Comments about the 2025 MA-PD enrollment application:

- In Section 1 (the "required to answer" section), it asks for the enrollee to indicate their "Sex: ___ Male ___Female".

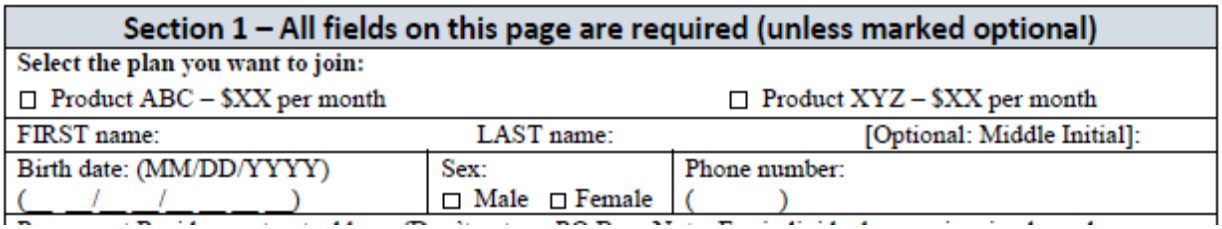
  It is asked again in the two new questions added to Section 2 ("optional to answer" section).

  Is it required to be answered in both Sections? Or, can we remove it from Section 1.

  If needed in both, shouldn't the questions read the same? Is the question in Section 1 asking "What was their sex assigned at birth?" or "What is their gender identity now?"

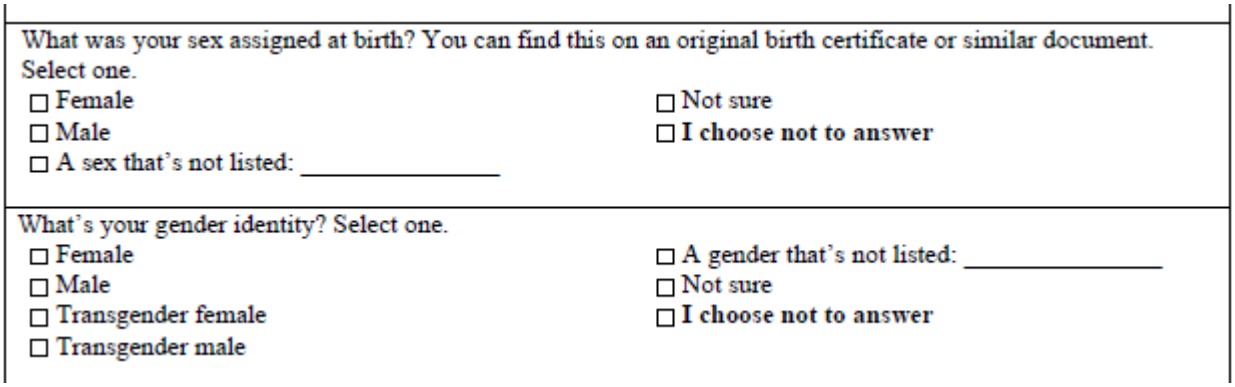
  It is confusing/duplicative and unclear related to what information is being asked for.

From Section 1 (required to answer):



Section 1 – All fields on this page are required (unless marked optional)		
Select the plan you want to join: ☐ Product ABC – $XX per month ☐ Product XYZ – $XX per month		
FIRST name: LAST name:		[Optional: Middle Initial]:
Birth date: (MM/DD/YYYY) (__ __/__ __/__ __ __ __)	Sex: ☐ Male ☐ Female	Phone number: ( )

From Section 2 (optional to answer):



What was your sex assigned at birth? You can find this on an original birth certificate or similar document.
Select one.

☐ Female
☐ Male
☐ A sex that's not listed: _____
☐ Not sure
☐ **I choose not to answer**

What's your gender identity? Select one.

☐ Female
☐ Male
☐ Transgender female
☐ Transgender male
☐ A gender that's not listed: _____
☐ Not sure
☐ **I choose not to answer**

- To the following question "What's your race?" in Section 2, we often have enrollees respond as follows:
  - Human

- American
- What does it matter
- What are you going to do with that information
- Why are you asking that?
- Two suggested edits:
  - Add some detail on the "why" at the top of the section such as "Medicare prioritizes the integration of the following questions on enrollment forms. Collecting this data will allow Medicare to better identify and address the communities needs in terms of health care access, outreach and protections against discrimination. Answering these questions is your choice. You can't be denied coverage because you don't fill them out".
  - Change "White" to "White/Caucasian"

What's your race? Select all that apply.

