August 27, 2013

Centers for Medicare & Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development, Room C4-26-05
7500 Security Boulevard
Baltimore, Maryland 21244-1850

RE: CMS-10488: Enrollee Satisfaction Survey Data Collection

Dear Sir or Madam:

Center for the Study of Services (CSS) is a nonprofit, 501(c)(3) organization, and has been performing survey research in the health care arena for over 25 years. CSS has worked closely with Centers for Medicare and Medicaid Services (CMS) Medicare surveying initiatives since 2006, including Medicare CAHPS surveys, the FFS CAHPS survey, and, in partnership with The RAND Corporation, CMS's disenrollment surveys as well as the first-ever fielding of the ACO CAHPS survey. We are approved by CMS to conduct the Medicare CAHPS, Medicare HOS, and Hospital CAHPS surveys.

CSS appreciates the opportunity to comment for the initial proposed data collection. Many of our comments are offered with an eye towards the national implementation, though we understand from the documentation provided for comment that another package will be published in the Federal Register prior to the national implementation and public reporting phases.

I. Enrollee Satisfaction Surveys – Part A

12. Burden Estimates – The documentation describes a burden of 18 and 21 minutes per completed survey for Marketplace and QHP surveys respectively, based on previous CAHPS surveys. This survey is longer than all the CAHPS instruments, and because of this fact and our experience administering CAHPS surveys, we think the response burden might be longer.

II. Enrollee Satisfaction Surveys – Part B

1.1.a Psychometric Methods – The documentation discusses testing English, Spanish, and Mandarin responses. Many state agencies have a variety of non-English language requirements on member materials, sometimes requiring materials in Hebrew, Yiddish, Russian, Korean, Laotian, or other languages. As such, CSS recommends that CMS identifies a valid protocol and languages for collecting CAHPS data, including an approval process for materials and rules for including foreign-language survey responses in the final response dataset. Often the approval period for state agencies to review materials distributed to Medicaid enrollees is 30-45 days.

1.1 3a Quality Improvement/CMA – The documentation discusses the need for case mix adjustments. CSS recommends that CMS make the scoring methods as transparent as possible so that independent organizations can replicate scoring to ensure validity of results. This includes making available all of the non-survey variables that serve as case-mix adjustors.

1.1.1.1 Completed Surveys – Questionnaires are considered complete if responses are available for 50% of key survey items. This is a more strict requirement than current commercial and Medicaid surveys used by NCQA for health plan accreditation. Requiring more key survey items to be complete will likely

increase the challenge of getting completed surveys, especially for surveys conducted over the phone. In addition, CSS has found that using skip patterns can introduce a higher level of complexity in defining a completed survey, leaving room for interpretation (for example when gate questions are missing or invalid and the questions within the gate's skip pattern are answered). This can potentially cause delays in providing final results if substantial back-and-forth is required to resolve discrepancies in results among survey vendors and between vendors and CMS.

1.1.1.2 – Sample Size Estimates – The documentation cites a target response rate of 40%. While we understand that this is based on experience with recent CAHPS testing, we believe this may be too high when it comes to the national implementation, based on the response rates for recent Commercial and Medicaid CAHPS surveys reported by NCQA. In 2012, none of the survey types achieved an average response rate higher than 39 percent:

- Adult Commercial plans had an average response rate of 30% with a maximum of 70.6%;
- Adult Medicaid plans had an average response rate of 26%, with a maximum of 46.5%;
- Child Commercial plans had an average response rate of 39 percent with a maximum of 40.5%;
- Child Medicaid plans (without chronic conditions) had an average response rate of 27%, and a maximum of 39.8%; and
- Child Medicaid plan (with chronic conditions) had an average response rate of 28% with a maximum of 39.2%.

1.1.1.4. Drawing the Sample. The documentation addresses how the random sample will be drawn from the sample frame. CSS also recommends that CMS develop policies and procedures to ensure that sample frames are drawn according to the correct eligibility criteria, given how integral a valid unbiased sample frame is to the validity of results. If QHPs are also seeking NCQA accreditation, then CMS may want to address protocols for deduplicating the sample against samples drawn for the NCQA HEDIS/CAHPS survey. If this is not done, it may hurt response rates, particularly in smaller markets.

III. Survey Vendor Participation Form

The vendor participation form references an on-site visit from CMS or CMS-contractor personnel for quality oversight (p5). CSS is familiar with this practice as a CMS-approved vendor for several other surveys, including the MAPD CAHPS survey, the Hospital CAHPS survey, and the Medicare Health Outcomes Surveys. Given this experience, we see an opportunity for CMS to gain some efficiencies. There are three parts of the quality oversight process: (i) application and approval of vendors; (ii) training of approved vendors; and (iii) site visits to approved vendor facilities.

We believe that CMS may be able to gain some efficiencies in the approval and site visit portions of quality oversight by consolidating those processes across survey projects. For example, having a single application for vendors will mean that CMS needs to review only one application for a vendor that participates in multiple programs, rather than four. While the single application and site visit will be longer to accommodate those things that are particular to each survey project, other items that do not vary from project to project—such as qualifications, quality assurance processes, lettershop and phone interview oversight—will have to be reviewed by CMS only once. We do recognize, however, that training would then need to remain separate for each survey project, given the unique instruments and requirements for each program.