

CMS Response to Public Comments Received for [CMS-10694](#)

The Centers for Medicare and Medicaid Services (CMS) received five comments. This is the reconciliation of the comments.

Comment:

CMS received comments from two individuals and one home health and hospice agency in support of CMS's testing of electronic surveying. Opinions in support included: 1) the way health care is assessed needs to evolve; 2) since fewer and fewer young people look at their mail, allowing questionnaire completion electronically will enable capture of additional perspectives; 3) more robust consumer assessments will be obtained, and 4) electronic surveying will allow health care organizations to respond to consumer demands for a more user-friendly survey experience.

Response:

CMS appreciates these comments in support of our plans to test electronic modes of survey administration for many of our surveys. CMS agrees that these additional survey modes have the potential to increase response rates and be more user-friendly for some survey participants.

Comment:

CMS received comments from a hospital and a technology company in support of CMS's testing of electronic survey but with additional suggestions. These suggestions included encouraging CMS to: (1) incorporate existing industry expertise into the study from survey and rounding tool vendors who have years of experience deploying digital tools, (2) shorten the two-year study window by using data already collected by real-world digital survey vendors, (3) clarify existing guidance that hospitals can currently use digital rounding tools from vendors other than those contracted for CAHPS survey administration, (4) reevaluate the length of existing CAHPS surveys (in all contexts) and consider shortening the length of the survey (to facilitate increased survey completion), (5) modify the requirements for qualified CAHPS vendors to ensure survey experience, and (6) institute a dynamic process of evaluating and updating CAHPS surveys every three to five years to keep up with changing trends in health care delivery models, consumer behavior, and technology.

Response:

CMS appreciates these comments in support of our proposal. With respect to commenters' suggestions:

(1) In our investigation of employing electronic modes of survey administration, CMS plans to invite input from a wide range of stakeholders. We thank the commenters for their specific suggestion to invite survey and rounding tool vendors to provide their survey experience using digital tools and will consider it as we move forward.

(2)

In CMS's investigation of the use of electronic and web modes of national survey implementation, CMS must fully investigate the use of electronic means of communication among all patient or enrollee subgroups so as to ensure the representativeness of survey results or to test web surveys in conjunction with other modes of survey administration. This will require taking into account: 1) whether all nationwide eligible facilities or plans have reliable means of electronically communicating with patients (e.g., text numbers, email addresses) and the relevant consents, 2) whether there is adequate access to the Internet among different types of patients, and 3) whether electronic survey administration would introduce bias into the survey administration process. Issues of patient confidentiality must be addressed to ensure that patients respond to the survey in a way that reflects their actual experiences with care. CMS will also need to fully test the web protocols to be able to accurately adjust the collected data for differences in the mode of administration used across providers or plans.

(3) Survey requirements for specific CAHPS surveys, in particular that facilities administering other experience of care surveys targeting the same population must employ the same vendor for all types of feedback, is outside the scope of this Paperwork Reduction Act (PRA) package.

(4) Decreasing the number of questions on specific CAHPS surveys is also outside the scope of this PRA package. CMS has been, however, examining different options for shortening surveys where feasible.

(5) The minimum business requirements to be a CMS-approved survey vendor is outside the scope of this PRA package.

(6) Evaluating and updating CAHPS surveys to keep up with changing trends in health care delivery models, consumer behavior, and technology is outside the scope of this PRA package; however, work is ongoing in these areas.

Comment:

CMS also received comments that we should reference more updated studies on internet and smart phone utilization among populations which are older, less educated, poorer, as well as minority populations. This commenter argued that there has been a drastic increase in internet and smart phone use amongst seniors. Further that cell phone use shows no variation in white, black, and Hispanic populations.

Response:

CMS appreciates these comments and agrees that internet and cell phone use has and likely will continue to increase. However, in a 2018 analysis using data from the national implementations of the MA & PDP CAHPS (198,583 respondents) and the Fee-for-Service CAHPS (92,593 respondents) surveys, CMS found there was variation among population groups when responding to the question: “Do you ever use the internet at home?” Positive responses to this question varied by self-reported race/ethnicity, with the white population having the highest percent of positive responses; by age, with there being a significant decrease in positive responses for those age 80 and over as compared to those age 65 to 79; by education, with those with more than a 4-year college degree having the highest percent of positive responses; by self-reported physical and mental health, with those with the poorest self-ratings having the lowest percentages of positive responses in comparison with those who reported better physical and mental health, and for English speakers having a significantly higher percent of positive responses than Spanish or Chinese speakers.