☐ American Indian or Alaska Native

Asian:

☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian

☐ Black or African American

Native Hawaiian and Pacific Islander:

☐ Guamanian or Chamorro
☐ Native Hawaiian
☐ Samoan
☐ Other Pacific Islander

☐ White

☐ **I choose not to answer.**

- Related to the two ethnicity questions added to the 2024 form and additional ethnicity questions added to the 2025 form, many people want to know why we are asking?

  Couple options:

  - Ask the following questions at the time they <u>first apply for Medicare</u> and remove it from this form. They may change Medicare plans multiple times and have to answer all these questions each time:
    - Are you Hispanic, Latino/a, or Spanish origin?
    - What's your race?
    - What was your sex assigned at birth?
    - What's your gender identity?
    - What's your sexual orientation?
  - If not willing to remove them:
    - Add some detail on the "why" at the top of the section such as "Medicare prioritizes the integration of the following questions on enrollment

forms. Collecting this data will allow Medicare to better identify and address the communities needs in terms of health care access, outreach and protections against discrimination. Answering these questions is your choice. You can't be denied coverage because you don't fill them out".

- For the following question "What was your sex assigned at birth?", we don't feel the additional description "You can find this on an original birth certificate or similar document" is necessary. Also, we feel "Not sure" could be removed. People who aren't sure could note that after "A sex ~~that's~~ not listed" (also remove the word "that's" throughout as it is not needed).

What was your sex assigned at birth? You can find this on an original birth certificate or similar document. Select one.

☐ Female
☐ Male
☐ A sex that's not listed: _____
☐ Not sure
☐ **I choose not to answer**

- For the following question "What's your sexual orientation?", we feel "heterosexual" should be added after "Straight" to read "Straight/heterosexual" as "straight" is a slang word:

What's your sexual orientation? Select one.

☐ Lesbian or gay
☐ Straight
☐ Bisexual
☐ A sexual orientation that's not listed: _____
☐ Not sure
☐ **I choose not to answer**

- If an enrollee indicates they "Want us to send information in an accessible format", what is the expectation? Meaning, is all information sent to that member required to be in that format? Are some materials still required to be mailed to them?

Select one if you want us to send you information in an accessible format.

☐ Braille ☐ Large print ☐ Audio CD ☐ Data CD

- If an enrollee indicates "I want to get the following materials via email". What materials are expected to be available by email? Some materials are large and difficult

to send via email, but if requested, what is the expectation? Are some materials still required to be mailed vs emailed? If these are all available via our website, are still required to email them?

I want to get the following materials via email. Select one or more. ☐ [*Plans may list those types or categories of materials that are available for electronic delivery]* E-mail address:

- Would it be possible to combine "other languages", "accessible formats" and "email" into one question as follows:

  Do you want us to send you information in a language other than English or in an accessible/other format? If yes, please select:

  - ☐ Spanish
  - ☐ Braille
  - ☐ Large print
  - ☐ Audio CD
  - ☐ Data CD
  - ☐ Email
  - ☐ Other: _____

  Plan materials are available on ucare.org/member-documents

  Please contact UCare at 1-877-523-1518 if you need information in a format other than what's listed above. Our office hours are 8 am – 8 pm, Monday – Friday. TTY users call 1-800-688-2534.

- Is this question only required to be on an enrollment form if notified by CMS that we meet/exceed the threshold for that language? If we don't meet any the threshold for any language, can we remove it? If we can't and yet it is still required for all, what languages are required in our service area if no thresholds are met?

Select one if you want us to send you information in a language other than English. *[☐ Plans insert the languages required in your service area.]*

- What is the purpose of these questions? What if they retired from their permanent position and have a very part time job (e.g., bus driver twice a week)? Should they answer yes or no? If still needed, need more clarification on how to answer.

Do you work? ☐ Yes ☐ No	Does your spouse work? ☐ Yes ☐ No

- The length of this enrollment form can be overwhelming to some. Would we be allowed to shorten question from:
    - I was affected by an emergency or major disaster as declared by the Federal Emergency Management Agency (FEMA) or by a federal, state or local government entity, and one of the other previous statements applied to me at that time, but I was unable to make my enrollment request at that time because of the disaster.

  To:

  I was affected by an emergency or major disaster as declared by a government entity and one of the previous statements applied but I was unable to make my request at that time.