Supporting Statement, Part B OMB/PRA Submission for Implementation of the Medicare Prescription Drug Plan (PDP) and Medicare Advantage (MA) Plan Disenrollment Reasons Survey

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# **Collection of Information Employing Statistical Methods**

#### 1. Respondent Universe and Sample

# **Objectives and Basic Approach of the Sampling Plan**

The Medicare Prescription Drug Plan (PDP) and Medicare Advantage (MA) Plan Disenrollment Reasons Survey sample of beneficiaries is designed to be representative of the population of beneficiaries who disenroll voluntarily from their PDP or MA contracts during a calendar year.

The survey design is affected by several issues, which are detailed as follows along with the approach used to address each:

- Because the disenrollment reasons and care experiences reported by disenrollees may vary over the course of the year, survey respondents should be representative of the distribution across months of disenrollment from each contract. The distribution between December disenrollees (which includes Annual Election Period (AEP) disenrollees who mainly are not dually eligible (DE) for Medicare and Medicaid) and disenrollees from other months must be taken into account.
  - Approach: The allocation of each contract's sample to December versus other months is based on distributions predicted from disenrollment rates in the same contract in previous years.
- 2. In order to ensure that the reasons for disenrollment are representative of different subgroups of disenrollees, the sample is stratified by dual-eligibility status. Based on analysis of the disenrollment data and survey data, DE is a key characteristic that requires consideration in sampling, given significant differences in the percentage of duals across different contracts, differential response rates between duals and non-duals, and different reasons cited for disenrollment as compared with non-duals.
  - Approach: Sampling is stratified by dual-eligibility status within contracts.
- 3. Each month's sample allocation should be calculated as soon as possible after the month's disenrollment counts become available, so that fielding can proceed with a minimum of recall bias and loss of saliency. Consequently, each month's allocation must be calculated before disenrollment counts from later months are known.
  - Approach: Sample allocations by month are calculated using a model that incorporates disenrollment patterns by stratum from previous years.
- 4. Response and completion rates vary dramatically across sampling strata, reflecting differences by plan type, month, and dual status.
  - Approach: Sampling rates incorporate a factor to partially compensate for predicted nonresponse.

- 5. While the primary purpose of the survey is to assess reasons for disenrollment by contract, the data are also used for estimates for subgroups of Medicare beneficiaries that cut across contracts; variability in weights due to low sampling rates in large contracts may reduce the efficiency of subgroup estimates.
  - Approach: Collect enough sample from all contracts to ensure that a lower bound on effective sample size for subgroup analyses is met.

The sample design strategy for the disenrollment survey is as follows: first, a target sample size for the calendar year is established. The survey contractor estimates models from earlier data to project likely shares of disenrollment in a 2×2 stratification by dual eligibility crossed with December vs. all other non-December months of disenrollment, as well as response rates by contract in each of these cells. Sample is allocated to these 4 cells and then the non-December sample allocations are allocated across the remaining 11 months in proportion to historical disenrollment distributions. The sample allocation in each of these steps is a function of the distribution of disenrollments and variation in predicted rate of completed responses.

CMS will apply a sampling approach that allows us to sample a growing number of contracts each year. The sampling approach supports CMS in meeting its two objectives of generating as many contract-level scores for public reporting and national/regional/subgroup estimates of disenrollment reasons. The sampling approach uses a sampling floor of a minimum of 200 cases per contract to be drawn over the course of the year for contracts that had a minimum of 2,500 disenrollees in the prior year with the goal of generating statistically reliable ( $\geq$ 0.60 reliability) scores for disenrollment reasons measures. CMS, working with its survey contractor, established target response totals at 65 per year for MA contracts and 130 per year for PDP contracts, to achieve adequately reliable contract-level estimates of reasons for disenrollment.

The list of qualifying contracts (i.e., those that meet the disenvolue threshold) will be determined in January each year and will remain fixed for that sampling year. The determination of a contract's disenvolument at the start of each year will be the result of model-based projections of disenvolument that will include disenvolument figures for January of the current sampling year, which is known at the start of the year, with historical disenrollment. Contracts that terminate or consolidate into another contract are dropped from the sampling frame when this information becomes available during the year (typically mid-year); the survey team conducts monthly checks of the CMS plan information file to identify contract terminations and consolidations.

Of the 160,000 total annual sample allocation, approximately 155,000 cases are allocated to specific contracts for adequate precision of contract-level scores for composite measures of reasons for disenrollment. Contracts that are not identified for sampling for the purposes of publicly reporting composite measures will continue to be sampled at a rate to achieve adequate precision for overall national, regional, and subgroup estimates of reasons for disenrollment. Approximately 5,000 cases of the annual sample allocation are reserved for this purpose.

#### 2. Information Collection Procedures

Sample members from each of twelve monthly disenrollment periods (one disenrollment period per month) receive –

- A pre-notification letter (Attachment I) indicating the member would receive a survey in a few days;
- A mailed survey with a cover letter explaining the purpose of the survey (Attachment II) and a postage-paid return envelope;
- A second mailed survey for nonrespondents with a follow-up cover letter (Attachment III) and a postage-paid envelope.

Puerto Rican members will receive Spanish translations of all pre-notification letters, survey cover letters, and surveys. Beneficiaries living on the mainland can request a Spanish-language version of the survey by calling a 1-800 call center help line. For any contract(s) with a significant number of beneficiaries who prefer Chinese language materials, we plan to include copies of both English and Chinese versions of survey materials in each mailing envelope. The prenotification and cover letters will alert all respondents to the English, Spanish, Chinese, and Vietnamese language options available. CMS will add other language options over time.

The survey contractor mails the first-wave survey approximately three days after sending the prenotification letter, and then mails the second survey four weeks after mailing the first-wave survey to any nonrespondents. The average survey fielding time for each monthly disenrollment period is approximately two months, and it occurs as close in time to the point of disenrollment to maximize response rates and reduce recall bias.

## 3. Methods to Maximize Response Rates

An annual response rate of ~22.1% for MA and ~26.7% for PDP is expected, based on recent experience with the disenrollment survey. The survey contractor will employ two mail survey waves to minimize nonresponse and consider other methods (such as sending mailed surveys in multiple languages in the same envelope based on language preferences) if necessary and if project budgets allow.

#### 4. Tests of Procedures or Methods

No tests of procedures or methods will be undertaken as part of this data collection.

# 5. Statistical and Questionnaire Design Consultants

The survey, sampling approach, and data collection procedures were designed by the RAND Corporation under the leadership of –

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