

Appendix Table 1. Mean Disenrollment Rates by Contract Characteristics, 2015-2017

	Disenrollment Rates Mean (SE)
Star Rating	
4-5 Stars	7.6 (5.5)
3-3.5 Stars	12.8 (7)
2-2.5 Stars	21.7 (9.5)
Not Reported	19.8 (19)
Plan Type	
HMO	11.4 (7.8)
PPO	8.6 (5.6)
Tax Status	
For-Profit	8.1 (6.7)
Non-Profit	12.1 (7.4)
Categorical Adjustment Index	
Low	8.1 (5.9)
High	13.3 (7.8)
Enrollment	
<5000	13.3 (9.2)
5000-9999	11.7 (6.8)
10000-19999	9.4 (6.5)
20000+	9.2 (6)
Years	
<5 years	15.1 (8.3)
5-9 years	11.7 (6.4)
10-19 years	9 (6.3)
20+	7.9 (7.2)
SNP	
No	10 (7.1)
Yes	11.5 (7.6)
Study Year	
2015	11.3 (7.6)
2016	10.8 (7.2)
2017	10.2 (7.4)

Appendix Table 2. Association between Medicare Advantage Contract-Level Reason for Disenrollment and Contract Characteristics, 2015-2017

	Problems Getting Needed Care, Coverage, and Cost Information	Problems with Coverage of Doctors and Hospitals	Financial Reasons for Disenrollment	Problems with Prescription Drug Benefits and Coverage	Problems Getting Information about Prescription Drugs
Star Rating (ref: 4-5 Stars)					
3-3.5 Stars	3.35 (2.41,4.30)	3.05 (1.51,4.58)	0.8 (- 0.50,2.11)	0.99 (0.27,1.72)	1.48 (0.80,2.16)
2-2.5 Stars	7.26 (4.89,9.64)	9.06 (5.22,12.90)	1.11 (- 2.15,4.38)	2.83 (1.01,4.65)	3.94 (2.24,5.63)
Plan Type (ref: HMO)	-3.98 (- 5.16,-2.80)	-8.37 (-10.29,- 6.45)	11.19 (9.56,12.82)	-0.06 (- 0.96,0.83)	-1.79 (- 2.63,-0.94)
Tax Status (ref: for-profit)	-3.81 (- 4.75,-2.87)	-4.03 (-5.56,- 2.51)	4.36 (3.06,5.66)	-2.07 (- 2.78,-1.36)	-2.56 (- 3.23,-1.88)
Categorical Adjustment Index (ref: low)	0.93 (- 0.22,2.08)	2.53 (0.67,4.40)	-4.62 (- 6.20,-3.03)	1.67 (0.78,2.56)	0.86 (0.03,1.68)
Enrollment (ref: <5000)					
5000-9999	-1.17 (- 2.60,0.26)	-1.18 (- 3.50,1.13)	-0.44 (- 2.40,1.53)	0.82 (- 0.29,1.93)	-0.74 (- 1.76,0.29)
10000-19999	-2.49 (- 4.02,-0.95)	-1.33 (- 3.81,1.15)	-0.87 (- 2.98,1.24)	-0.12 (- 1.30,1.06)	-1.6 (-2.70,- 0.50)
20000+	-1.67 (- 3.06,-0.29)	-1.06 (- 3.30,1.18)	0.05 (- 1.85,1.95)	0.59 (- 0.48,1.65)	-1.19 (- 2.18,-0.20)
Years (ref: 20+)					
<5 years	-2.77 (- 4.14,-1.39)	-4.72 (-6.94,- 2.49)	2.94 (1.05,4.83)	-0.72 (- 1.79,0.34)	-1.37 (- 2.36,-0.39)
5-9 years	-4.53 (- 5.86,-3.19)	-6.52 (-8.69,- 4.36)	3.67 (1.83,5.51)	-1.46 (- 2.52,-0.41)	-2.38 (- 3.34,-1.42)
10-19 years	-3.41 (- 5.07,-1.75)	-5.59 (-8.28,- 2.91)	7.03 (4.74,9.31)	-1.05 (- 2.34,0.24)	-1.7 (-2.88,- 0.51)
SNP (ref: No)	1.71 (0.65,2.77)	1.15 (- 0.58,2.87)	-2.69 (- 4.15,-1.22)	0.56 (- 0.26,1.38)	2.02 (1.25,2.78)
N	953	954	955	775	938

Note. HMO = health maintenance organization; PPO = preferred provider organization SE = Standard Error; SNP = Special Needs Plan. Coefficients were estimated using a linear regression model.

Appendix Table 3. Survey Items Assessing Reasons for Disenrollment

	Survey Items
<p>Problems Getting Needed Care, Coverage, and Cost Information</p>	<p>(a) Did you leave the plan because you were frustrated by the plan's approval process for care, tests, or treatment? (b) Did you leave the plan because you had problems getting the care, tests, or treatment you needed? (c) Did you leave the plan because you had problems getting the plan to pay a claim? (d) Did you leave the plan because it was hard to get information from the plan -- like which health care services were covered or how much a specific test or treatment would cost?</p>
<p>Problems with Coverage of Doctors and Hospitals</p>	<p>(a) Did you leave the plan because the doctors or other health care providers you wanted to see did not belong to the plan? (b) Did you leave the plan because clinics or hospitals you wanted to go to for care were not covered by the plan?</p>
<p>Financial Reasons for Disenrollment</p>	<p>(a) Did you leave the plan because the monthly fee that the health plan charges to provide coverage for health care and prescription medicines went up? (b) Did you leave the plan because the dollar amount you had to pay each time you filled or refilled a prescription went up? (c) Did you leave the plan because you found a health plan that costs less? (d) Did you leave the plan because a change in your personal finances meant you could no longer afford the plan?</p>
<p>Problems with Prescription Drug Benefits and Coverage</p>	<p>(a) Did you leave the plan because they changed the list of prescription medicines they cover? (b) Did you leave the plan because the plan refused to pay for a medicine your doctor prescribed? (c) Did you leave the plan because you had problems getting the medicines your doctor prescribed? (d) Did you leave the plan because it was difficult to get brand name medicines? (e) Did you leave the plan because you were</p>

	frustrated by the plan's approval process for medicines your doctor prescribed that were not on the plan's list of medicines that the plan covers?
Problems Getting Information about Prescription Drugs	<p>(a) Did you leave the plan because you did not know whom to contact when you had a problem filling or refilling a prescription?</p> <p>(b) Did you leave the plan because it was hard to get information from the plan -- like which prescription medicines were covered or how much a specific medicine would cost?</p> <p>(c) Did you leave the plan because you were unhappy with how the plan handled a question or complaint?</p> <p>(d) Did you leave the plan because you could not get the information or help you needed from the plan?</p> <p>(e) Did you leave the plan because their customer service staff did not treat you with courtesy and respect?</p>

Source: Medicare 2017 Part C & D Display Measure Technical Notes