

Response Rate and Risk of Off-Cycle Surveys

The Centers for Medicare & Medicaid Services (CMS) is committed to measuring and reporting information from the consumer's perspective about Medicare contracts. To promote Medicare Advantage & Prescription Drug Plan (MA & PDP) CAHPS data validity and credibility, a standardized mixed-mode data collection protocol consisting of two survey mailings with telephone follow-up of non-respondents using computer assisted telephone interviewing (CATI) has been developed by CMS. MA & PDP CAHPS protocols are designed to increase the likelihood of survey participation and achieve as high a response rate as possible. Survey vendors must make every reasonable effort to ensure optimal response rates and are expected to pursue contacts with potential respondents until the full data collection protocol has been completed. Fielding other surveys of beneficiaries during or close to the Medicare CAHPS Survey administration period may negatively affect the MA & PDP CAHPS response rate. CMS provides guidelines and recommendations to assist survey vendors and contracts in their efforts to promote survey participation and increase response rates.

CMS Guidelines and Recommendations to Achieve High Response Rate

Survey vendors are provided with address and telephone information, when available, in the CMS sample file and must make every reasonable attempt to contact each eligible sampled beneficiary, whether or not they have a complete mailing address or current telephone number. Contracts can promote participation in the survey by providing their vendor with up-to-date telephone numbers and/or addresses for all contract beneficiaries.

CMS requires survey vendors to employ address standardization techniques to ensure address information is current and formatted to enhance deliverability, as well as utilize commercial tools such as the National Change of Address (NCOA) database to update addresses provided by CMS. To ensure delivery in a timely manner and to maximize response rates, survey vendors are strongly encouraged to mail the pre-notification letter and the questionnaires using first class postage or indicia. If a beneficiary has not returned a completed or partially completed survey by mail, survey vendors must follow-up to attempt to complete the survey over the telephone.

Survey vendors must make every reasonable effort to ensure optimal telephone response rates on the telephone component of the survey administration and must ensure the quality of data collected via CATI. Survey vendors must pursue telephone numbers for beneficiaries eligible for phone follow-up. A number of resources are available for obtaining telephone numbers, including: the CMS sample file; a file directly from the contract that includes telephone information for all the contract's beneficiaries; number look-up service for 100% of the sample; directory assistance; and directory websites or applications for 100% of the sample. Vendors are required to obtain updated telephone numbers from at least two of these sources.

In addition to complete and accurate contact information, use of survey translations may also improve response rates. CMS provides survey translations in Spanish, Chinese, Korean, Tagalog (new for 2021), and Vietnamese. Contracts are encouraged to provide language preference data to survey vendors when using translations of the MA & PDP CAHPS surveys to promote participation by the broadest pool of beneficiaries. Collecting information from beneficiaries who can best respond to the survey in

Spanish, Chinese, Korean, Tagalog or Vietnamese will also increase the usefulness of the MA & PDP CAHPS Survey data for quality improvement initiatives.

Available Response Rate Information

In late fall of the survey administration year, CMS provides a detailed report to MA and PDP contracts. In addition to the global ratings, individual items, and composite measures, the detailed reports to contracts include a response rate for the contract, and the average response rate for contracts in the state (MA or PDP). The response rate reported to contracts includes all surveys used in analysis divided by the total eligible sample.

CMS-calculated results are official results. Survey vendors may conduct analyses of items for contract quality improvement purposes and provide contracts with response rate information. If survey vendors want to replicate the CMS-calculated response rate for the purposes of internal client reporting, CMS recommends the following formula as a close approximation of that rate:

$$\frac{\text{Completed (code 10) + Partially Completed Surveys (code 31)}}{\text{Total Sample Size – All Ineligible Beneficiaries}}$$

When calculating the response rate, survey vendors must keep in mind that code 34 (incomplete or blank survey returned) is **not** included in the numerator, but **is** included in the total sample component of the denominator.

CMS also provides response rate information on the MA & PDP CAHPS Survey website (<https://ma-pdpcahps.org/>). There are two documents pertaining to current and historic response rate information on the Comparative Data page of the MA & PDP CAHPS website (<https://ma-pdpcahps.org/en/comparative-data/>). The [Current and Historic Overall Response Rates](#) document includes a table that provides overall current and historic national response rates achieved for Medicare Advantage, Fee for Service, and Prescription Drug Plans. The [Current and Historic Response Rates by Mode](#) document includes annual tables with percentiles of the overall response rate, the mail response rate, and the telephone response rate for MA contracts (with and without a prescription drug benefit).

Risks of Off-Cycle Surveys

The MA & PDP CAHPS Survey produces comparable data on the beneficiary's experience of care that allow objective and meaningful comparisons between MA and PDP contracts on domains that are important to consumers and which cannot be assessed by other means. Internal surveys can have an effect on MA & PDP CAHPS Survey response rates. Therefore, survey vendors, contracts, or their agents are strongly discouraged from fielding other surveys of beneficiaries four weeks prior to, during, and four weeks after the Medicare CAHPS Survey administration period. This guideline does not apply to other CMS surveys.

Any internal survey of Medicare beneficiaries during the survey administration period could have a negative effect on the response rate to MA & PDP CAHPS, as well as to the internal survey. If the internal survey includes MA & PDP CAHPS questions, some beneficiaries will be confused by the similarities between the two surveys, which may result in an even stronger negative effect to MA & PDP CAHPS response. Additionally, beneficiaries who receive requests to participate in multiple, different surveys are more likely to ignore one or more of those requests, putting survey response rates at risk. If a

vendor's client cannot reschedule their internal survey, they are strongly encouraged to exclude Medicare beneficiaries from their internal survey sample (however, survey vendors must not provide individual-level data to contracts or any data that permit the identification of individual respondents). Health plans are permitted to conduct focus groups during MA & PDP CAHPS Survey administration; however, the MA & PDP CAHPS Survey Project Team strongly discourages health plans from asking any questions contained in the MA & PDP CAHPS Survey.

References:

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[\[www.MA-PDPCAHPS.org\]](http://www.MA-PDPCAHPS.org) Centers for Medicare & Medicaid Services, Baltimore, MD. August 19, 2020. www.MA-PDPCAHPS.org.

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