

We appreciate the opportunity to review and comment on the proposed 2021 MA PDP Shortened Enrollment Form. Below are our comments and suggestions for the form:

- We recommend adding a space for SSN for individuals with both Medicare and Medicaid. The SSN helps D-SNP plans confirm Medicaid coverage and eligibility
- We recommend changing the optional field titled “Electronic Delivery of Plan Specific Materials” to something more general like “Member Preference” and then adding text that would allow a plan to list information on how it will ask for express consent to call, text, or email a member.
- The question on if the applicant lives in a facility was removed. We recommend restoring this question to help plans determine if the address provided is where the member lives at the time of the application.
- We recommend keeping the Medicare A & B effective dates to help members and plans identify those members that are eligible to apply and those that are not eligible.
- We also recommend adding a place for witness signature for those applicants that are unable to sign their name.

Thank you,



January 17, 2020

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

**Attention: CMS-10718 (OMB No.: 0938-NEW)**

Dear Sir or Madam:

I am writing on behalf of America's Health Insurance Plans (AHIP) 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* (84 FR 63655) on November 18, 2019. The draft enrollment form is of significant interest to AHIP's member organizations, many of which participate in the Medicare Advantage and Part D programs.

CMS is proposing to shorten the current standard ("long") version of the enrollment request form. In the Supporting Statement, CMS explains that its proposed changes to the current form are intended to make the form more "beneficiary-focused" and to "simplify the enrollment process." We appreciate and support CMS' efforts to reduce beneficiary burdens. However, we believe CMS should allow plans more flexibility to modify this model form and we have identified some areas where clarity could be improved.

We understand that CMS permits modification to the model enrollment form, as indicated in the enrollment and marketing guidance. Consistent with that flexibility, we recommend that CMS include placeholders for optional language in the model form that allow plans to include their plan name, logo, or contact information, specifically in the application instructions page. Furthermore, plans should be allowed to add additional questions to the application form, such as effective coverage date, to assist with the enrollment process.

Some new language in the form may be confusing to beneficiaries. For example, both the instructions page and last page of the enrollment form reference a mandatory addendum that plans are required to include as part of the application but is optional for beneficiaries to complete. The inclusion of the term "mandatory" if completion of a section of the application is voluntary may be confusing to beneficiaries. If CMS intends to provide separate instructions to plans, we recommend that the agency incorporate the mandatory language in those instructions to promote clarity.

Our member plans also have a number of specific recommendations for improving the enrollment form for clarity and other purposes. We recommend that CMS fully consider our member plans' comments. 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](mailto:mhamelburg@ahip.org).

Sincerely,

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

Mark Hamelburg  
Senior Vice President, Federal Programs



Anthony Mader  
Vice President, Public Policy  
Anthem, Inc.  
1121 L Street  
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(916) 403-0522

Submitted via Federal e-Rulemaking Portal: <http://www.regulations.gov>

January 15, 2020

Centers for Medicare & Medicaid Services  
Office of Strategic Operations and Regulatory Affairs,  
Division of Regulations Development, Room C4-26-05,  
Attention: Document Identifier/OMB Control Number 0938-New,  
7500 Security Boulevard, Baltimore, Maryland 21244-1850

**Re: Model Medicare Advantage and Medicare Prescription Drug Plan Individual Enrollment Request Form**

Dear CMS Desk Officer:

Anthem, Inc. (Anthem) appreciates the opportunity to provide comments on the proposed model Medicare Advantage (MA) and Prescription Drug Plan (PDP) individual enrollment request form, as outlined by *Federal Register* notice dated November 21, 2019.

Anthem is a leading health benefits company dedicated to improving lives and communities, and making healthcare simpler. Through its affiliated companies, Anthem serves more than 77 million people, including over 40 million within its family of health plans. We aim to be the most innovative, valuable and inclusive partner. As one of the nation's leading health benefits companies, Anthem appreciates its partnership with the Centers for Medicare & Medicaid Services (CMS) to serve beneficiaries.

