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November 28, 2023

William N. Parham, III  
Director, Paperwork Reduction Staff  
Office of Strategic Operations and Regulatory Affairs  
Centers for Medicare and Medicaid Services  
7500 Security Boulevard  
Baltimore, Maryland 21244

RE: Model Medicare Advantage and Medicare Prescription Drug Plan Individual Enrollment Request Form (CMS–10718)

Dear Mr. Parham:

This letter is in response to the Centers for Medicare and Medicaid Services (CMS) agency information collection notice on the Model Medicare Advantage and Medicare Prescription Drug Plan Individual Enrollment Request Form (CMS-10718), as issued on September 29, 2023.

Humana Inc., headquartered in Louisville, Kentucky, is a leading health care company that offers a wide range of insurance products and health and wellness services that incorporate an integrated approach to lifelong well-being. Humana currently serves approximately 5.1 million beneficiaries enrolled in our Medicare Advantage (MA) plans and 3.5 million beneficiaries enrolled in our Medicare Part D Prescription Drug Plans (PDPs). As one of the nation's top contractors for MA, we are distinguished by our long-standing, comprehensive commitment to Medicare beneficiaries across the United States. These beneficiaries – a large proportion of whom depend upon the MA program as their safety net and many in underserved areas – receive integrated, coordinated, quality, and affordable care through our plans. Our perspective is further shaped by the comprehensive medical coverage we provide for Medicaid beneficiaries in seven states. Additionally, Humana's successful history in care delivery and health plan administration is helping to create a new kind of integrated care with the power to improve health and well-being and lower costs.

#### Model Individual Enrollment Request Form – Section 2

CMS proposes to modify the Medicare Advantage and Part D individual enrollment form to include questions on sex (a new question separate from the one currently found in Section 1), gender, and sexual orientation of prospective enrollees. This is in addition to the questions on race and ethnicity that were added to the form for plan year 2023. While these questions will be optional for enrollees, CMS will require plans to include the questions on the enrollment form.

**Humana Comments:** Humana supports CMS's goal of collecting sexual orientation and gender identity (SOGI) data from Medicare beneficiaries to better identify and address the LGBTQI+

population's health care access and outreach needs as well as protections against discrimination. Nevertheless, we recommend that CMS consider delaying this update to plan year 2026 due to the numerous additions made to the form for 2023 (collecting race and ethnicity data) as well as the 2025 requirement that Medicare Advantage organizations and Part D sponsors incorporate the ability to opt into the Medicare Prescription Payment Plan as part of the plan enrollment process (70.3.1 "Format of Election Requests" – CMS Memo issued 8/21/23 "Maximum Monthly Cap on Cost-Sharing Payments Under Prescription Drug Plans: Draft Part One Guidance on Select Topics, Implementation of Section 1860D-2 of the Social Security Act for 2025, and Solicitation of Comments"). Per the previously released "Timeline: Medicare Prescription Plan Implementation," CMS does not expect to publish the finalized part one of the guidance until early 2024. There has been no specific mention of updates to the model enrollment form, but those are to be expected in order for plans to implement this guidance.

These two additions (the SOGI questions and the Prescription Payment Plan implementation) would be a significant undertaking for plans to launch in a single year. In order for Humana and other Medicare Advantage and Part D sponsors to comply with the proposed changes to the Model Individual Enrollment Request Form and submit the collected SOGI data to CMS, updates will be required to add new fields to plan transmission files, as the current record layout for enrollment transmissions does not include fields related to the proposed SOGI questions. By our estimate, this IT work could take at least six months and possibly longer. CMS would also need to provide an updated record layout and a technical changes memo to advise plans of the new submission requirements, should these changes to the model be adopted and we request that CMS provide plans with a timeline for these expected changes as soon as possible. The delay in publishing the technical guidance for the additions of the race and ethnicity questions (in July 2022) resulted in plans having to put temporary, short-term solutions in place in advance of 2023 enrollments, as there was not enough time for full project implementation. Our recommendation to implement the addition of the SOGI questions in 2026 would allow for CMS to provide technical guidance in a timely manner and for Medicare Advantage organizations and Part D plans to be fully prepared to collect this information.

Additionally, we recommend introducing each new part of the enrollment form in separate years (2025 for the Prescription Payment Plan and 2026 for the SOGI data) so that both enrollees and those who assist enrollees (e.g., sales agents and SHIP counselors) can become acclimated to the changes in a more gradual manner.

If CMS decides to implement the SOGI updates in 2025, we request that CMS review each question from Section 2 to determine if it is necessary to collect a specific response via a blank space where an enrollee can choose "Other" or "I use a different term" as an option. If the response provided in the blank space will not be part of the transmission file to CMS, then it is unnecessary and a response of "Other" or "I use a different term" should be sufficient.

We value this opportunity to provide comments and are pleased to answer any questions you may have with respect to these comments. We hope that you consider our comments as constructive feedback aimed at ensuring that together we continue to advance our shared goals of improving the delivery of coverage and services in a sustainable, affordable manner to Medicare beneficiaries, focused on improving their total health care experience.

Sincerely,

A handwritten signature in black ink, appearing to read 'Michael Hoak', written in a cursive style.

Michael Hoak  
Vice President, Public Policy