

Member Churn Prediction Dataset

MCPD v1.0 — Business Glossary

Business Glossary

This glossary defines key business terms used throughout the Member Churn Prediction Dataset (MCPD) to ensure consistent interpretation across analytical, operational, and commercial use cases.

Churn

The voluntary or involuntary disenrollment of a health plan member from their current coverage.

Churn Probability

A model-derived score (0.0000–1.0000) representing the likelihood a member will disenroll within the forecast horizon.

Churn Risk Score

A normalized score (0–100) representing relative churn risk; higher scores indicate greater risk.

CAHPS

Consumer Assessment of Healthcare Providers and Systems — CMS-administered survey measuring member satisfaction across defined domains.

HEDIS

Healthcare Effectiveness Data and Information Set — NCQA-defined quality measures used to evaluate health plan performance.

HCC Risk Score

Hierarchical Condition Category risk score — CMS methodology for predicting member healthcare costs based on diagnoses.

LTV (Lifetime Value)

Estimated total revenue a health plan expects to receive from a member over their enrollment lifetime.

MLR (Medical Loss Ratio)

The ratio of claims costs to premium revenue; federally regulated minimum thresholds apply under the ACA.

PMPM (Per Member Per Month)

A standard health plan cost metric expressing total cost divided by member months.

Risk Adjustment Factor

CMS-calculated multiplier applied to base payment rates to account for member health status.

D-SNP

Dual Eligible Special Needs Plan — Medicare Advantage plan designed for members eligible for both Medicare and Medicaid.

LIS (Low Income Subsidy)

Federal subsidy program that helps Medicare beneficiaries with limited income pay for Part D prescription drug costs.

SDOH

Social Determinants of Health — non-clinical factors such as food insecurity, housing instability, and transportation that affect health outcomes.

NPS (Net Promoter Score)

A member loyalty metric ranging from -100 to +100 based on likelihood to recommend the health plan.

Star Rating

CMS annual quality rating for Medicare Advantage and Part D plans on a 1–5 star scale.

Revenue at Risk

The annual premium revenue that would be lost if a member disenrolls, calculated as $\text{Annual_Premium} \times \text{Churn_Probability}$.

Retention ROI

Return on investment of a retention intervention, calculated as $(\text{LTV} - \text{Cost_To_Retain}) / \text{Cost_To_Retain}$.

Win-Back

A targeted re-enrollment campaign aimed at members who have previously disenrolled from the plan.

Retention Segment

A behavioral classification (Champion, Loyal, At-Risk, Lost Cause, New Member) used to prioritize retention strategies.

Intervention

A targeted action taken by the health plan to prevent member disenrollment, ranging from outreach calls to benefit enhancements.