Anthem and its subsidiary health plans are committed to simplifying the enrollment process for Medicare beneficiaries. We have the following recommendations, questions, and clarifications related to the shortened "Application for Enrollment in Medicare Part C (Medicare Advantage Plan) or Part D (Medicare Prescription Drug Plan)" (the Application).

**Request for Flexibility in Branding Application Instructions**

We request the flexibility to add the name of the health plan to the Application instructions page to avoid confusion. Currently, it is unclear which MA or Part D plan a consumer would enroll in upon approval of their Application. Therefore, we recommend the addition of branding to ensure the applicant has a clear understanding of which health plan they are applying to enroll. The instructions

page should also allow health plans to add information on where to mail the Application, as well as information on how to enroll by phone or online, in lieu of a paper form.

### **Request for Addition of Enrollment Period Section**

We would like to better understand how the health plan will know which enrollment period type the beneficiary is utilizing. Will the health plan continue to capture and validate the enrollment period? If the health plan must validate the information, we request the addition of an enrollment period section in the Application. Currently, page one of the form reads, “Use this form: If you are newly eligible for Medicare or otherwise have a valid election period to enroll in either a Medicare Advantage plan OR Prescription Drug Plan.” Given that applicants can qualify for different election periods, we request the addition of a section to capture which enrollment period is being used.

### **Request for Beneficiary-Friendly Language**

Enrolling in Medicare is a complex decision. We recommend CMS utilize beneficiary-friendly language in the Application. For example, we are concerned about the “What’s included with the enrollment form?” section of the Instructions page, which currently states “We have mandatory addenda (to be part of the Application), which are optional for the beneficiary to complete; and optional addenda which are optional for the plan to include and the beneficiary to complete.” The sentence as currently written is unclear, and the word “addenda” is overly complex. We support the use of simplified beneficiary-friendly language throughout the document.

### **Accommodation for \$0-Premium Plans Requested**

We request the addition of language to the Application instructions to accommodate \$0-premium plans. In the “Things to Remember?” section on page one, the third bullet states, “Your plan will bill you.” We request the addition of “if applicable” because many MA plans have no premiums. The updated third bullet would read, “Your plan will bill you, if applicable”.

We also support the addition of explanatory language on page one, in the second sentence of the third bullet, to educate applicants about automatic premium deductions from Social Security and Railroad Retirement Payments. The sentence currently reads, “You can choose to sign up to have your premium payments deducted from your bank account.” CMS should consider adding user-friendly information that is similar to the Social Security Handbook, which reads “Medicare Part B premiums must be deducted from Social Security benefits if the monthly benefit covers the deduction. If the monthly benefit does not cover the full deduction, the beneficiary is billed.”

### **Consideration of Health Plans as a Resource**

We request that CMS consider allowing health plans to add their own contact information as a resource for applicants with questions. The Application form includes a “What Happens Next” section that

instructs applicants to “call MEDICARE at 1-800-633-4227.” We recommend that the health plan, and the applicants’ agent or broker, are listed as a reference to contact for questions or concerns. The next section also instructs applicants on how to obtain help with the Application. We recommend the addition of references to the health plan in the “How to Do You Get Help with This Application?” section.

#### **Request for Clarification on Medicare Number**

We request CMS clarify the Medicare Insurance information collected on the Application. The second page of the application requests the applicant’s Medicare insurance information, but only the “Medicare Number.” Please confirm that we will not need to obtain the name used on the Medicare card, or the beneficiary’s Part A/B effective dates.

#### **Addition of Plan Effective Date Requested**

We request the addition of the date the applicant would like the MA or Part D coverage to be effective on the Application. Currently, the second page of the Application contains a place for applicants “Signature” and “Today’s Date.” We request the addition of a place for applicants to record their desired plan effective date as it is critical to inform the health plan of the specific date they may be coming off their group health coverage.

