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June 5, 2023

William N. Parham, III
Director, Paperwork Reduction Staff
Office of Strategic Operations and Regulatory Affairs
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244

RE: Agency Information Collection Activities: Submission for OMB Review; Comment Request; Medicare Advantage, Medicare Part D, and Medicare Fee-For-Service Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey [CMS-R-246 (OMB control number 0938-0732)]

Dear Mr. Parham:

This letter is in response to the Centers for Medicare and Medicaid Services (CMS) agency information collection notice on the Medicare Advantage, Medicare Part D, and Medicare Fee-For-Service CAHPS Survey [CMS-R-246 (OMB control number 0938-0732)] as issued on May 4, 2023. Humana appreciates the opportunity to provide feedback on the CAHPS Surveys.

Humana Inc., headquartered in Louisville, Kentucky, is a leading health care company that offers a wide range of insurance products and health and wellness services that incorporate an integrated approach to lifelong well-being. Humana currently serves approximately 5.1 million beneficiaries enrolled in our Medicare Advantage (MA) plans and 3.5 million beneficiaries enrolled in our Medicare Part D Prescription Drug Plans (PDPs). As one of the nation's top contractors for MA, we are distinguished by our long-standing, comprehensive commitment to Medicare beneficiaries across the United States. These beneficiaries – a large proportion of whom depend upon the MA program as their safety net and many in underserved areas – receive integrated, coordinated, quality, and affordable care through our plans. Our perspective is further shaped by the comprehensive medical coverage we provide for Medicaid beneficiaries in seven states. Additionally, Humana's successful history in care delivery and health plan administration is helping to create a new kind of integrated care with the power to improve health and well-being and lower costs.

Unfair Treatment

CMS proposes to add a question to the MA and Part D CAHPS Survey asking respondents about unfair or insensitive treatment received in a clinical setting based on characteristics such as health condition, disability, culture or religion, language or accent, race or ethnicity, sex, sexual orientation, and gender or gender identity.

Humana Comment: We value the intention behind this question as it seeks to better understand the patient experience and uncover disparities in care. Humana agrees that perceived racism is a variable relevant to the health and well-being of minority populations.¹ We have performed our own questionnaire studies regarding discrimination experienced in healthcare settings to not only get to know our membership better, but to attempt to pinpoint the specific areas of the member healthcare journey that we can directly improve.

We know that older adults who report health care discrimination are more likely to have worse health, face economic hardships, and be more dissatisfied with their care than those who have not experienced discrimination.² Like CMS's results, our internal studies also show a low percentage of respondents that have experienced unfair or insensitive treatment. However, we would like to decrease that percentage even further, and to do that we must learn more.

While the new unfair treatment question attempts to help plans increase their understanding of member experiences, we are concerned that, as written, it will not be as effective as it could be.

First, since the question allows for multiple selections, there is no way to determine which selection is thought to be the primary reason for unfair treatment. For example, if a respondent selects three characteristics, plans will not be able to determine whether that response describes three separate experiences over the last six months or one in which multiple characteristics led to the perceived unfair treatment. In an encounter in which all three characteristics were factors in one experience, it will be challenging for plans to understand if one characteristic dominated or precipitated the impact of another. Not being able to decipher multiple selections hinders plans from understanding the principal need and developing solutions to help address unfair treatment.

Additionally, beneficiary identifiable information from the CAHPS survey is not accessible to plans, which will make it impossible to determine where the unfair experiences took place, seek additional information from members, or to gain enough insight to analyze direct correlations. Without sufficient information, plans will not be able to make desired improvements.

Lastly, what takes place during a provider visit is largely outside of a plan's control, especially if no other information is provided. For this reason, adding this question to the CAHPS Survey will not provide plans, members, or providers any actionable information with which to potentially affect change.

To address these concerns, we recommend CMS include this question in an observational study, separate from the CAHPS survey, that includes additional clarifying questions regarding discrimination during health care experiences. Doing so would allow CMS the ability to perform a comparative analysis between unfair treatment responses and CAHPS survey data to determine which characteristics subject to discrimination are positively correlated to other areas of patient experience already monitored by the CAHPS survey. It would also be valuable for the industry to know how cultural competency plays a role when unfair treatment is

¹ Drevdahl D, Taylor JY, Phillips DA. Race and ethnicity as variables. *Nurs Res*. 2001; 50:305–313. [PubMed: 11570716]

² Michelle M. Doty et al., *How Discrimination in Health Care Affects Older Americans, and What Health Systems and Providers Can Do* (Commonwealth Fund, Apr. 2022). <https://doi.org/10.26099/yffm-2x15>

experienced. Knowing how well health care systems and providers are aware of and responsive to patients' cultural perspectives and backgrounds can improve health equity and patient centered care.³ Only CMS has access to CAHPS member level data and can reveal these relationships to patient experience data. **Instead of adding this question to the CAHPS Survey, we recommend it be used and expanded for additional study to educate the industry on how better health outcomes can be achieved.**

Web-based Modality

Beginning with CAHPS Survey administration in 2024, CMS will add a web mode to the data collection protocol.

Humana Comment: Humana understands that the new web-based modality for the CAHPS survey will be implemented next year. However, we are still unclear on many aspects of the protocol and recommend that CMS provide plans with additional information on processes and procedures. Specifically, **we request CMS provide more information on beneficiary email source and collection, email verification and respondent authentication, and multiple survey completions and survey usage** (i.e., how will CMS ensure beneficiaries do not receive multiple surveys via different modalities and how will CMS determine which survey response is used if a beneficiary does complete more than one?).

We also request additional information on whether plans will have the ability to review or see the communication templates before they are distributed to beneficiaries.

As always, we value this opportunity to provide comments and are pleased to answer any questions you may have. We hope that you consider our comments as constructive feedback aimed at ensuring that together we continue to advance our shared goals of improving the delivery of coverage and services in a sustainable, affordable manner to Medicare beneficiaries, focused on improving their total health care experience.

Sincerely,



Michael Hoak
Vice President, Public Policy

³ Stubbe DE. Practicing Cultural Competence and Cultural Humility in the Care of Diverse Patients. Focus (Am Psychiatr Publ). 2020 Jan;18(1):49-51. doi: 10.1176/appi.focus.20190041. Epub 2020 Jan 24. PMID: 32047398; PMCID: PMC7011228.