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March 14, 2021

CMS, Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Attention: CMS-10718/OMB Control Number: 0938-1378
Room C4-26-05
7500 Security Boulevard, Baltimore, Maryland 21244-1850
Submitted via regulations.gov

RE: CMS-10718 (OMB control number: 0938-1378)

Dear Sir or Madam:

I am writing on behalf of AHIP[1] in response to the notice under the Paperwork Reduction Act (PRA) concerning the "Model Medicare Advantage and Medicare Prescription Drug Plan Individual Enrollment Request Form" published by the Centers for Medicare & Medicaid Services (CMS) in the *Federal Register* (87 FR 1752) on January 12, 2022. The draft enrollment request form is of interest to AHIP's member organizations, many of which participate in the Medicare Advantage (MA) and Part D programs.

CMS proposes to make several changes to the model MA and Prescription Drug Plan (PDP) enrollment request form including adding questions and response options on race and ethnicity based on the 2011 Department of Health and Human Services (HHS) Data Collection Standards. The Supporting Statement and the instructions for the enrollment form indicate that beneficiary responses to the race and ethnicity questions would be voluntary. CMS also indicates in the Supporting Statement that the purpose for collection of data on race and ethnicity through the enrollment form is to assist efforts to understand the diversity of the beneficiary populations served by plans. CMS further states the agency intends to require use of the revised enrollment form for the 2023 Open Enrollment Period and aims "to have an approved form by March 31, 2022, to allow plans and third-party vendors at least 6 calendar months to implement systems changes." We have significant concerns about the timeline and our specific comments are below.

AHIP strongly supports CMS' efforts to advance accurate and reliable demographic data collection that allows individuals to share information on a voluntary basis about their race and ethnicity that aligns with how they identify themselves. The collection and analysis of this information will aid plans' efforts to identify and address health care disparities. We also support

[1] AHIP is the national association whose members provide coverage for health care and related services to hundreds of millions of Americans every day, including those enrolled in Medicare Advantage (MA), Medicare Part D, Medicaid, and PACE. Through these offerings, we improve and protect the health and financial security of consumers, families, businesses, communities, and the nation. We are committed to market-based solutions and public-private partnerships that improve affordability, value, access, and well-being for consumers.

CMS' proposal to collect race and ethnicity data directly from beneficiaries. This approach promotes the collection and use of accurate and reliable data.

Extend Implementation Date

If CMS moves forward with finalizing the revised enrollment form, we recommend that CMS delay its required implementation date for one year. The proposed changes to the model MA and PDP enrollment request form are substantive, and we are concerned that plans will not have enough time to operationalize these changes for the 2023 Annual Enrollment Period. CMS acknowledges in the Supporting Statement that plans will need "at least 6 calendar months to implement systems changes" to accommodate the new enrollment form after it has been finalized and released. If CMS moves forward with adopting the proposed changes to the enrollment form, we ask CMS to provide plans with flexibility to adopt and use the revised form at a later date such as for the 2024 Annual Enrollment Period.

We also recommend that prior to finalizing the proposal to add questions and response options on race and ethnicity, CMS should spend more time engaging with stakeholders to develop and field test the revised enrollment form to identify ways to improve the instructions, questions, and response options to maximize beneficiary response rates.

Additional Recommendations for Consideration

We support the response options on race and ethnicity as proposed for the initial form. We also support CMS' proposal to allow beneficiaries to complete the race and ethnicity questions on a voluntary basis and the inclusion of the response option "I choose not to answer." CMS should also consider improving the instructional language for the new questions on race and ethnicity to maximize beneficiary response rates. For example, the instruction could be revised to read, "Answering these questions is your choice. Your coverage will not be impacted by your response."

CMS should also consider more granular response options in future proposals for public comment. For example, CMS should consider proposing the addition of "Arab, Middle Eastern, North African" and "I only identify as Hispanic/LatinX" as response options to the question on race. These additions could help reduce the number of responses stating "other", making the data more actionable. This has been recommended by the Census Bureau to improve accuracy and completeness of demographic data.[2]

We also encourage CMS to work with stakeholders to standardize these types of data collection across programs. AHIP's Health Equity Workgroup composed of member health plans has developed recommended evidence-based and stakeholder-driven demographic data standards for sociodemographic data elements with the intention of voluntary standardization of these data elements at a high-level across the insurance industry while allowing for local granularization. We would be happy to share this work with CMS for consideration and to support efforts on data standardization across the health care industry to promote interoperability and greater apples to apples comparisons across systems.

[2] https://www2.census.gov/about/training-workshops/2020/2020-02-19-pop-presentation.pdf

Finally, we recommend CMS align data collection efforts on race and ethnicity via the enrollment form across federal programs. Such an approach would also increase transparency on beneficiary sociodemographic characteristics, including race and ethnicity under Original Medicare and enable comparisons between MA and Original Medicare serving beneficiaries with similar characteristics.

We look forward to engaging with CMS, plans, and other stakeholders to identify additional improvements to ensure that the enrollment questions are appropriate and reliable. We appreciate the opportunity to comment. Please contact me if additional information would be helpful or if you have questions about the issues raised in this letter. I can be reached at (202) 778-3256 or mhamelburg@ahip.org.

Sincerely,

Mark Hamelburg
Senior Vice President, Federal Programs