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VIA ELECTRONIC SUBMISSION: <http://regulations.gov>

March 08, 2022

Meena Seshamani, MD, Ph.D.
Principal Deputy Administrator and Director
Center for Medicare

William N. Parham, III
Director, Paperwork Reduction Staff
Office of Strategic Operations and Regulatory Affairs

Department of Health & Human Services (HHS)
Centers for Medicare & Medicaid Services (CMS)
7500 Security Boulevard
Baltimore, MD 21244

Re: CMS-10718 - SCAN Health Plan Comments on Race and Ethnicity Data Collection Pilot

Dear Deputy Administrator Seshamani and Director Parham:

SCAN Health Plan (SCAN)¹ appreciates the opportunity to comment on CMS' pilot to collect race and ethnicity data on Medicare Part C and D enrollment forms. Collecting this data standardizes the data collection process and enables CMS and health plans to better address health disparities. The collection of ethnicity data that includes country of origin, especially for Black (e.g., Caribbean, African American); Asian (e.g., Japanese, Chinese, Vietnamese); and Hispanic (e.g., Mexican, Venezuelan, Cuban) Medicare beneficiaries, will allow plans to better identify health trends that affect some of these populations and build culturally competent interventions to address disparities. This data collection strategy is also currently used by the U.S. Census.

In addition, SCAN believes that comprehensive categories and the ability to select multiple races and ethnicities will increase the accuracy and completeness of the data. We would, however, appreciate further clarity on how the health equity data for beneficiaries who select multiple races or ethnicities will be counted and how that data will be used. This information will help us to align our data with CMS' methodologies.

Lastly, SCAN encourages CMS to expand data collection to include sexual orientation and gender identity (SOGI) data. SOGI questions are not asked on most national or State surveys, making it difficult to estimate the number of LGBTQIA+ individuals and their health needs. Collecting SOGI data, as well as race and ethnicity data, is an essential step in identifying and addressing health disparities for all. According to Healthy People 2020, collecting SOGI information is necessary to document, understand,

¹ SCAN Health Plan, one of the nation's foremost not-for-profit MA plans, serves more than 270,000 members in California. SCAN Desert Health Plan and SCAN Health Plan (Nevada) also provide MA coverage to people in Arizona and Nevada. Independence at Home, a SCAN community service, provides vitally needed services and support to seniors and their caregivers regardless of plan membership. SCAN is proud to have earned a 4.5-star rating on a five-point scale from the CMS in each of the last five years and named one of the best insurance companies for MA in California by U.S. News and World Report for the fourth straight year. More information is available at <https://www.scanhealthplan.com/>.

and address factors that contribute to health disparities in the LGBTQIA+ community.² Additionally, the Joint Commission recommends that health care entities collect SOGI data to identify inequities, address disparities, and modify services, programs, or initiatives to meet patient population needs.³ In 2021, SCAN began collecting member SOGI data to better inform appropriate care and interventions. We are happy to share additional information as SCAN's efforts to use this data to address health disparities evolve.

SCAN looks forward to the results of the pilot and full implementation. Please contact me at egelb@scanhealthplan.com, if we can provide assistance in any way.

Thank you again for your commitment to improving health equity for all Americans.

Sincerely,



Eve Gelb, MPH
Senior Vice President of Health Care Services
SCAN Health Plan

² “Lesbian, Gay, Bisexual, and Transgender Health.” *Lesbian, Gay, Bisexual, and Transgender Health | Healthy People 2020*, Healthy People 2020, <https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health>.

³ *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community*. The Joint Commission, https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/health-equity/lgbtfieldguide_web_linked_verpdf.pdf?db=web&hash=FD725DC02CFE6E4F21A35EBD839BBE97&hash=FD725DC02CFE6E4F21A35EBD839BBE97.