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November 28, 2023

Centers for Medicare & Medicaid Services
Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development
Room C4-26-05
7500 Security Boulevard
Baltimore, Maryland 21244-1850

RE: CMS-10718 (OMB control number: 0938-0832)

AHIP appreciates the opportunity to provide comments on 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* (88 FR 67298) on September 29, 2023. AHIP is the national association whose members provide health care coverage, services, and solutions to hundreds of millions of Americans every day. We are committed to making health care better and coverage more affordable and accessible for everyone.¹ Thank you for the opportunity to provide comments and feedback.

For this comment opportunity, CMS proposes to make several changes to the model Medicare Advantage (MA) and Prescription Drug Plan (PDP) enrollment request form, including integrating sexual orientation and gender identity (SOGI) demographic data questions into the enrollment form. CMS states in its Supporting Statement that “collecting data about the LGBTQI+ population will allow CMS to better identify and address the community’s needs in terms of health care access, outreach, and protections against discrimination.” CMS further indicates the addition of these questions will align the MA and PDP enrollment form with CMS’ Federally-Facilitated Marketplace application.

AHIP strongly supports the proposal. The collection and analysis of this information will aid health insurance providers’ efforts to identify and address health care disparities. Collecting this data directly from beneficiaries but having the response be voluntary promotes data accuracy while ensuring it is done in a patient-centered and sensitive way that allows beneficiaries to disclose personal information based on their comfort levels. In this regard, we recommend that CMS consider improving the instructional language for the new questions on sexual orientation and gender to maximize beneficiary response rates. For example, the instruction on the enrollment form could be revised to read, “Answering these questions is your choice. Your coverage will not be impacted by your response.”

We also have the following comments and recommendations for CMS’ consideration to further improve the accuracy of the data collected through the MA and PDP enrollment form.

- **Recommendations on Response Choices and Terminology.** We recommend CMS include the term “heterosexual” as opposed to solely using the term “straight.” Some

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individuals may find the term “straight” belittling as it may imply other sexual orientations are wrong. We suggest that the terms used in the enrollment form should not be defined as what they “are not.”

- **Recommendations on Stakeholder Engagement and Alignment.** We encourage CMS to work with stakeholders to standardize response choices and terminology in enrollment forms across federal programs, gather buy-in and update certain terminology to align with approaches being used in comparable health-related data collection efforts. AHIP’s Health Equity Workgroup composed of member health insurance providers has developed recommended evidence-based and stakeholder-driven demographic data standards for sociodemographic data elements (including SOGI data)² 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 welcome the opportunity to engage with CMS about our recommendations on data standards and aligning demographic data standards across federal programs to promote interoperability and greater apples to apples comparisons across systems.³

In addition to wide stakeholder engagement, we reiterate our previous recommendation that CMS harmonize all demographic elements with other federal data initiatives such as USCDI, which we believe is critical for advancing interoperable data elements and facilitating interoperable health information exchange.

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

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 mhanelburg@ahip.org.

Sincerely,



Mark Hamelburg
Senior Vice President, Federal Programs

² <https://www.ahip.org/resources/ahip-letter-on-demographic-data-standards>

³ Id.