

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

CMS received three comments 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 during the 60-day comment period.

- One commenter supported efforts to modernize and shorten survey content and add a web-based mode to survey administration.

*Response: CMS thanks the commenter for their support.*

- One commenter supported reducing the number of survey questions on the MA-PD CAHPS survey, modernizing survey language, removing content that is not used for reporting or scoring or is outside of the health plan's control, and balancing respondent burden by removing survey items when new survey items are added. They also strongly support CMS' revisions to the *Getting Appointments and Care Quickly* measure, as proposed in the 2024 MA Advance Notice.

*Response: CMS thanks the commenter for their support.*

- One commenter recommended adding additional questions to collect more information about why the respondent chose a particular rating for the PDP CAHPS survey. They felt this would provide plan sponsors with actionable information that could be leveraged to improve the member experience.

*Response: CMS will take this under consideration for the future. One concern would be overall survey length and burden to respondents.*

- One commenter supported CMS' proposal to offer a web-based mode for the CAHPS survey and appreciates CMS' efforts to increase response rates. They recommend that CMS consider allowing the use of a web-based mode for surveys to be at the discretion of plans so that plans may maximize response rates across their beneficiaries. Finally, they encourage CMS to permit plans to use a QR code for the web-based mode in plan materials to facilitate use of this mode for surveys.

*Response: CMS thanks the commenter for this feedback. Because respondents also have the option to respond by phone or mail, CMS sees no disadvantage to implementing the web-mail-phone approach uniformly for all plans. If plans used QR codes in plan materials, the survey results would no longer be based on random sample of enrollees and would potentially be biased since enrollees who use QR codes may not represent all enrollees in the plan. Additionally, any method for survey administration needs to ensure that participation of specific enrollees in the survey is not disclosed to plans.*

- One commenter urged alignment of survey revision efforts and full transparency of these efforts.

*Response: Thank you. CMS is working to align quality measures including survey measures where appropriate across quality reporting programs.*

- One commenter stated that the unfair treatment question response options offer too many choices and leave room for error. Additionally, they recommend this question be added to the Clinician Group CAHPS rather than the MA & PDP CAHPS survey.

*Response: CMS thanks the commenter for this feedback. Other programs are considering similar questions. In the field test respondents did not have any issues answering this question. CMS strives to collect information via the MA & PDP CAHPS Survey that measures aspects of care that are important to beneficiaries and to provide plans with actionable information for improving patient experience of care. CMS anticipates that plans can use information collected through the survey for quality improvement purposes. Without knowing the reasons for unfair treatment, it would be difficult to target quality improvement efforts.*

- One commenter stated the language use question (Question 50) should be replaced with a question asking whether the respondent needed help getting access to services from a health care provider in a language other than English.

*Response: CMS thanks the commenter for this suggestion. Question 50 is currently included in several CAHPS surveys and other federal surveys. The information captured by this question can provide CMS with information to help measure inequity and identify the need for additional survey translations.*

- One commenter supported the changes in wording of survey questions to clarify the inclusion of telehealth.

*Response: CMS thanks the commenter for their support.*

- One commenter recommended that CMS provide additional detail and guidance on how the web-based survey will be conducted including protection for the privacy and data security of protected health information. In addition, they asked if MA and PDP sponsors will be expected to provide member email addresses to the survey vendor.

*Response: The MA & PDP CAHPS Survey can only be administered by CMS-approved vendors who have met CMS requirements for systems security and procedures to safeguard data in a manner compliant with HIPAA. Similar to mail and phone administration, the web survey will be conducted in accordance with CMS protocols and technical specifications. To increase the likelihood of responses, health and drug plans should maintain accurate contact information, including email addresses when available, for their enrollees. In the CAHPS field test we found that for enrollees with email addresses, the web-mail-phone protocol increased MA response rates by 4 percentage points; we found little change to response rates for PDPs. We believe that the availability of email addresses across all contracts will help improve CAHPS response rates overall and may help contribute to cost savings for plans in the long run, as web responses should be less costly.*