

SUPPORTING STATEMENT – Part A
Medicare Advantage and Prescription Drug Plan Consumer Assessment of Healthcare Providers
and Systems (CAHPS) Survey Field Test
(CMS-10793, OMB 0938-XXXX)

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 contracts. 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 non-respondents. 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 mode of administration, followed by mail, phone, or both.¹ Based on this research, CMS believes adding web to the existing mixed mode protocol for MA & PDP CAHPS has the potential to improve response rates, in particular among younger enrollees. In 2021, the response rate for MA and PDP enrollees under age 65 was 24% compared to 39% for enrollees age 65 and older.

This request is to conduct a field test with the main goal of testing the effects of new survey content and a web-based mode on patterns of response and survey scores. The test will also allow for assessment of the measurement properties of new survey items. The results of the field test will inform CMS's decision-making about updates to MA & PDP CAHPS survey content and survey administration procedures.

A. JUSTIFICATION

1. Need and Legal Basis

CMS is required to collect and report information on the quality of health care services and prescription drug coverage available to persons enrolled in a Medicare health or prescription drug plan under provisions in the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA). Specifically, the MMA under Sec. 1860D-4 (Information to Facilitate Enrollment) requires CMS to conduct consumer satisfaction surveys regarding Medicare PDPs and MA plans and report this information to Medicare beneficiaries prior to the Medicare annual enrollment period. The Medicare CAHPS survey meets the requirement of

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). <https://doi.org/10.29115/SP-2019-0008>.

collecting and publicly reporting consumer satisfaction information. The CAHPS survey measures are incorporated into the Part C and D Star Ratings that are published on www.medicare.gov each fall for consumers. A subset of the CAHPS measures are also included in the Medicare & You Handbook. The current MA & PDP CAHPS Survey continues to be covered under OMB control number 0938-0732.

The proposed field test would allow for CMS to be responsive to stakeholder feedback regarding the mode of administration and the content of the survey. Specifically, it would allow the testing of a web-based mode, as well as new survey content regarding:

- Telemedicine (Q8-Q13 in MA-Only and MA-PD survey versions)
- Perceived discrimination (Q55 in MA-Only, Q60 in MA-PD, and Q15 in PDP survey versions)
- Communication (Q31 in MA-Only and MA-PD survey versions)
- Care coordination (Q14 and Q37 in MA-Only and MA-PD survey versions)
- Test results (Q17-Q22 in MA-Only and MA-PD survey versions)

2. Information Users

The data collected in this effort will be used by CMS to inform decisions on possible changes to MA & PDP CAHPS survey content and survey administration procedures.

3. Use of Improved Information Technology

There are no barriers or obstacles that prohibit the use of improved technology for this information collection activity. CMS will provide its contractor with the sample of enrollees in each MA (with or without Part D coverage) and PDP contract. The data collection protocol is mixed mode (one arm will be mail with telephone follow-up of non-respondents, and the second arm will be web, followed by up to two surveys by mail to non-respondents, followed by telephone follow-up to remaining non-respondents).

4. Duplication of Efforts

CMS is conducting the MA & PDP CAHPS Survey for MA and PDP enrollees in 2022. However, CMS's contractor will use unused sample from the 2022 MA & PDP CAHPS Survey to administer this field test; thus, there is no duplication of effort.

5. Small Business

Survey respondents are MA or PDP enrollees. MA and PDP contracts that participate in the field test will not pay anything in order for their enrollees to be sampled for the field test survey. The survey instruments and procedures for completing the instruments are designed to minimize burden on all respondents and will not have a significant impact on small businesses or other small entities.

6. Less Frequent Collection

This data collection effort will be conducted only once. It will not be repeated at a future date.

7. Special Circumstances

There are no special circumstances that would require an information collection to be conducted in a manner that requires respondents to:

- Report information to the agency more often than quarterly;
- Prepare a written response to a collection of information in fewer than 30 days after receipt of it;
- Submit more than an original and two copies of any document;
- Retain records, other than health, medical, government contract, grant-in-aid, or tax records for more than three years;
- Collect data in connection with a statistical survey that is not designed to produce valid and reliable results that can be generalized to the universe of study;
- Use a statistical data classification that has not been reviewed and approved by OMB;
- Include a pledge of confidentiality that is not supported by authority established in statute or regulation that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or
- Submit proprietary trade secret, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.

