

June 1, 2023

William N. Parham, III, Director
Centers for Medicare and Medicaid Services (CMS)
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Room C4-26-05
7500 Security Boulevard
Baltimore, MD 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,

The American Association of Nurse Practitioners, representing more than 355,000 nurse practitioners (NPs) in the United States, appreciates the opportunity to provide comment on this notice and comment request with ways to enhance the quality, utility, and clarity of this information collection. The Medicare Advantage (MA), Medicare Part D (PD), and Medicare Fee-For-Service (FFS) Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys are designed to collect and report information on the quality of health care services and prescription drug coverage available to persons enrolled in a Medicare health or prescription drug plan, and measure consumer satisfaction. However, we are concerned that the survey instruments are not fully inclusive of nurse practitioners and indicate that patients see only doctors for their health care needs. **Accordingly, we request that CMS amend the surveys by changing the word “doctor” to “health care provider” throughout the instruments and clarifying that nurse practitioners are included in that definition.**

As you may know, 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 backgrounds. 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 hold prescriptive authority in all 50 states and the District of Columbia (D.C.) and perform more than one billion patient visits annually. Currently, twenty-seven states, the District of Columbia and two U.S. territories have adopted full practice authority, granting patients full and direct access to nurse practitioners.

NPs practice in nearly every health care setting including hospitals, clinics, Veterans Health Administration and Indian Health Services facilities, emergency rooms, urgent care sites, private physician or NP practices (both managed and owned by NPs), skilled nursing facilities (SNFs) and nursing facilities (NFs), schools, colleges and universities, retail clinics, public health departments, nurse managed clinics, homeless clinics, and home health care settings.

Nurse practitioners provide a substantial portion of the high-quality¹, cost-effective² care that our communities require. As of 2021, there were over 193,000 NPs billing for Medicare services, making NPs the largest and fastest growing Medicare designated provider specialty.³ Approximately 42% of Medicare patients receive billable services from a nurse practitioner⁴, and approximately 80% of NPs are seeing

¹ <https://www.aanp.org/images/documents/publications/qualityofpractice.pdf>.

² <https://www.aanp.org/images/documents/publications/costeffectiveness.pdf>.

³ data.cms.gov MDCR Providers 6 Calendar Years 2017-2021

⁴ Ibid.

Medicare and Medicaid patients.⁵ According to the Medicare Payment Advisory Commission (MedPAC), APRNs and PAs comprise approximately one-third of our primary care workforce, and up to half in rural areas.⁶

We appreciate that certain questions of the Medicare Experience Survey instruments used for the FFS, PDP, and MA plans, acknowledge that there is “more than one kind of health care provider”⁷ and that there are “different providers.”⁸ However, the instruments’ usage of this terminology is not consistent, which leads to confusion and inaccuracies. For example, there is a section in each of these instruments titled “Your Personal Doctor” which only asks respondents questions related to their “personal doctor”. 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. There is also a section in each of these instruments titled “Getting Health Care From Specialists” which provides a definition of “specialist” which only includes physicians. Regarding specialists, our survey results indicate that approximately 30% of NPs focus on a clinical practice area that would meet this description. However, they are entirely excluded from that section.

There are additional issues throughout the instruments which are not accurate, and do not include nurse practitioners and other health care providers. For example, in the Medicare Advantage only survey, questions 3,5,7,39,51 ask respondents about visits to a “doctor’s office”, while questions 44, and 46 ask respondents about medications their “doctor prescribed.” The instruments for FFS, and PD, include similar issues. This lack of consistent usage of the term “health care provider” is confusing for respondents. **As mentioned above, approximately 42% of Medicare patients received care from an NP in 2021, so these discrepancies lead to inaccurate results for a significant portion of respondents.**

To improve the accuracy of these survey instruments, **we strongly recommend CMS change the language to be provider neutral by replacing the word “doctor” with “health care provider”, and at the onset of the survey describe which providers (including NPs) are included in that definition.**

This has been implemented in other surveys, including recently within the Medicare Beneficiary Experience of Care Survey (MBECS), which was changed to use the provider neutral term “healthcare providers”, which includes nurse practitioners. Other CAHPS surveys include 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 FFS, MA and PDP CAHPS.

We thank you for the opportunity to comment on these survey instruments. Should you have comments or questions, please direct them to MaryAnne Sapio, V.P. Federal Government Affairs, msapio@aanp.org, 703-740-2529.

Sincerely,



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

⁵ NP Fact Sheet (aanp.org)

⁶ https://www.medpac.gov/wp-content/uploads/2022/06/Jun22_MedPAC_Report_to_Congress_SEC.pdf (see Chapter 2.)

⁷ View Information Collection Request (ICR) Package (reginfo.gov)

⁸ Ibid