CMS Response to Public Comments Received for CMS-10203

The Centers for Medicare & Medicaid Services (CMS) received comments from two health plans and a national trade association representing the health insurance industry related to CMS-10203. This is the reconciliation of the comments.

Comment:

The Centers for Medicare & Medicaid Services (CMS) received a comment from a plan requesting clarification of whether the revised survey would be sent to both Baseline and Follow-up cohorts during the year of implementation.

Response:

CMS has clarified in Supporting Statement-Part B that the revised questionnaire will be sent to both Baseline and Follow-up cohorts during year of implementation.

Comment:

The Centers for Medicare & Medicaid Services (CMS) received a comment from a plan requesting clarification of the six month continuous enrollment requirement, which was waived in 2009, is apparently reinstated in the supporting materials.

Response:

Reference to the now-waived continuous enrollment requirement was erroneously made in Supporting Statement-Part B. CMS has revised Supporting Statement-Part B to clarify that all members enrolled in Medicare Advantage plans with more than 500 members are eligible for inclusion in the sample.

Comment:

The Centers for Medicare & Medicaid Services (CMS) received a comment from a plan suggesting that changing the current sampling approach to include members of MAOs with populations ≥3,000 who returned a completed survey the previous year "*will be a burden for members to complete the multiple survey requests for HOS and CAHPS on an annual basis and may ultimately impact plan response rates.*"

Response:

CMS does not propose changing the current sampling strategy and has clarified that members of Medicare Advantage organization (MAOs) with populations ≥3,000 who returned a completed survey the previous year will continue to be excluded from the potential respondent universe.

Comment:

The Centers for Medicare & Medicaid Services (CMS) received comments from a trade organization and a health plan requesting that CMS make aggregate and contract level results available in analytic file format in addition to PDF.

Response:

CMS provides beneficiary level data in a CSV (comma separated values) file format to each MAO for each of its contracts upon request. Contract level reports, which contain summary information that compares plan results with the HOS Total, are distributed in PDF format so plans are not be able to change them.

Comment:

The Centers for Medicare & Medicaid Services (CMS) received a comment from a trade organization encouraging CMS to "*review the questions in the context of broader initiatives to coordinate measures and accountability for quality of care across the Medicare program and ensure that measures…are those most appropriate…in the delivery of quality care and services for beneficiaries*."

Response:

CMS shares the commenter's concern about improved quality of care across the Medicare program and remains committed to using quality measures to promote our goal of achieving a high quality health care system.

Comment:

The Centers for Medicare & Medicaid Services (CMS) received a comment from a plan that "*The length of the 2013 HOS survey will increase."* The commenter noted that CAHPS survey response rates have decreased as the length of the survey has increased and expressed concern for their dual-eligible product's already low response rate.

Response:

CMS appreciates the commenter's concern but notes that many of the new items are mandated by HHS's uniform data collection standards for race, ethnicity, primary language, sex, and disability status, as required by Section 4302 of the Affordable Care Act. The remaining new items being incorporated are from existing health care quality surveys, which is consistent with HHS's data improvement efforts and overall health care quality goals. CMS further knows of no evidence that CAHPS response rates have decreased as the length of survey increased.

Comment:

The Centers for Medicare & Medicaid Services (CMS) received a comment from a plan that Question 15 (Are you blind or do you have serious difficulty seeing, even when wearing glasses) is inappropriate because a member who has such impairment would need assistance to complete the written survey.

Response:

The revised question is one of a six item set developed by HHS as the data standard for disability, as required by Section 4302 of the Affordable Care Act. CMS agrees that it is unlikely a blind or seriously visually impaired beneficiary would be able to complete the written survey without assistance but notes that proxies are allowed to complete the survey for beneficiaries. Beneficiaries may also opt to complete the survey by telephone.

Comment:

The Centers for Medicare & Medicaid Services (CMS) received a comment from a plan suggesting that additional choices (*such as "Hmong" and "Somali"*) should be added to Question 60.

Response:

The revised question is HHS's data standard for race, as required by Section 4302 of the Affordable Care Act. CMS further notes that beneficiaries who are Hmong may answer "Other Asian" and beneficiaries who are Somali may answer "Black or African American."

Comment:

The Centers for Medicare & Medicaid Services (CMS) received a comment from a plan suggesting that the order of Question 64, 65, and 66 should be adjusted (ask where one lives (Q66), then if they live with someone else (Q65), then create a skip pattern if the answer is not a home or apartment).

Response:

CMS agrees that the position of Question 64 is confusing and will adjust the order to ask first if the beneficiary lives with someone else (Q65), then where s/he lives (Q66), followed by current Question 64 unless response 3 or 4 (Nursing Home or Other) is given to current Question 66.

Comment:

The Centers for Medicare & Medicaid Services (CMS) received a comment from a plan suggesting that the survey should guide respondents to complete both hours per day and days per week for Question 68.

Response:

CMS has added an instruction to complete both "hours per day" and "days per week" to the survey questionnaire.

Comment:

The Centers for Medicare & Medicaid Services (CMS) received a comment from a plan suggesting that Question 70 is difficult to answer if the answer to Question 69 is "Almost or Never" (e.g., not clear if they should respond "Always or Almost Always" or "Don't need help with driving/getting ride", responses could be interpreted in different ways).

Response:

CMS agrees with the commenter that the question is confusing and has eliminated Question 70.

Comment:

The Centers for Medicare & Medicaid Services (CMS) received a comment from a plan asking how 2013 HOS questions will feed into STAR Ratings. Would any of the items roll up into existing measures or will CMS create new HOS STAR measures?

Response:

CMS appreciates the comment and has clarified in Supporting Statement-Part B that none of the new items will be used to calculate the Medicare Advantage Plan Ratings.