



May 30, 2023

Centers for Medicare & Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Implementation of the Medicare Prescription Drug Plan and Medicare Advantage Plan
Disenrollment Reasons Survey (CMS-10316)

Submitted Electronically: <http://www.reginfo.gov/public/do/PRAMain>

Dear Sir/Madam:

UnitedHealthcare (UHC) is responding to the April 28, 2023 Federal Register notice titled, Implementation of the Medicare Prescription Drug Plan and Medicare Advantage Plan Disenrollment Reasons Survey. UHC is dedicated to helping people live healthier lives and making the health system work better for everyone by simplifying the health care experience, meeting consumer health and wellness needs, and sustaining trusted relationships with care providers. UHC offers the full spectrum of health benefit programs for individuals, employers, and Medicare and Medicaid beneficiaries, and contracts directly with more than 1.3 million physicians and care professionals, and 6,500 hospitals and other care facilities nationwide.

Reasons for Disenrolling

The Federal Register description states that *“Plan disenrollment is generally believed to be a broad indicator of beneficiary dissatisfaction with some aspect of plan services, such as access to care, customer service, cost of the plan, services, benefits provided, or quality of care.”*¹ Data UHC collects on its own disenrolling members contradicts this. For example, in UHC’s latest Annual Enrollment Period (AEP) disenrollment survey of more than 25,000 Medicare Advantage Prescription Drug (MAPD) members, the vast majority of respondents rated their overall plan satisfaction 7 or higher on a scale of 0-10. UHC also found that the majority of disenrolling members switch plans to attain richer benefits. Therefore, UHC supports CMS’ proposal to add new questions to the Disenrollment Reasons Survey that better reflect the majority of disenrollees’ reasons for changing plans (better benefits vs. low satisfaction).

¹ 88 Fed. Reg. 26312 (April 28, 2023)

Combining Data Across Multiple Years

At times when sample sizes are small, multiple years' worth of data are combined for a single contract. Contract-level benefits and strategies change yearly, so UHC does not believe it is useful to aggregate multiple years of data. As an alternative, UHC suggests increasing annual sample sizes instead.

Expand Channels For Data Collection

In order to increase the contract-level sample sizes of CMS disenrollment surveys, outreach channels outside of telephone should be used. For example, UHC is currently able to achieve a response rate greater than 10% on our UHC e-mail disenrollment survey.

Case-mix

Disenrollment reasons surveys are currently case-mix adjusted. Case mix adjustments can significantly alter scores and do not necessarily accurately reflect the membership within a contract. For this reason, UHC suggests providing both unadjusted and adjusted scores.

Cohorts

There are certain cohorts of members that are at higher at risk of disenrollment. To better understand and meet the needs of member cohorts that are more likely to disenroll, UHC recommends providing disenrollment survey results not only at a contract level but at a cohort level including carrier tenure and application channel.

UHC appreciates the opportunity to provide comments and looks forward to CMS's feedback.

Sincerely,



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