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VIA ELECTRONIC SUBMISSION: <http://regulations.gov/>

August 25, 2023

The Honorable Xavier Becerra
Secretary, Department of Health & Human Services (HHS)

The Honorable Chiquita Brooks-LaSure
Administrator, Centers for Medicare & Medicaid Services (CMS)
Department of Health & Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: SCAN Health Plan Comments on CMS-10861

Dear Secretary Becerra and Administrator Brooks-LaSure:

SCAN Health Plan (SCAN) is pleased to submit comments in response to the ***Medicare Health Outcomes Survey Field Test Comment Request***. The following includes background on SCAN and comments on select questions.

I. SCAN Background

SCAN Health Plan is one of the nation's largest not-for-profit Medicare Advantage (MA) plans, serving more than 285,000 members across California, Arizona, Nevada, and Texas. Since its founding in 1977, SCAN has been a mission-driven organization dedicated to keeping seniors healthy and independent. Independence at Home, a SCAN community service, provides vitally needed services and support to seniors and their caregivers regardless of plan membership. In 2008, SCAN launched SCAN Connections, California's first and only Fully Integrated Dual Eligible Special Needs Plan (FIDE-SNP). SCAN Connections currently serves dual-eligible members in San Diego, Los Angeles, Riverside, and San Bernardino counties. SCAN is proud to have earned a 4.5-star rating from CMS in each of the last six years and been named one of the best insurance companies for MA in California by U.S. News and World Report for the sixth straight year.

II. SCAN Comments on Select Questions

Multi-Modal Protocol

- **CMS Proposal:** Currently, the HOS is administered using a mixed mode data collection protocol that includes two survey mailings and telephone follow up for mail non-respondents. Prior CMS research demonstrated the potential to improve response rates using a multi-mode protocol with a web-based survey as the initial mode of administration, followed by mail, telephone, or both for web non-respondents.^{4,5} Based

on this research, CMS believes adding a web-based survey mode to the existing mixed mode protocol for HOS has the potential to improve response rates, particularly among younger enrollees.

- **SCAN Response:** We agree that adding a web-based survey to the existing mixed-mode protocol will improve response rates. However, we are concerned that the addition of this web-based survey will not increase the representativeness of those who respond. We are specifically concerned that the use of a web-based survey could increase the proportion of respondents who are white, English speaking and without social risk, because this population is on average more digital literate and thus more responsive to online surveys. This places plans with a more diverse population base at a disadvantage in performance and provides them with data that is less actionable for quality improvement activities. We urge CMS to study the characteristics of the respondents to ensure that the web survey does not select for individuals of a specific race or socioeconomic class.

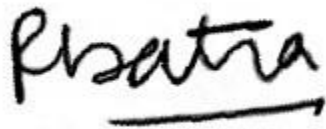
Key Items Included in the New HOS Survey

- **CMS Proposal:** Addition of Patient-Reported Outcome Measurement Information System (PROMIS) measures, Addition of Generalized Anxiety Disorder 2 (GAD-2) items and Health-Related Social Needs (HRSN) Items. In addition, question changes and option changes will be tested.
- **SCAN Response:** We support the addition of PROMIS and GAD-2. However, we have the following concerns and recommendations:
 - We have been concerned that the questions reference activities that do not have high participation rates, such as bowling and playing golf and agree with CMS also testing examples, such as “walking briskly,” to represent moderate activities.
 - While we support the concept of assessing and addressing the member’s social needs, we are concerned, given the blinded nature of this survey, that individual member needs will not be met. We encourage CMS to promote other means to gather this data such as health risk assessments, through which stated needs can be clearly connected to specific members. We are concerned that individuals might believe that by indicating the presence of a social need on the HOS survey, they will be provided with resources. In addition, the current language directing members to contact their health plan if they need assistance is vague and may not compel members to contact their health plan nor does it clearly communicate that they will not be contacted by their plan or provider based on their responses. If used, we believe that at the least, CMS should adopt more specific language in the HOS survey that encourages members to contact their health plans if they need help with specific issues like transportation, food, and health. For example, advising them to call the number at the back of their membership card.

- We do not agree with removing the question that asks if the survey was completed by a proxy. We believe that this data is helpful in risk stratification as responses systematically differ when a proxy completes a survey.
- Lastly, we recommend that CMS provide plans with additional information regarding how the proposed measures will be incorporated into the mental component summary (MCS) and physical component summary (PCS) scores and ensure compatibility with historical data.

Please do not hesitate to contact Romilla Batra at Rbatra@scanhealthplan.com if you would like to discuss SCAN's comments in more detail.

Sincerely,

A handwritten signature in black ink that reads "Rbatra". The signature is written in a cursive, slightly stylized font. Below the signature, there is a horizontal line that is slightly longer than the signature itself.

Romilla Batra
Chief Medical Officer
SCAN Health Plan