#### **Request for Specificity of available Language Format Options**

CMS should allow health plans to provide spoken and written language options for applicants. Page three of the Application states, “provide language or accessible format preference[s].” The section also states, “...if you need information in an accessible format or language other than what is listed above.” However, no specific languages are listed above. We request the ability to replace the blank spaces for “Preferred spoken language” and “Preferred written language” with a list of languages with corresponding check boxes that each applicant can select.

#### **Request for Addition of Current Patient of Primary Care Physician (PCP) question**

It is important that health plans understand applicants eligibility for physicians closed to new patients. On page three, applicants are asked to “choose the name of a Primary Care Physician (PCP), clinic or health center.” We request the addition of a question about whether the applicant is a current patient of the PCP.

#### **Request for Clarification on Capturing Applicants’ Premium Payment Selections**

We encourage CMS to clarify how health plans will obtain applicants’ premium payment option. The Application enables health plans to insert information describing “Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA).” The Application does not capture the applicants’ premium

payment selection, or their banking information. We request the addition of sections to the Application to obtain payment information. If CMS does not intend to collect this information on the Application, we request information on the additional form the Agency would provide.

**Request for Edits and Additions to Electronic Delivery of Plan Specific Materials**

The Application currently contains an optional field entitled “Electronic Delivery of Plan Specific Materials.” We request the option to move the email field on page one to the top of this section. In addition, given that a health plan may be able to provide most, but not all materials electronically, we request the ability to remove the “I opt/choose to receive **all** plan specific materials available electronically” option to help set applicants expectations.

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Anthem appreciates this opportunity to provide comments regarding the updates to the model MA and PDP individual enrollment request form to simplify enrollment processes for Medicare beneficiaries. Should you have any questions or wish to discuss our comments further, please contact Amanda Hurley at 202-508-7892 or [Amanda.Hurley@anthem.com](mailto:Amanda.Hurley@anthem.com).

Sincerely,



Anthony Mader  
Vice President, Public Policy

Anthem is a leading health benefits company dedicated to improving lives and communities, and making healthcare simpler. Through its affiliated companies, Anthem serves more than 77 million people, including over 40 million within its family of health plans. We aim to be the most innovative, valuable and inclusive partner. For more information, please visit [www.antheminc.com](http://www.antheminc.com) or follow @AnthemInc on Twitter.



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts (BCBSMA) Response and Comments for:

Paperwork Reduction Act (PRA) Package Correction to Guidance on Submission of the Public Comment period for the Proposed Model Medicare Advantage (MA) and Prescription Drug Plan (PDP) Individual Enrollment Request Form

**Overall comments:**

- It is more efficient to capture all criteria to process an application by integrating Exhibit 1a “Information to include on or with Enrollment Mechanism – Attestation of Eligibility for an Enrollment Period” from the guidance (Chapter 2 for MAPD and Chapter 3 for PDP) into Exhibit 1 Model Individual Enrollment Request Form.
- Review spacing, page formatting and font for consistency and readability.

The table below notes “Section heading”. That refers to that portion of the proposed Shortened “APPLICATION FOR ENROLLMENT IN MEDICARE PART C (MEDICARE ADVANTAGE PLAN) or PART D (MEDICARE PRESCRIPTION DRUG PLAN)”.

Section heading	BCBSMA Comments are in blue
<b><i>Who can use this application:</i></b>	(For MA eligibility) Individuals entitled to Medicare Part A and enrolled in Part B Add: (For MAPD eligibility) Individuals entitled to Medicare Part A enrolled in Part B and eligible for Part D. (Needs to be added) (For Part D eligibility) Individuals entitled to Medicare Part A and/or enrolled in Part B Add language to explain authorized representative, as it’s referenced multiple times in the form below.
<b><i>WHAT’S INCLUDED WITH THE ENROLLMENT FORM?</i></b>	We have mandatory addenda (to be part of the application), which are optional for the beneficiary to complete; and optional addenda which are optional for the plan to include and the beneficiary to complete. Consider changing ‘addenda’ to plain language.
<b><i>THINGS TO REMEMBER?</i></b>	<ul style="list-style-type: none"> <li>• If you’re signing up during open enrollment you can send your form anytime from October 15 but no later than December 7.</li> </ul> This is outdated guidance. This section needs to speak to the fact that plan (sponsor) has to receive the application by December 7 <sup>th</sup> and should advise members if they are mailing a paper application to mail





