Comments of Kaiser Foundation Health Plan, Inc.
On Medicare Advantage, Medicare Part D and Medicare Fee For Service Consumer Assessment of Healthcare Providers and Systems Survey
(Proposed PRA Collection CMS-R-246)
October 17, 2011

Kaiser Foundation Health Plan, Inc. and its subsidiary Health Plans ("Kaiser Permanente"), all of which are either Medicare Advantage Organizations or Medicare Cost Contract Organizations, appreciate the opportunity to comment on the Medicare Advantage, Medicare Part D and Medicare Fee For Service Consumer Assessment of Healthcare Providers and Systems Survey Information Collection, published in the Federal Register on September 16, 2011. (Proposed PRA Collection CMS-R-246) Kaiser Permanente's comments are set forth below. Please contact Mary Marta (Mary.R.Marta@kp.org or 301.502.8726) with any questions.

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Please note that some comments below include references to the CMS Supporting Statement entitled: "SUPPORTING STATEMENT FOR MEDICARE CAHPS SURVEYS."

B.2 Information collection procedures; Page 8: "The administration of the survey consists of vendors (or CMS in the case of FFS Medicare enrollees) mailing a pre-notification letter signed by the CMS Privacy Officer prior to the mailing of the first questionnaire a week to ten days later; a second questionnaire is mailed to non-respondents approximately three weeks after the initial survey mailing."

Comment: All CAHPS Survey mailings (pre-notification letter and surveys) should be signed by the CMS Privacy Officer, and the cover letters and questionnaires should include the CMS logo. We believe that this will increase response rates and improve the overall representativeness of the Medicare CAHPS data.

Prior to 2011, all Medicare CAHPS mailings were signed by a CMS official and the cover of the CAHPS questionnaire clearly conveyed that the survey was being conducted under CMS auspices. The envelopes for these mailings included the CMS name and logo. These procedures changed in 2011 when MA plans took over responsibility for contracting directly with CMS-approved survey vendors. In particular, the cover letters and envelopes now contain the logo of the survey vendor and the letters are signed by a representative of the survey vendor, not CMS. The questionnaire no longer has the CMS name and logo.

We strongly recommend following the procedures used in the administration of the Medicare Health Outcome Survey (HOS). Since 1999 CMS has required that plan sponsors contract directly with CMS-approved vendors to conduct the HOS. However, the procedures clearly convey to potential respondents that the HOS is being conducted under the direction of CMS. All envelopes, cover letters and questionnaires contain the CMS name and logo. All letters are signed by the CMS Privacy Officer.

Section B.5 Statistical and questionnaire design consultants; Page 10: "The CAHPS data analysis programs use multivariate analysis to control for differences in plan enrollments

according to specific enrollee characteristics that have been empirically found to affect enrollees' perceptions of their care and plan experiences, but for which the plan has no control, such as age, education, health status, and whether or not a spouse or family member assisted the enrollee in completing the survey questionnaire."

Comment: We fully support CMS' use of case-mix adjustment. We also appreciate that CMS publishes the parameter values used in calculating the case-mix adjusted scores. While most of the measures used in the case-mix adjusted variables are directly from the questionnaire, two measures are not: Medicare-Medicaid Dual Eligible status and Low Income Subsidy status. We recommend that when CMS distributes the Medicare CAHPS sample to CMS-approved vendors, that CMS include these two variables. This would enable plan sponsors, working with their vendors, to better understand and improve care delivery provided to members who are dual eligible or who receive the Low Income Subsidy.

Section A; Page 2: One of the measures to be used in the Coordination of Care Domain is: "In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did someone from your personal doctor's office follow up to give you those results?"

Comment: The use of this item as currently proposed will likely underestimate the performance of health plans with electronic medical records and electronic personal health records (PHR). Health plan members who have online access to their PHR will often obtain their lab and test results on their PHR instead of via a follow-up call from their doctor's office.

A high percentage of Kaiser Permanente members who get all their lab and test results from their electronic PHR will answer "Never" or "Sometimes" to the question: "In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did someone from your personal doctor's office follow up to give you those results?"

Kaiser Permanente recently partnered with CAHPS researchers from The RAND Corporation to pilot test the CAHPS HIT questionnaire. The CAHPS-HIT questionnaire included the question about "how often did someone from your personal doctor's office follow up to give you results." In addition, the CAHPS HIT questionnaire included questions about receiving lab and test results online:

> In the last 12 months, how often was it easy to find these lab or other test results on the website?
>
> In the last 12 months, how often were these lab or other test results put on the website as soon as you needed them?

In this study we found that a large percentage of respondents who reported receiving lab and test results online did not report that someone from their doctor's office followed up to give them the results. The following table from this study indicates that 68% of respondents said that someone

from their doctor's office usually or sometimes followed up to give lab and test results. However, over 90% of respondents indicated that it was easy to find lab and test results online and that the results were posted as soon as needed. These results were presented by Kaiser and RAND at the 12th CAHPS User Group Meeting, April 2010.

Core CAHPS question	
In last 12 months did MD order test or x-ray for you? (% Yes)	**95%**
In last 12 months, how often did someone from MD's office follow up to give you those results? (% Usually-Always)	**68%**
CAHPS HIT question	
In the last 12 months, did you look for your lab or test results on the website (% Yes)	**98%**
In the last 12 months, how often was it easy to find lab or test results on the website (% Usually-Always)	**98%**
In the last 12 months, how often were these lab or test results posted on the website as soon as needed (% Usually-Always)	**92%**

In its current format, the Coordination of Care Domain will penalize health plans that have implemented electronic medical records and made electronic PHRs available to their members. Therefore, we strongly recommend adding the CAHPS HIT questions about members' access to lab and test results online, to the Medicare CAHPS questionnaire.

Section 2012 Medicare Advantage Prescription Drug Survey; Pages 29-51 Length of the Questionnaire: The MAPD questionnaire with the new Coordination of Care items will include 90 questions.

Comment: CMS allows plan sponsors to add supplemental questions at the end of the Medicare CAHPS questionnaire. The new length of the questionnaire will make it much more difficult for plan sponsors to include supplemental questions without increasing member-respondent burden and possibly lowering response rates.

We would like CMS to consider dropping other items from the questionnaire that may no longer be needed. For example, the following four questions are used to identify individuals with chronic conditions:

*In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?

*Is this a condition or problem that has lasted for at least 3 months?

*Do you now need or take medicine prescribed by a doctor?

*Is this to treat a condition that has lasted for at least 3 months?

These questions are a low priority for the Medicare CAHPS for two reasons. First, they are not used in the case-mix adjustment model. Second, they overlap with other questions about chronic conditions. The Medicare CAHPS questionnaire asks respondents: "Has a doctor ever told you that you have any of the following conditions? (A heart attack; Angina or coronary artery disease; A stroke; Cancer, other than skin cancer; Emphysema, asthma or COPD; Any kind of diabetes or high blood sugar).

In addition there are several other questions that only a very small percentage of respondents (e.g., fewer than 5% of Kaiser Permanente respondents) answer that could be considered for retirement:

*In the last 6 months, how often were you able to use Medicare's Extra Help program when you refilled a prescription for a medicine taken before?

*In the last 6 months, did a pharmacy staff tell you that you needed to provide proof that you qualify for Medicare's Extra Help program?

*In the last 6 months, have you ever gone without a prescribed medicine because the pharmacy's records did not show you were signed up for Medicare's Extra Help program?