8. Federal Register/Outside Consultation

The 60-day Federal Register Notice was published in the Federal Register on 11/09/2021 (86 FR 62173).

One comment was received during the comment period and CMS has provided their response within the attached Response to Comment document.

The 30-day Federal Register Notice was published in the Federal Register on 02/04/2022 (87 FR 6565).

9. Payment/Gifts to Respondents

Respondents do not receive any payments or gifts for their participation. Data collected provide CMS with information on the quality of care delivered to Medicare beneficiaries.

10. Confidentiality

Individuals and organizations contacted are assured of the confidentiality of their replies under 42 U.S.C. 1306, 20 CFR parts 401 and 422, 5 U.S.C. 552 (Freedom of Information Act), 5 U.S.C. 552a (Privacy Act of 1974), and OMB Circular No. A-130. In instances where respondent identity is needed, the information collection fully complies with all respects of the Privacy Act. The System of Records is HPMS No. 09-70-0500 (February 14, 2018; 83 FR 6591).

11. Sensitive Questions

There are no sensitive questions associated with this collection. Specifically, the collection does not solicit questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private.

12. Burden Estimate (Hours & Wages)

Wage Estimates

To derive average costs for individuals we used data from the U.S. Bureau of Labor Statistics' May 2020 National Occupational Employment and Wage Estimates for our salary estimate (www.bls.gov/oes/current/oes_nat.htm). We believe that the burden will be addressed under All Occupations (occupation code 00-0000) at \$27.07/hour since the group of individual respondents varies widely from working and nonworking individuals and by respondent age, location, years of employment, educational attainment, etc.

We are not adjusting this figure for fringe benefits and overhead since the individuals' activities would occur outside the scope of their employment.

Burden Estimates

The MA & PDP CAHPS field test survey will be conducted one time. The CAHPS survey takes on average 14 minutes to complete. This burden varies by survey type as shown below. For the total sample of 5,000 members, the total burden to complete the survey is approximately the sum of MA² (0.28 hours x 4,000) and PDP (0.17 hours x 1,000), or 1,290 hours.

² We have combined estimates for MA-Only and MA-PD survey versions here for simplicity.

The reason for the variation in burden hours by survey type is that the CAHPS survey has specific questions relevant to the Medicare plan in which a sample member is enrolled, i.e., MA-Only, MA-PD, or PDP.

Time

Survey Type	Units	Sample/Unit	Sample by Type	Burden/Survey	Total Hours
MA	40	100	4,000	0.28	1,120
PDP	10	100	1,000	0.17	170
TOTAL HOURS	-	-	5,000	-	1,290

Cost

Survey Type	Number of Respondents	Total Burden Hours	Average Hourly Wage	Estimated Data Collection Cost to Respondents
MA	4,000	1,120	\$27.07/hr	\$30,318.40
PDP	1,000	170	\$27.07/hr	\$4,601.90
Total	5,000	1,290	\$27.07/hr	\$34,920.30

Information Collection Instruments and Instruction/Guidance Documents

- MA-Only Survey
- MA-PD Survey
- PDP Survey

13. Capital Costs

There are no capital costs associated with this data collection.

14. Cost to Federal Government

The total cost to the Federal government for the MA & PDP CAHPS field test survey is estimated to be \$507,000. This total includes CMS management and preparation for the field test, all data collection activities, and data analysis.

15. Changes to Burden

This is a new data collection effort and not a revision to an existing survey.

16. Publication/Tabulation Dates

We anticipate all data tabulation and analysis will be completed by September 29, 2022. Dissemination of findings via peer review journal articles, presentations, or other public-facing media will be completed within 9 months of completion of analysis.

17. Expiration Date

A one-year expiration date is being requested.

18. Certification Statement

There are no exceptions taken to item 19 of OMB Form 83-1.