



February 21, 2017

Agency for Healthcare Research and Quality
5600 Fishers Lane
Rockville, MD 20857

RE: Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey
Comparative Database. [FR Doc. 2016-30773]

Submitted via email: doris.lefkowitz@AHRQ.hhs.gov.

Dear Ms. Lefkowitz:

America's Health Insurance Plans (AHIP) is writing in response to the federal register notice announcing the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed information collection project: "Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey Comparative Database."

America's Health Insurance Plans (AHIP) is the national association whose members provide coverage for health care and related services. Through these offerings, we improve and protect the health and financial security of consumers, families, businesses, communities and the nation. We are committed to market-based solutions and public-private partnerships that improve affordability, value, access and well-being for consumers.

Our member plans have extensive experience with both the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey as CAHPS® is required by the National Committee on Quality Assurance (NCQA) and URAC for health plan accreditation, and is also used by many public and private purchasers. In light of their extensive experience with the CAHPS® surveys, our member plans have devoted significant time and effort in reviewing the survey instrument that will assess consumer experience.

We offer the following set of comments specific to questions from the CAHPS Health Plan Survey.

Survey questions 10-20 ask about an enrollee's personal doctor and specialists and focus on provider communication and care coordination. To be truly reflective of a Health Plan's performance, we would support questions that capture information about the quality of the plan's provider network and that are applicable to areas that health plans can directly influence. However, a health plan's ability to influence the quality of the interaction between the physician and patient at the clinician's office is limited at best. The quality of that interaction is dependent on factors that are beyond the control of the plan and as such should not be used to assess health plan performance.

Additionally, while we are supportive of questions that assess the health plan, we have several recommendations for the “Your Health Plan” section:

- Question 21 asks whether enrollees have received information or help from their health plan customer service. We recommend revising this question to include those members who needed or unsuccessfully tried to get information from customer service. In its current form, the question limits the subsequent questions to those respondents who received information or help from customer service and may therefore can lead to an artificially high “Always” answer rate for question 22, which asks how often did the health plan customer service provide enrollees with the information or help they needed. We would also support expanding the customer service questions to include other modes beyond phone such as email, website, and face-to-face. We feel that expanding the customer service modes could help boost survey sample size. Suggested re-wording of the question could be: “There are many ways you can contact your health plan to get information or help, such as phone, email or face-to-face. In the last 12 months, did you get information or help.”
- Question 23 (customer service staff) implies that the member successfully contacted customer service by phone, ignoring other possible modes of contact (e.g., the plan’s website or email) or outcomes (e.g., could not get through or get a live representative). This is an additional justification to revise the screener question (question 21) to explicitly ask about the number of member attempts to call customer service. We also recommend adding a question or series of questions to capture the mode of contact used as well as the outcome of the call (e.g., spoke to a live rep, left message, on hold too long, etc.). We suggest rewording question 23 to read as follows: “Taking into account the various ways by which you contacted your plan in the last 12 months, how often did your health plan’s customer service staff treat you with courtesy and respect?”
- Question 26 asks enrollees to rate their health plan from 0 to 10. Health plans have had difficulties with interpreting CAHPS responses to all rating questions and particularly, question 26. It can be difficult for health plans to ascertain what factors such as enrollee experience with claims, customer service, providers or the coverage the plan provides, out of pocket expenses to the member, or public perception of the plan, affect an enrollee’s rating. In order to help health plans identify and concentrate on areas that need improvement, we recommend including additional questions such as, “What is most important to you when rating your plan?” We also recommend that health plans have the opportunity to include supplemental and unpublished questions to gather additional information for quality improvement. Given the difficulties in understanding why a particular rating was given, we suggest rewording the question to urge members to provide as much detail as possible regarding why they gave their respective rating.

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We also have the following concern with questions in the “About You” section of the survey:

- The “About You” section, questions 27-39 accounts for one-third of all questions in the survey. We believe this extensive set of questions distracts from the purpose of evaluating plan performance. Alternatively, if it is the intent to use these questions as case mix adjusters, a guiding principle for the inclusion of the health status and health condition questions should be whether they add value in explaining variations in performance scores across health plans and are designed to control for factors that are outside the plan’s sphere of influence. For example, the value of questions 29-32 is unclear and should therefore be considered for removal.

Please feel free to contact me if you have any questions.

Sincerely,

A handwritten signature in dark ink, appearing to read "Aparna Higgins". The signature is fluid and cursive, with the first name being more prominent.

Aparna Higgins

Senior Vice President, Private Market Innovations and Director, Center for Policy & Research