SUPPORTING STATEMENT – Part A
Medicare Advantage, Medicare Part D, and Medicare Fee-For-Service Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey
CMS-R-246, OMB 0938-0732

BACKGROUND

The Centers for Medicare & Medicaid Services (CMS) has authority to collect various types of quality data under section 1852(e) of the Act and use this information to develop and publicly post a 5-star rating system for Medicare Advantage (MA) plans based on its authority to disseminate comparative information, including about quality, to beneficiaries under sections 1851(d) and 1860D-1(c) of the Act. As codified at § 422.152(b)(3), Medicare health plans are required to report on quality performance data which CMS can use to help beneficiaries compare plans. Cost plans under section 1876 of the Act are also included in the MA Star Rating system, as codified at § 417.472(k), and are required by regulation (§ 417.472(j)) to make CAHPS survey data available to CMS.

Based on requirements in the 2003 Medicare Prescription Drug Improvement and Modernization Act (MMA), CMS has collected information about the experiences of MA and Medicare Prescription Drug Plan (PDP) enrollees with their plans through the annual implementation of the CAHPS survey since 2006. Earlier, requirements in the Balanced Budget Act of 1997 also required CMS to collect and report satisfaction and quality information about the Medicare health plans available under the Medicare + Choice plans and the Medicare Fee For-Service (FFS) program and to provide this information to Medicare enrollees to assist them in their selection of a Medicare plan. The CAHPS survey for health plans has been collected since 1997, and the Medicare FFS survey has been collected since 2000.

The MMA under Sec. 1860D-4 (Information to Facilitate Enrollment) requires CMS to conduct consumer satisfaction surveys of enrollees in MA and Part D contracts and report the results to Medicare beneficiaries prior to the annual enrollment period. This request for approval is to update the annual Medicare CAHPS surveys to meet the requirement to conduct consumer satisfaction surveys regarding the experiences of beneficiaries with their health and prescription drug plans.

This information collection request includes the CAHPS data collection requirements set forth in the Part C and D final rule published on January 22, 2009. The final rule set forth this requirement under § 422.152(b)(5) for Part C, § 417.472(j) for section 1876 cost contracts, and § 423.156 for Part D. CMS will continue to administer the Medicare FFS CAHPS survey.

CAHPS surveys follow scientific principles in survey design and development designed to reliably assess the experiences of a large sample of patients. They use standardized questions and data collection protocols to ensure that information can be compared across healthcare settings. CAHPS surveys are developed with broad stakeholder input, including a public

solicitation of measures and a technical expert panel, and the opportunity for anyone to comment on the survey through multiple public comment periods through the Federal Register. The CAHPS surveys focus on topics that patients, or their family members, report as being important; they also focus on topics where the patients are the best source of information. Changes to CAHPS surveys are cognitively tested before national implementation. The CAHPS surveys for this IC are similar to the CAHPS Health Plan Survey developed by the Agency for Healthcare Research and Quality. The CAHPS Health Plan Survey is used to collect information from enrollees in commercial health plans and Medicaid. Currently, the Medicare Advantage (MA) and Medicare Prescription Drug Plan (PDP) CAHPS Survey is available in English, Spanish, Chinese, Vietnamese, Korean, and Tagalog. The Medicare Fee-For-Service CAHPS Survey is available in English, Spanish, and Chinese. The Chinese translation has been tested with and is suitable for speakers of both Cantonese and Mandarin.

If sampled Medicare enrollees require materials in Spanish, Chinese, Vietnamese, Korean, or Tagalog, we encourage MA and PDP contracts to promote enrollee participation in the survey by "double stuffing" mail survey packets with an English-language survey and a Spanish, Chinese, Vietnamese, Korean, or Tagalog-language survey, or utilizing language preference data for enrollees to mail Spanish, Chinese, Vietnamese, Korean, or Tagalog-language surveys to members who prefer Spanish, Chinese, Vietnamese, Korean, or Tagalog. Using one of these approaches will increase survey response among contract members who prefer to answer the survey in a language other than English, compared to offering a mail survey translation upon request. Ensuring that all enrollees have the opportunity to complete the survey in the language with which they are most comfortable provides the most accurate picture of patient experience in a Medicare contract.