## MASSACHUSETTS

	<p>well in advance of the December 7<sup>th</sup> date to ensure receipt by the organization. (Suggest two weeks given mail volumes of the USPS in December)</p> <p>Consider adding language to contact the plan to find out alternate enrollment options to ensure receipt of application prior to December 7<sup>th</sup>.</p> <ul style="list-style-type: none"> <li>• You (or your authorized representative) must fill out a separate form for each person enrolling in the plan. ‘Separate form’ should say ‘separate application’ for consistency within this document.</li> <li>• Your plan will bill you. You can choose to sign up to have your premium payments deducted from your bank account.</li> </ul> <p>Need to add PW option from SSA or RRB (Premium Withhold). Add detail: if a member is assessed an LEP by CMS it will be included in the monthly bill from the plan or deducted from their SSA/RRB.</p>
<b><i>[Optional field: E-mail Address:</i></b>	This field should be moved down and included on the Optional Field: Electronic Delivery of Plan Specific Material.
<b><i>Please Provide Your Medicare Insurance Information</i></b>	Add language: Found on your red, white and blue Medicare Card. Add Part A/B effective date fields
<b><i>Please read and answer these important questions:</i></b>	ESRD Yes/No – should be included in the event the member has ESRD but is not reflecting in CMS systems. Add additional questions: Are you on dialysis? Y/N Have you had a successful transplant? Y/N
<b><i>Mandatory Addendum: This is considered part of the enrollment application but optional for the beneficiary.</i></b>	Add ‘Other’ box for ethnicity and race data
<b><i>Optional Addendum: Plans can add value added information here</i></b>	IRMAA information should be moved to the first page/cover page and explained in detail. Beneficiaries are often confused that this is a plan determination and/or optional to pay.
<b><i>[Optional field: Paying Your Plan Premiums:</i></b>	Check boxes should be included on the form for beneficiaries to select their preferred payment method for plans who choose to include this field.

<b>BCBSMA Questions for CMS</b>	
<b>Section heading</b>	<b>Question</b>



## MASSACHUSETTS

<b><i>Optional Addendum: Plans can add value added information here</i></b>	What is the logic for the removal of the LIS Extra help question?

# PUBLIC SUBMISSION

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<b>Tracking No.</b> 1k4-9ed3-va8r
<b>Comments Due:</b> January 17, 2020
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**Docket:** CMS-2019-0164

Notice of Denial of Medicare Prescription Drug Coverage (CMS-10146)

**Comment On:** CMS-2019-0164-0001

Agency Information Collection Activities; Proposals, Submissions, and Approvals

**Document:** CMS-2019-0164-DRAFT-0004

Comment on CMS-2019-0164-0001

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## Submitter Information

**Name:** WILLIAM ILGENFRITZ

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## General Comment

Regarding the shortened MA-Part D Enrollment from (CMS-10718), and the inclusion of the race/ethnicity race questions, there may be some question as to whether or not the senior population will be willing to respond to the questions. In a worst case scenario, some beneficiaries may fear that they are opening themselves up to discrimination or inequitable treatment, possibly pointing to that, if they subsequently have a less-than-desirable experience with the Plan or Medicare at some point.

Also, if Plans are required to include that addendum, what is CMS's expectation for use of this information? Will CMS be expecting Plans to include this data on enrollment transactions or just retain it should CMS inquire about it? Or does CMS plan to add it to mandatory reporting items like Parts C/D Enrollment reports? We would appreciate CMS clarifying their intended use of this race/ethnicity data, so that Plans can properly plan for the collection and storage of this data. Plans will want to consider the relative cost and level of effort to record and store this information in Plan systems, (which could be significant for some), against what CMS intends to do with it.

