Application to Use Burden/Hours from Generic PRA Clearance: Testing of Web Survey Design and Administration for CMS Experience of Care Surveys (CMS-10694, OMB 0938-1370)

Generic Information Collection (GenIC) #3: Medicare Advantage (MA) and Prescription Drug Plan (PDP) Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Web Survey of Health and Drug Plans

Center for Medicare (CM) Centers for Medicare & Medicaid Services (CMS)

A. Background

The Medicare Advantage (MA) and Prescription Drug Plan (PDP) Consumer Assessment of Healthcare Providers and Systems (CAHPS) Surveys provide information on the quality of health services delivered through MA and PDP plans and in comparison to Medicare Fee-for-Service (FFS). Consumer evaluations of health care and prescription drug services, such as those collected through the Medicare CAHPS Surveys, measure important aspects of a patient's experience that cannot be assessed by other means.

Currently, the MA & PDP CAHPS Surveys are administered using a mixed mode data collection protocol (mail+phone) that includes two survey mailings and phone follow-up with nonrespondents. In response to stakeholder feedback, CMS plans to test a web-based mode of survey administration in the upcoming months, which may be added in concert with one or both of the existing survey modes in the future. Recent research demonstrates the potential to improve response rates with the use of a web-based mode. In particular, in the emergency department setting, a CMS-funded test demonstrated that a higher survey response rate could be achieved by using a web survey as the initial invitation to the survey, followed by mail, phone, or both.¹

A key issue for determining the web-based survey administration protocol is the availability of MA and PDP plan member email addresses. If plan member email addresses are not widely available, the web mode field test would send paper invitations with a link to complete the survey online. If plan member email addresses are widely available from participating health and drug plans, the web mode field test would instead send email invitations with a link to the online version of the survey.

In order to learn about the availability of plan member email addresses, we plan to administer a short web-based survey to the Medicare Compliance Officer (MCO) from all of the health and drug plans that are participating in the 2021 MA & PDP CAHPS Survey.

B. Description of Information Collection

CMS's generic clearance request is to support methodological research designed to improve the quality and reduce the burden of the suite of CMS Experience of Care Surveys; it encompasses an array of research activities to support decisions about whether and how to add web administration protocols to a series of surveys conducted by CMS.

Data from MA & PDP CAHPS are publicly reported and many survey results are included in the Part C and D Star Ratings and used for payment for MA contracts. As such, these survey data

¹ Parast L., M. Mathews, et al. (2019). Effects of Push-to-Web Mixed Mode Approaches on Survey Response Rates: Evidence from a Randomized Experiment in Emergency Departments. *Survey Practice*, 12(2). <u>https://doi.org/10.29115/SP-2019-0008</u>.

come under great scrutiny by plans and stakeholders. The design, testing, and implementation of these surveys is held to the strictest of statistical survey methodologies and standards.

This request is to conduct a survey of health and drug plan Medicare Compliance Officers (MCOs) in support of the MA & PDP CAHPS Survey. The proposed survey would inform CMS's planning for an upcoming MA & PDP CAHPS field test of a web-based mode of survey administration to supplement mail and phone survey administration modes. We propose to administer a survey to the 183 MCOs associated with the MA and PDP contracts administering the 2021 MA & PDP CAHPS Survey.

An initial survey invitation will be emailed to each MCO. The email will be personalized with the MCO name and will include a link to the web-based survey, which can be completed on either a computer or a mobile device such as a smartphone or tablet. In the email invitation, the MCO will be invited to complete the survey, or send the survey invitation email to the person in the organization who is most knowledgeable about the availability of plan member email addresses. If the MCO or another individual from the health or drug plan does not complete the web survey after two business days, we will then send a reminder email to the MCO. Depending on response, we may send a second reminder five days later.

The brief, nine item survey collects information related to the availability of plan member email addresses, the quality of email addresses, and feasibility of sharing email addresses with survey vendors. The survey also gauges interest in sharing email address information with CMS as part of the upcoming field test of web-based survey administration. A separate OMB PRA package will be submitted for a field test of a web-based mode for the MA & PDP CAHPS Survey.

The information collected in the survey is factual and will not be analyzed using statistical methods but will be summarized in descriptive tables.

C. Deviations from Generic Request

No deviations are requested.

D. Burden Hour Deduction

The web survey will be conducted among a maximum of 183 MA and PDP MCOs linked to the contracts participating in the 2021 MA & PDP CAHPS Survey. The proposed survey instrument is 9 items long and is estimated to require an average administration time of 2 minutes (at a pace of 4.5 items per minute).

As shown in Table 1, based on this assumption, the one-time total burden hours for survey participants are estimated to be 6 for participation in the web survey.

Table 1. Estimated Burden Hours for Respondents:Survey of Health and Drug Plan MCOs

Number of Respondents	Number of Responses per Respondent	Hours per Response	Total Burden Hours
183	1	0.033	6.0

Although not all health and drug plans will complete the survey, this estimate reflects the maximum burden possible.

The total approved burden ceiling of the generic ICR is 17,000 hours. We are requesting a total deduction of 6 hours from the approved burden ceiling.

E. Timeline

The following table provides an overview of the project schedule, including data collection and analysis.

	Project Week			
Tasks	1	2	3	4
OMB approval	Х			
Conduct survey		Х	Х	
Describe Results				Х

Table 2. Proposed Project Timeline

The following attachments are provided for this information collection:

a. Survey of Plan Staff

b. Email invitations for Survey of Plan Staff