



Barbara Reid  
WI080-1000  
2725 Mall Drive  
Eau Claire, WI 54701

To: Phyllis Nagy  
Centers for Medicare & Medicaid Services  
Department of Health & Human Services

From: Barbara Reid  
PSMG Regulatory Affairs  
UnitedHealth Group

Date: June 21, 2010

Re: CMS-10316, OMB #0938-NEW, *Medicare Prescription Drug Plan (PDP) and Medicare Advantage Prescription Drug Plan (MA-PD) Disenrollment Reasons Survey*

We have reviewed the *Medicare Prescription Drug Plan (PDP) and Medicare Advantage Prescription Drug Plan (MA-PD) Disenrollment Reasons Survey* in response to the notice published in the April 23, 2010 Federal Register (75 FR 21295) and provide the attached comments.

These comments are provided on behalf of Ovations and other UnitedHealth Group affiliates, including AmeriChoice, that manage Medicare Advantage and Part D business (collectively "United").

We greatly appreciate the opportunity to comment, and we look forward to continuing to work with CMS to develop successful products and services for Medicare beneficiaries. If you have any questions or concerns on our comments, please contact me at 715-832-5235 or via email at [barbara\\_reid@uhc.com](mailto:barbara_reid@uhc.com).

**Medicare Prescription Drug Plan (PDP) and Medicare Advantage Prescription Drug Plan (MA-PD) Disenrollment Reasons Survey**

**Comments Submitted by  
UnitedHealth Group/Ovations  
June 21, 2010**

**General Comments**

1. While we appreciate receiving the aggregate data from the survey, we believe plan analysis of the survey raw data would allow for improvements that would prove beneficial to both plans and beneficiaries. To promote transparency in the process and allow for more beneficial plan improvements we request that CMS provide the survey response raw data to plans for further analysis.
2. In addition to the specific recommendations outlined below, we request that CMS clarify in which languages the survey will be made available.

**Statistical Methods**, *Supporting Statement II.B., Collection of Information Employing Statistical Methods, §§ B1 & B3, Respondent Universe and Sample*

3. **Sample Selection, §B1, p 1**

**Issue:** The sampling timeframe of July 2010 through March 2011 will capture those beneficiaries that are experiencing plan changes due to recent CMS mandated changes regarding limited plans per market. These beneficiaries are experiencing an involuntary disenrollment and are not choosing to leave a plan. The survey is designed to capture why beneficiaries leave or switch plans, so should only include those that voluntarily exit a plan; or at a minimum, exclude those that are experiencing plan changes due to the termination of plans per CMS policy or changes in guidelines. While the documentation indicates that "Exact sampling figures will be determined upon receipt of data regarding disenrollment patterns," it is unclear what populations CMS intends to target (voluntary vs. involuntary disenrollments).

**Recommendation:** To maximize the value of the data resulting from the survey, we recommend the exclusion of beneficiaries that were involuntarily disenrolled from the plan or at a minimum, those in plans that were terminated due to CMS changes in policy. We recommend the focus remain on issues related to voluntary disenrollment. In addition, we recommend further clarification of the target population.

4. **Sample Size, §B1, p 1**

**Issue:** In the sample design, small samples will still yield a higher percentage of margins of error regardless of weighting.

**Recommendation:** We recommend plans with small sample sizes either not be reported, or be oversampled to get a readable sample size. In the alternative, we recommend CMS report non-weighted results along with weighted results with base sizes for review.

5. **Timing of Survey, §B1, p 1**

**Issue:** It is unclear in the documentation what the timeframe will be between the beneficiary's disenrollment and when the survey will be sent to them. We agree with CMS that is important to survey disenrollees relatively soon after their disenrollment experience. A timeframe of several months between disenrollment and surveying will severely hinder the reliability of the data based on respondent recollection.

**Recommendation:** We recommend CMS reduce the timeframe between the sample extract and data collection as much as possible. We recommend no more than 3 months from time of disenrollment to the date the beneficiary receives the survey. In addition, we request CMS update the documentation regarding when the survey will be sent to beneficiaries in relation to their disenrollment date.