The translations have been made available based on a need communicated by the MA and PDP contracts and enrollees. The most used language for the MA, PDP, and FFS CAHPS Surveys is English (95%, 98%, and 98%, respectively). Spanish is the second most used language (4%, 2%, and 2%) followed by Chinese (0.3% for MA and <0.01% for FFS). No PDP CAHPS surveys were completed in a language other than English or Spanish. We continue to cognitively test the translations of the surveys based on feedback received from contracts and enrollees. Cognitive testing of translations is done through focus groups and one-on-one interviews with individuals who meet the recruitment criteria. Multiple rounds of testing were conducted to inform the development of the translations and ensure refinements identified from previous rounds met the goal of improving the consistency and accuracy of question meaning across languages. CMS plans to continue making additional translations available as requests are made for more languages. We want to target the translations to the needs expressed by the population being surveyed.

CMS approves and trains survey vendors to collect and submit data on behalf of the MA, section 1876 cost, and Part D contracts. All contracts that are required to conduct CAHPS need to contract directly with an approved vendor. CMS is responsible for approving and training vendors, providing technical assistance to vendors, overseeing vendors to ensure that they are following the data collection protocols, providing the samples directly to the survey vendors,

collecting and analyzing the data for public reporting, and producing reports that the plans can use for quality improvement.

CMS is proposing to remove the two questions associated with the MA VBID Model, which is ending on December 31, 2025 from the Medicare Advantage (MA) CAHPS surveys. The questions being considered for removal asked enrollees about supplemental benefits they may have received from their MA plan. This is an opportunity to shorten the survey since the data are no longer needed. The data from these questions are not used to calculate scores for Star Ratings. In response to recent Executive Orders, CMS is proposing to remove the question about unfair treatment on the Medicare Advantage (MA) and Medicare Fee-For-Service (FFS) CAHPS surveys. In accordance with SPD 15, CMS is also requesting to replace the current race and ethnicity survey questions with the 2024 SPD 15's Figure 3 on the MA-PDP, MA-Only, PDP, and FFS CAHPS surveys.

The survey changes are documented in the respective crosswalks submitted with this package. These changes do not affect the time for Medicare beneficiaries to complete a CAHPS survey. The requirements and burden for MA and PDP contracts are unchanged.

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 prescription drug plans and Medicare Advantage plans and report this information to Medicare beneficiaries prior to the Medicare annual enrollment period. The Medicare CAHPS survey meets the requirement of collecting and publicly reporting consumer satisfaction information. The Balanced Budget Act of 1997 also requires the collection of information about fee-for-service plans. The CAHPS survey measures are incorporated into the Part C and D Star Ratings that are published on www.medicare.gov each fall to help consumers choose a Medicare plan. A subset of the CAHPS measures is also included in the *Medicare & You Handbook*. CAHPS information from MA contracts also feeds into the calculation of MA Quality Bonus Payment Ratings that are required by statute and regulation.

2. Information Users

The primary purpose of the Medicare CAHPS surveys is to provide information to Medicare beneficiaries to help them make more informed choices among health and prescription drug plans available to them. Survey results are reported by CMS in the *Medicare & You Handbook*

published each fall and on the Medicare Plan Finder website. Beneficiaries can compare CAHPS scores for each health and drug plan as well as compare MA and FFS scores when making enrollment decisions. The Medicare CAHPS also provides data to help CMS and others monitor the quality and performance of Medicare health and prescription drug plans and identify areas to improve the quality of care and services provided to enrollees of these plans. CAHPS data are included in the Medicare Part C & D Star Ratings and used to calculate MA Quality Bonus Payments.

