
Measure: C24 - Members Choosing to Leave the Plan

Title	Description
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Label for Stars: Members Choosing to Leave the Plan (more stars are better because it means fewer members choose to leave the plan)

Label for Data: Members Choosing to Leave the Plan (lower percentages are better because that indicates fewer members choose to leave the plan)

Description: Percent of plan members who chose to leave the plan.

Metric: The percent of members who chose to leave the contract comes from disenrollment reason codes in Medicare's enrollment system. The percent is calculated as the number of members who chose to leave the contract between January 1, 2020–December 31, 2020 (numerator) divided by all members enrolled in the contract at any time during 2020 (denominator).

Primary Data Source: MBDSS

Data Source Description: Medicare Beneficiary Database Suite of Systems (MBDSS)

Data Source Category: CMS Administrative Data

Exclusions: Members who involuntarily left their contract due to circumstances beyond their control are removed from the final numerator, specifically:

- Members affected by a contract service area reduction
- Members affected by PBP termination
- Members in PBPs that were granted special enrollment exceptions
- Members affected by PBP service area reductions where there are no PBPs left within the contract that the enrollee is eligible to enroll into
- Members affected by LIS reassignments
- Members who are enrolled in employer group plans
- Members who were passively enrolled into a Demonstration (MMP)
- Contracts with less than 1,000 enrollees
- 1876 Cost contract disenrollments into the transition MA contract (H contract)
- Members who moved out of the service area of the contract from which they disenrolled (based on the member's address as submitted by the plan into which the member enrolled or the member's current SSA address if there is no address submitted by the plan into which the member enrolled) or where the service area of the contract they enrolled into does not intersect with the service area of the contract from which they disenrolled.

General Notes: This measure includes members with a disenrollment effective date between 1/1/2020 and 12/31/2020 who disenrolled from the contract with any one of the following disenrollment reason codes:

- 11 - Voluntary Disenrollment through plan
- 13 - Disenrollment because of enrollment in another Plan
- 14 - Retroactive
- 99 - Other (not supplied by beneficiary).

If all potential members in the numerator meet one or more of the exclusion criteria, the measure result will be "Not enough data available".

The Disenrollment Reasons Survey (DRS) data available in the HPMS plan preview and in the CMS downloadable Master Table, are not used in the calculation of this measure. The DRS data are presented in each of the systems for information purposes only.

Data Time Frame: 01/01/2020 – 12/31/2020

General Trend: Lower is better

Statistical Method: Clustering

Improvement Measure: Included

CAI Usage: Not Included

Case-Mix Adjusted: No

Weighting Category: Patients' Experience and Complaints Measure

Weighting Value: 2

Major Disaster: Higher measure star (2021-2022) for contracts with 25% or more enrolled affected by 2020 disasters.

Meaningful Measure Area: Patient's Experience of Care

NQF #: Not Applicable

Data Display: Percentage with no decimal place

Reporting Requirements:	1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
	Yes	Yes	Yes	Yes	Yes	No	Yes

Cut Points:	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
	> 44 %	> 29 % to <= 44 %	> 16 % to <= 29 %	> 9 % to <= 16 %	<= 9 %