6. **Response Rate Calculation, §B3, p 2**

**Issue:** It is unclear what factors will be utilized in determining which survey responses may be disqualified and whether or not disqualified responses and incomplete surveys will be counted in the response rate.

**Recommendation:** We recommend providing greater transparency regarding the specifics that yield the expected response rate. For example, whether or not disqualified responses and incomplete surveys will be factored into the rate. Further, we recommend that the disqualified responses and incomplete surveys not be factored into the response rate.

7. **Plan Identification, §B1, p 1**

**Issue:** Given that members sometimes switch plans within an organization, there may be beneficiary confusion when completing the survey as to which of the organization's plans is the subject of the survey.

**Recommendation:** We recommend CMS clearly identify both the organization and the plan name that is the subject of the survey on both the survey and in the results that are shared with each plan.

**PDP & MA-PD Survey**, *Supporting Statement III, Attachments # 3 & 4, PDP & MA-PD Survey*

8. **Plan Identification**, *throughout survey, e.g., Questions 37 (PDP) & 46 (MA-PD), pp 12, 28*

**Issue:** It is unclear whether CMS will be populating the plan name by using the plan's contract name or the name of the plan as published to beneficiaries. Beneficiaries will not understand which plan is referred to if the CMS contract name is used.

**Recommendation:** We strongly recommend the use of the plan name that is published to, and recognized by, the beneficiary. In addition, we request that the documentation be clarified as to which name is used.

9. **Statement Preceding Question 3**, *pp 5 & 20*

**Issue:** In the statement that immediately precedes question three in both surveys, it is explained to beneficiaries that the questions are about their "former" health plan. However, the beneficiary may not recall the former plan, especially if the time from the actual disenrollment to the survey is more than several weeks.

**Recommendation:** To assure comprehension regarding what plan the questions refer to, we recommend inserting the drug or health plan name into the sentence that immediately precedes question three.

10. **Question 4**, *pp 5, 20*

**Issue:** We believe the definition of customer service as defined in question three, "information you get from staff" is rather broad. The responses then, to question four are not as helpful to plans as they could be since plans cannot identify from which area the information was requested. It is difficult to make needed improvements if the plan cannot identify the staffing area that responded to the inquiry.

**Recommendation:** We recommend either capturing the method of contact between the beneficiary and the plan or designing the responses to be more specific about what staff/area was contacted. For example, sales agent, plan customer service, etc.

11. **Questions 30 (PDP) & 33 (MA-PD)**, *pp 10, 26*

**Issue:** The question asks if the beneficiary left the plan because the plan "required" them to take a generic medicine. However, plans cannot require beneficiaries to take a generic medicine.

**Recommendation:** We recommend revising the question by replacing the word "required" with "wanted."

12. **Questions 35 (PDP) & 42 (MA-PD), pp 11, 27**

**Issue:** It would be beneficial for plans understand the method of contact the beneficiary used. Improvements could then be targeted to appropriate staff.

**Recommendation:** We recommend capturing the method of contact between the beneficiary and the plan. For example, by phone to plan customer service, website, via a sales agent, etc.

13. **Questions 45 (PDP) & 55 (MA-PD), pp 13, 29**

**Issue:** We believe the location of the underlining does not emphasize the key point of the question. CMS does not prohibit visits to the home, but prohibits visits to the home without the beneficiary asking the agent or broker to do so.

Also, the questions contain extraneous language--the word "you" after "visit your home."

**Recommendation:** We recommend removing the underlining from "visit your home" and instead, underlining "without your asking." In addition, we suggest removing the word "you" from the question. The question would then read:

"Did an insurance agent or broker ever visit your home without your asking them to, to tell you about insurance for prescription medicines?"

14. **Questions 64 (PDP) & 74 (MA-PD), pp 17, 33**

**Issue:** It would be helpful for plans to understand who took the survey, for example, if the respondent is a care provider, the beneficiary, a family member, etc.

**Recommendation:** We recommend asking what role the respondent fills, for example, if the respondent is a care provider, the beneficiary, a family member, etc.