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 approved CAHPS vendors with the samples of enrollees for their client plans. The data collection protocol is mixed mode. Sampled enrollees will be surveyed using a web-first protocol in which web is the initial mode of survey administration. Sampled enrollees with an available email address will receive an email invitation to complete the survey and those without an available email address will receive a letter with a personalized URL to complete the survey online. Those who do not respond by web will receive up to two mailings of a paper survey; those who do not respond by web or mail will receive up to five attempts to complete the survey by phone.

4. Duplication of Efforts

The health plan section of the survey that CMS is conducting is the same survey that is required by the National Committee for Quality Assurance (NCQA) for accreditation of Medicare health plans; thus, there is no duplication of effort. It is also similar to the surveys used for commercial and Medicaid plans. The sampling for the MA & PDP CAHPS survey allows for reliable estimates for MA and PDP plans at the contract level. Other surveys, such as the Medicare Current Beneficiary Survey (MCBS), cannot be used to evaluate performance of MA and PDP plans given they cannot produce reliable estimates of plan performance.

5. Small Business

Survey respondents are Medicare Advantage (MA with or without a Prescription Drug Plan), Medicare Fee-For-Service (FFS), or Medicare Stand Alone Prescription Drug Plan (PDP) enrollees. Both MA and PDP contracts pay for the data collection using vendors approved by CMS. The cost of conducting the CAHPS survey for each contract is estimated to be approximately $5,300. 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

The Medicare CAHPS survey is conducted annually. CMS is required to provide up-to-date information to Medicare beneficiaries each year prior to the annual enrollment period to help them make more informed plan choices. Additionally, the information is used by CMS for monitoring of plan quality and by plans to improve the health care and services they provide to their enrollees. Given the uses of the data and the need to have these data for MA Quality Bonus Payments, it is important that persons with Medicare, CMS, and others have current information about the experiences of persons enrolled in Medicare health and prescription drug plans. Provision of this information on an annual basis allows for the design of quality improvement initiatives on a timely basis and helps inform beneficiaries about the quality and performance of health and prescription drug plans at the time they make a health or drug plan selection each year.

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 statue 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.

We plan to implement Figure 3 for the updated SPD 15 race and ethnicity question by either January 2026 or 2027. We are using Figure 3 to ensure comparability of responses across mail, telephone, and web administrations in particular for an older population. We will work to make the necessary translations and conduct small scale cognitive testing of the translations. Once the translations are available, the timeframe for implementation by either January 2026 or 2027 will depend on the time needed for training of survey vendors and the time required for survey vendors to update and test CATI systems, printing and scanning software programming, and web survey programming. Additionally, our data warehouse needs time to update and test system changes.

8. Federal Register/Outside Consultation

The 60-day Federal Register Notice published in the Federal Register (89 FR 24008) on 04/05/2024.
Two comments were received for the 60-day comment period and responses are provided within the attached Response to Comments document. One comment was related to the importance of measuring wait time and the other comment was unrelated to this specific collection of information.

The 30-day Federal Register Notice published in the Federal Register (89 FR 53107) on 06/25/2025.
Two comments were received for the 30-day comment period and responses are provided within the attached Response to Comments document. Once comment was in reference to the 15-minutes wait time question and the other was related to respondent-level CAHPS data.

9. Payment/Gifts to Respondents

Respondents do not receive any payments or gifts for their participation. Data collected provides all Medicare beneficiaries with information to help them make more informed choices among health and prescription drug plans available to them.

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. 09-70-4004 (January 14, 2008; 73 FR 2257).

11. Sensitive Questions

There are no sensitive questions associated with this collection. Survey respondents are able to skip any questions that they do not wish to answer.

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 2023 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 $23.11/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 Medicare CAHPS survey is conducted annually. The CAHPS survey takes on average 13 minutes to complete. This burden varies by survey type as shown below. For the total sample of 794,500 members, the total burden to complete the survey is approximately the sum of MA[1] (0.25 hours x 750,090), PDP (0.17 hours x 79,500), and FFS Medicare (0.25 x 275,000) or 192,265 hours.

