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Submitted via email: http://www.regulations.gov

March 14, 2022

Office of Strategic Operations and Regulatory Affairs
Centers for Medicare & Medicaid Services (CMS)
7500 Security Boulevard
Baltimore, MD 21244

Re: Comments Regarding Model Medicare Advantage (MA) and Medicare Prescription Drug Plan (PDP) Individual Enrollment Request (CMS-10718)

Dear Office of Strategic Operations and Regulatory Affairs:

Anthem, Inc. (Anthem) appreciates the opportunity to provide comments on the Medicare Advantage (MA) and Medicare Prescription Drug Plan (PDP) model enrollment form information collection, as outlined by *Federal Register* notice, dated January 12, 2022.

We applaud the Centers for Medicare & Medicaid Services (CMS) for its intent to improve health equity through self-reported race and ethnicity data collection in Medicare Parts C and D, and support CMS' stated goal of moving toward collecting race and ethnicity data from all Medicare beneficiaries. Below are our recommendations to ensure successful implementation of this model enrollment form. We also encourage CMS to collect this information more broadly across additional programs, including Medicare Fee-for-Service (FFS) and Exchanges.

I.   **MA and PDP Model Enrollment Form Comments:**

Improve Race, Ethnicity, and Language Data Collection in MA

Anthem supports the collection of race, ethnicity, and language data to the greatest extent possible by MA plans, including through the use of the model enrollment form. We also support continued discussions to advance and align standards for this data collection, including use of the United States Core Data for Interoperability (USCDI). Version 1 sets the mandated minimum data exchange for entities regulated by the CMS and ONC interoperability rules, and includes race and ethnicity, among other patient demographics. We are encouraged by the ongoing iterations and updates to the USCDI to increase standardized data exchange and recommend the model enrollment form align with these data standards.

We support CMS utilizing the proposed race and ethnicity categories, which are compliant with the 2011 U.S. Department of Health and Human Services (HHS) Data Collection Standards, on the MA and Part D model enrollment form to support the 2023 Open Enrollment Period. We also thank CMS for providing the form at least six calendar months in advance to support implementation.

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We also strongly urge HHS and the Office of Management and Budget (OMB) to implement a diverse multi-stakeholder process to improve data collection of race, ethnicity, and language data. This process would offer stakeholders an opportunity to weigh in on refinements, where appropriate, to race and ethnicity categories beyond the current standards. By engaging in this process and continuing to refine the granularity of this data, consumers will ultimately be able to more accurately and voluntarily report how they identify. CMS states (in supporting documentation for this comment opportunity) that data gathered from these enrollment forms will be used by the agency to conduct focus groups to identify drivers of nonresponse, which we support – and we request that CMS share the outcomes of these focus groups for transparency, so that plans can learn from these results as well. Lastly, we recommend any refinements be incorporated into the model enrollment form for use during the 2024 Open Enrollment Period and beyond.

II.   Race and Ethnicity Data Collection Across Programs:

Extend Race and Ethnicity Data Collection to Medicare FFS and Exchanges

In addition to our support for the collection of race, ethnicity, and language data in Medicare Parts C and D, we strongly recommend CMS develop a model enrollment form, or augment current enrollment data collection, for Medicare FFS and Exchange plans, in order to improve standardized data collection and health equity.

For MA, Part D, and Medicare FFS, we recommend making the data standards interoperable so that data can be more easily shared between plans and FFS. Data should be collected using uniform standards and reported to trusted parties (for example, health insurance provider, healthcare provider) through interoperable data systems.

For each of these programs, self-reported data is the gold standard, with beneficiaries understanding the purposes of the data collection and the use of the data, and all stakeholders acting collaboratively to mitigate harmful bias and improve care.

<p style="text-align:center">***</p>

Anthem appreciates this opportunity to provide comments on the model MA and PDP enrollment forms. Should you have any questions or wish to discuss our comments further, please contact Lisa Watkins at (202) 450-8132 or Lisa.Watkins2@anthem.com.

Sincerely,

Elizabeth P. Hall

Anthem is a leading health company dedicated to improving lives and communities, and making healthcare simpler. Through its affiliated companies, Anthem serves more than 118 million people, including more than 45 million within its family of health plans. Delivering health beyond healthcare, Anthem is expanding from being a partner in health benefits to a lifetime, trusted health partner. For more information, please visit www.antheminc.com or follow @AnthemInc on Twitter.