendations*. Study conducted by NORC at the University of Chicago (January 2021): <https://bettermedicarealliance.org/wp-content/uploads/2021/01/BMA-Patient-Experience-Policy-Report-FIN.pdf>

some instances. Additionally, we encourage CMS to permit the use of Quick Response (QR) codes for the web-based mode.

**Recommendation:** Elevance Health strongly supports CMS' proposal to offer a web-based mode for the CAHPS survey and appreciates CMS' efforts to increase response rates. We recommend that CMS consider allowing the use of a web-based mode for surveys to be at the discretion of plans so that plans may maximize response rates across their beneficiaries. Finally, we encourage CMS to permit plans to use a QR code for the web-based mode in plan materials to facilitate use of this mode for surveys.

## Survey and Quality Measure Alignment

Given CMS' focus on meaningful measures and quality measure alignment, such as through the introduction of the Universal Foundation, we strongly urge CMS to consider these goals when making revisions to the MA-PDP CAHPS survey. Elevance Health supports CMS' goals in developing a Universal Foundation core set of quality measures, as well as narrowing the set of measures used in CMS programs over time to a more focused set of clinical quality measures. There is significant survey content overlap between the MA-PDP CAHPS survey and other surveys used by health plans in CMS programs, including the QHP EES. As a result, we urge CMS to align survey revision efforts of both the MA-PDP CAHPS survey and QHP EES to ensure comparability and efficacy.

**Recommendation:** Elevance Health strongly urges alignment of survey revision efforts and full transparency of these efforts.

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We value the partnership that we have developed with CMS and welcome the opportunity to discuss our recommendations. Should you have any questions or wish to discuss our comments further, please contact Hilary Dempsey at 417-579-6918 or [hilary.dempsey@elevancehealth.com](mailto:hilary.dempsey@elevancehealth.com).

Sincerely,

A handwritten signature in black ink, appearing to read "Elizabeth P. Hall".

**Elizabeth P. Hall**

Vice President, Public Policy and Issues Management, Elevance Health