



August 12, 2016

Centers for Medicare & Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Attention: CMS–R–246 (OMB No.: 0938–0732)
Room C4–26–05
7500 Security Boulevard
Baltimore, MD 21244–1850

Re: CMS–R–246 (OMB No.: 0938–0732)

Dear Sir or Madam:

We are writing on behalf of America's Health Insurance Plans (AHIP) in response to the notice under the Paperwork Reduction Act (PRA) concerning the "Medicare Advantage, Medicare Part D, and Medicare Fee-For-Service Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey" published by the Centers for Medicare & Medicaid Services (CMS) in the Federal Register (81 FR 38187) on June 13, 2016. The survey is of interest to AHIP's member organizations, many of which participate in the Medicare Advantage (MA) and Medicare Part D Prescription Drug Benefit (Part D) programs. Our comments appear below.

GENERAL COMMENT

CMS is proposing to remove a number of survey questions, which would reduce the total number of questions in the CAHPS survey for 2017. The total number of questions in the proposed survey is as follows: 68 (MA-PD survey), 63 (MA-Only survey) and 26 (PDP survey). We appreciate CMS' proposal to shorten the length of the current survey. We believe that reducing the number of questions in the survey will encourage beneficiary participation.

SPECIFIC COMMENTS

Your Health Plan. (MA-PD and MA-Only surveys, pages 7-8). This section of the proposed CAHPS survey includes questions on the beneficiary's interactions with the health plan. For proposed new Question #39, beneficiaries are directed to answer the following question: "A co-pay is the amount of money you pay at the time of a visit to a doctor's office or clinic. In the last 6 months, did your health plan offer to lower the amount of your co-pay because you have a health condition (like high blood pressure)?" We seek clarification from CMS regarding the agency's rationale for including this new question in the survey. If CMS is intending to survey beneficiaries

August 12, 2016

Page 2 of 2

about their experiences under the MA Value-Based Insurance Design (MA-VBID) model, we note that not all beneficiaries are eligible to participate in the model, which will be piloted in seven states in 2017 and in an additional three states in 2018. Aside from limited plan participation, plans that will be participating in the demonstration can only offer value-based benefit designs to enrollees with certain clinical conditions, which further limits beneficiary participation. We are concerned that this proposed new question would be confusing and misleading to beneficiaries who may assume that their plan should be offering to lower their co-pay for their health condition(s) but is not. Dual eligible beneficiaries who do not have office co-pays may also be confused by this survey question which could impact the reliability of their survey responses.

Under proposed new Question #40, beneficiaries are directed to answer the following question: “Your health plan benefits are the types of health care and services you can get under the plan. In the last 6 months, did your health plan offer you extra benefits because you have a health condition (like high blood pressure)?” We believe this question will be similarly confusing or misleading to beneficiaries. Given the above-raised concerns, we recommend that CMS not include Questions #39 and 40 in the CAHPS survey for 2017.

We appreciate the opportunity to provide these comments. Please contact me if additional information would be helpful or if you have questions about the issues raised in this letter. I can be reached at (202) 778-3256 or mhamelburg@ahip.org.

Sincerely,

A handwritten signature in dark ink, appearing to read 'mhamelburg', written in a cursive style.

Mark Hamelburg
Senior Vice President, Federal Programs