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, PDP, or FFS. Sample size for the PDP survey is 1,500 to improve reliability, and the sample size for FFS is needed for refined comparisons with MA.

Time

Survey Type	Units	Sample/Unit	Sample by Type	Burden/Survey	Total Hours
MA	550	800	440,000	0.25	110,000
PDP	53	1,500	79,500	0.17	13,515
FFS	78	3,525	275,000	0.25	68,750
TOTAL	**-**	**-**	**794,500**	**-**	**192,265**

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

Cost

Survey Type	Number of Respondents	Total Burden Hours	Median Hourly Wage	Estimated Data Collection Cost to Respondents
MA	440,000	110,000	$23.11/hr	$2,542,100
PDP	79,500	13,515	$23.11/hr	$312,332
FFS	275,000	68,750	$23.11/hr	$1,588,813
Total	**794,500**	**192,265**	$23.11/hr	**$4,443,244.15**

Information Collection Instruments and Instruction/Guidance Documents

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

13. Capital Costs

The cost to Medicare MA and PDP contracts is the cost of their contracting with Medicare CAHPS vendors approved by CMS to pay for the data collection for the sample of Medicare enrollees in their respective contracts that CMS provides to the vendors. CMS estimates this cost is about $5,300 per contract at the contract level, although the final cost is dependent on the negotiated contracts that the MA/PDP contracts execute with CAHPS approved vendors for their data collection. CMS is estimating that there are 603 MA/PDP contracts that are impacted by this small cost. We estimate a total cost of $3,195,900.

14. Cost to Federal Government

The total cost to the Federal government for the Medicare CAHPS Surveys is estimated to be $7 million each year. This total includes CMS management and implementation of the Medicare FFS data collection; approval process for survey vendors; training, oversight, and technical assistance of the approved survey vendors for the MA and PDP contracts; preparation and cleaning of data submitted by the survey vendors for the MA and PDP contracts; data analysis; preparation of CAHPS measures for public reporting; and production of plan reports to be used by all participating MA and PDP plans for quality improvement.

15. Changes to Burden

The FFS, MA-Only, and MA-PD surveys have been updated as documented in the respective Crosswalks attached to this package. The updates to the MA and FFS CAHPS surveys are in response to Executive Order 14168, "Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government". Specifically, CMS is proposing to remove the question about unfair treatment on the Medicare Advantage (MA) and Medicare Fee-For-Service (FFS) CAHPS surveys and requesting to replace the current race and ethnicity survey questions with the 2024 SPD 15's Figure 3 on the MA-PDP, MA-Only, PDP, and FFS CAHPS surveys. CMS is also CMS is proposing to remove the two questions associated with the MA VBID Model, which is ending on December 31, 2025 from the Medicare Advantage (MA) CAHPS surveys.

These changes do not affect the time for Medicare beneficiaries to complete a CAHPS survey.

16. Publication/Tabulation Dates

The CAHPS survey results are disseminated through tools on www.medicare.gov – Medicare Plan Finder – that contain comparative information on prescription drug and health plans. The *Medicare & You Handbook* also contains some CAHPS information and instructions about how to obtain information on additional measures. The information is made available in the fall following each annual data collection, prior to the annual enrollment period.

Medicare health and prescription drug plans also receive plan-specific reports that contain detailed information on the CAHPS results for their plan for use in quality improvement initiatives. These reports include background information on the methodology and definitions used in CAHPS to assist them in understanding the information in their report.

The Medicare CAHPS survey meets the requirement of collecting and publicly reporting consumer satisfaction information. MA & PDP CAHPS survey measures are incorporated into the Part C & 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*.

17. Expiration Date

The OMB Number and expiration date will be displayed on the survey. No exemption is being requested.

18. Certification Statement

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