

CMS Response to Public Comments Received for CMS-R-246

CMS received comments from nine organizations related to CMS-R-246 (OMB control number 0938-0732) for the Medicare Advantage, Medicare Part D, and Medicare Fee-For-Service Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey.

- **Several commenters commended CMS for reducing the length of the surveys.**

Response: Thank you for your comments.

- **One health plan requested examples be included for some of the questions, such as the 0-10 scale. They also recommended reordering questions and use of a shorter survey.**

Response: Medicare CAHPS surveys employ a set of questionnaires that have been rigorously developed and tested in coordination with the Agency for Healthcare Research and Quality (AHRQ) to assess the experiences of Medicare enrollees in MA and PDP contracts. Modifying the CAHPS measures and order could change the psychometric performance of the measures. We have removed numerous items from the 2017 surveys compared to previous surveys (see crosswalks).

- **An organization asked why 15 minutes is the timing benchmark for the question on how often the respondent saw the person he/she came to see within 15 minutes of his/her appointment time.**

Response: This question is part of the Getting Appointments and Care Quickly CAHPS composite. In developing that composite, 15 minutes was the consensus for an acceptable wait time across all populations.

- **One commenter suggested that the question about Internet use “at home” remove the reference to “at home” to capture other places where respondents might use the Internet.**

Response: The proposed question is from the PEW’s Internet & American Life Project, which tracks and reports internet access and usage in the U.S on an annual basis. The proposed question on MCAHPS would be used to track Internet access at home and would not be publically reported.

- **One commenter asked that more response options be added to particular questions. For example, they would like “your health plan” and “I have asked my health plan not to call me” added as options for the questions about prescription reminders (#41 on the MA-PD survey) and “multiracial” added to the race question.**

Response: Question 41 is asking about coverage through a beneficiary’s prescription drug plan. We also note that beneficiaries can select more than one race category.

- **One health plan stated that the flu shot question should be replaced by a HEDIS metric that uses claims information.**

Response: The flu item is a HEDIS measure collected through the CAHPS survey. Flu shot information is collected through a survey since there are a variety of places where people can get flu shots and the plan may not have a record of a flu shot in their administrative data depending on where the flu shot was received. We note that CMS applies standards of reliability to CAHPS results, directly and through significance testing.

- **Several commenters inquired whether questions 39 and 40 referring to co-pays and extra benefits are related to the value-based insurance design (VBID) model, would be on surveys in areas where VBID is not offered, and may be confusing to beneficiaries.**

Response: CMS does not intend to use those questions for public reporting or quality bonus payment purposes. Rather, CMS (the Innovation Center in particular) intends to use these two questions to gauge beneficiaries' overall awareness of activities related to VBID model. It is also valuable to explore beneficiaries' experience even in the non-participating states as it serves as a comparison. The questions were cognitively tested with beneficiaries in English, Spanish, and Chinese.

- **One clinic commented that they conduct their own survey to improve patient care and that extra regulatory work is burdensome.**

Response: Clinics are not required to conduct these surveys. The purpose of the Medicare Advantage (MA) & Prescription Drug Plan (PDP) CAHPS and Fee for Service (FFS) CAHPS Surveys is to assess Medicare beneficiaries' experiences with their health and drug plans.