

June 6, 2022

OMB Desk Officer

Submitted via www.reginfo.gov/public/do/PRAMain

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

Dear Sir or Madam:

I am writing on behalf of AHIP¹ 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 26759) on May 5, 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.

For this second comment opportunity, CMS continues to propose 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 plans “to move the release date of the new model MA and Part D enrollment form to January 1, 2023 to allow plans adequate time to implement systems changes.”

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

Extension of Implementation Deadline

We appreciate CMS’ acknowledgement of AHIP’s previous recommendation that plans should be provided with sufficient lead time to operationalize changes to the enrollment request form.

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.

Based on feedback from commenters, CMS proposes to delay the implementation date for the revised enrollment request form from the 2023 Annual Enrollment Period (AEP) beginning October 2022 to the 2023 Open Enrollment Period (OEP) beginning January 1, 2023. While we support the extension of the implementation date, we continue to recommend that implementation be further delayed until the October 2023 AEP. The proposed changes to the model MA and PDP enrollment request form are substantive and the forms will likely not be finalized for some time after the June 6 comment deadline, which will give plans less than 6 calendar months. CMS indicates in the Supporting Statement it intends to give plans this amount of time to implement system changes to operationalize the form once it is finalized and released. We therefore continue to recommend CMS provide plans with flexibility to adopt and use the revised form at a later date, such as the October 2023 AEP.

Additional Recommendations for Consideration

We reiterate our support for CMS' proposals to add response options on race and ethnicity to the enrollment request form; 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." We understand that CMS did not make substantive changes to the proposed form from the 60-day PRA. As such, we continue to recommend the following improvements:

- Improvements to Instructional Language. CMS should 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."
- More Response Options. 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
- Data Collection Standards. Additionally, we 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.
- Alignment of Data Collection Efforts. We also 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

² [Collecting and Tabulating Ethnicity and Race Responses in the 2020 Census](#)

characteristics, including race and ethnicity under Original Medicare and enable comparisons between MA and Original Medicare serving beneficiaries with similar characteristics.

- Engagement with Stakeholders. We welcome the opportunity to continue to engage with CMS and other stakeholders to identify more ways to improve the enrollment request form's instructions, questions, and response options to maximize beneficiary response rates.

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