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To: Centers for Medicare and Medicaid Services
Submitted electronically via: regulations.gov

From: Shannon Schuster
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Date: December 17, 2019

Re: *Implementation of the Medicare Prescription Drug Plan and Medicare Advantage Plan
Disenrollment Reasons Survey*

Attached are comments regarding the Implementation of the Medicare Prescription Drug Plan and Medicare Advantage Plan Disenrollment Reasons Survey.

Implementation of the Medicare Prescription Drug Plan (PDP) and Medicare Advantage (MA) Plan Disenrollment Reasons Survey

**Comments Submitted by
UnitedHealthcare
12/17/19**

UnitedHealthcare (United) is pleased to respond to the Centers for Medicare & Medicaid Services (CMS) request for information regarding the Medicare PDP and MA Plan Disenrollment Reasons Survey (Survey).

We recommend that CMS reduce the number of questions included in the Survey. Currently, consumers are surveyed for just about everything they purchase, leading to “survey burnout.” To request a member to respond to 63 questions regarding why they left a plan only adds to this burnout. We strongly recommend shortening the Survey, which may help to improve the current relatively low response rate of approximately 30%. Additionally, the low number of beneficiaries responding to the Survey does not necessarily represent the overall health plan membership, which may skew a true picture of member experiences with the health plan.

To minimize the length, we recommend that CMS reduce the number of questions the Survey poses. This could be accomplished by eliminating questions that are not related to why the member left the health plan, are duplicative of other surveys, or are leading. Specifically, we recommend removing the following sections:

- Getting information or help from your former health plan;
- Getting health care and the prescription medicines you needed from your former health plan.

In addition, we recommend CMS reduce the numerous questions in the “Reason you left your former health plan.” The reason for disenrollment is usually clear to the member and prompting with multiple questions is not needed. CMS should consider an open-ended type question or a list of reasons for disenrollment aggregated into a single question instead of broken out into separate yes/no questions. This would allow survey respondents to more easily read through a list as opposed to reading several yes/no questions. This may also increase response rates. An example of the language CMS could use is:

Why did you leave your former plan (select all that apply)?

- ☐ I could no longer afford the dollar amount I had to pay to fill/refill a prescription
- ☐ I could no longer afford the dollar amount I had to pay to visit my doctor
- ☐ I could no longer afford the monthly fee (called a premium) I had to pay my former plan
- ☐ I had problems getting the medicines my doctor prescribed
- ☐ It was hard to get information from the plan
- ☐ I had problems getting the care, tests, or treatment I needed
- ☐ I had problems getting my former plan to pay a claim
- ☐ Because health care providers, clinics or hospitals I wanted to go to for care were not covered by the plan
- ☐ Because their staff did not treat me with courtesy and respect

If CMS decides to retain all Survey sections, we believe the “Reasons you left your former health plan” and “Other reasons for leaving your former health plan” sections should immediately follow the “Your former health plan” section. The current layout has sections regarding obtaining information prior to the

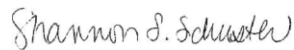
reasons for leaving. This means that members read through 14 questions before reaching the primary purpose of the Survey.

In addition to Survey contents, United has the following recommendations:

- Provide to the plan the member level data of Survey responses to allow plans to perform additional analysis on overlapping reasons. De-identified member level data may be sufficient. With responses targeted at 75 per contract, the aggregated results by question and composite are usually not reliable. However, member level data would allow a more comprehensive analysis of the disenrollment reasons.
- Increase the sample sizes instead of pooling two years to increase number of responses. Depending on plan changes, the reasons for disenrollment can vary from year-to-year so pooling two years of data makes the data unusable.
- Scores should not be case-mix adjusted. Although United scores are provided with and without case-mix adjustment, the industry scores and comparisons to industry are all case-mix adjusted. This can sometimes make it challenging to determine if the reason for disenrollment is actual or adjusted. Since this data is currently for informative purposes, eliminating the case-mix adjustment would be more appropriate. Alternatively, CMS can provide industry scores with and without case-mix adjustment.
- Additional aggregated Survey results should be separated by whether the member stayed within the same parent organization or chose to go to a competitor. We believe these reasons can vary greatly depending on whether they remain in the same parent organization.

If you have any questions on these comments, please feel free to contact me at 920-661-6217.

Respectfully,



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