# PUBLIC SUBMISSION

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**Docket:** CMS-2019-0164

Notice of Denial of Medicare Prescription Drug Coverage (CMS-10146)

**Comment On:** CMS-2019-0164-0001

Agency Information Collection Activities; Proposals, Submissions, and Approvals

**Document:** CMS-2019-0164-DRAFT-0006

Comment on CMS-2019-0164-0001

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## Submitter Information

**Name:** Anonymous Anonymous

**Address:** United States,

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## General Comment

Thank you for the opportunity to provide feedback on the new shortened Medicare Advantage and Prescription Drug Plan Enrollment Request Form. It is difficult to provide detailed commentary when samples/templates do not appear to be available. Nonetheless, it's likely that a shorter form with the necessary information will be welcome by plans and beneficiaries. Also, since this form is mailed to beneficiaries, the shorter form could save paper and money.

# PUBLIC SUBMISSION

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**Docket:** CMS-2019-0164

Notice of Denial of Medicare Prescription Drug Coverage (CMS-10146)

**Comment On:** CMS-2019-0164-0001

Agency Information Collection Activities; Proposals, Submissions, and Approvals

**Document:** CMS-2019-0164-DRAFT-0007

Comment on CMS-2019-0164-0001

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## Submitter Information

**Name:** Linda Gallagher

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## General Comment

1) In the Section Titled "Please Provide Your Medicare Insurance Information", we suggest adding "Using Number and Letters Only. Do Not Include Dashes".

With the advent of the new MBI, we are noticing that enrollees include dashes so run out of space for the full MBI.

This causes delays because we must reach out to enrollees for additional information.

2) The Gender section allows only for "M" and "F". As have other agencies and medical providers, may we suggest using either "Gender assigned at birth" followed by "M" and "F" choices or "M", "F", "Other" "Choose not to answer".

3) Finally, we suggest make these changes to the long enrollment form as well. Thank you.

# PUBLIC SUBMISSION

<b>As of:</b> 1/21/20 7:57 AM
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**Docket:** CMS-2019-0164

Notice of Denial of Medicare Prescription Drug Coverage (CMS-10146)

**Comment On:** CMS-2019-0164-0001

Agency Information Collection Activities; Proposals, Submissions, and Approvals

**Document:** CMS-2019-0164-DRAFT-0014

Comment on CMS-2019-0164-0001

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## Submitter Information

**Name:** Anonymous Anonymous

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## General Comment

CMS-10718, OMB 0938-New

- 1) Page 1, under WHAT HAPPENS NEXT? & HOW DO YOU GET HELP WITH THIS APPLICATION? We hope we don't have to direct people to call Medicare with questions. We would like the plan phone number to be in those spots as we may lose sales if someone calls Medicare and chooses another plan.
- 2) Page 2, although the member may decline to answer the Ethnicity & Race questions, we feel the plan will not utilize this information, is unnecessary information for the plan or CMS and adds almost a half a page to the application format.
- 3) Page 2, in the "Please provide language or accessible format preference", the way this is phrased/formatted, this may create a lot of inaccurate requests. A member may "prefer" to speak Chinese but that doesn't mean they want all their materials in that language.
- 4) In this proposed enrollment form, CMS has removed the ESRD, Long term care facility and Medicaid question. They've also possibly removed the addendum/election reason exhibit listing out possible enrollment election types (are you new to medicare, etc). This will negatively impact our enrollment team as they will not have enough information to underwrite the application and choose an election type. It also could impact automation and will increase the time to process and manually touch the enrollment form.
- 5) Page 2, Name of Plan You are Enrolling In: We would not want this to be a fillable field & would like this to remain having the bene choose an option we are presenting. We could see getting all kinds of odd writes in that would require follow up.
- 6) Our plan had a lot of confusion over what this proposed enrollment form calls <optional fields>. Some examples are home phone number should just be called phone number, the county should not be an optional field as it is beneficial to ensure the correct plan/segment for

those bordering counties.

7) Paying your plan premium should not be an optional field, The PCP name field should not be an optional field on our HMO applications.

# PUBLIC SUBMISSION

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**Docket:** CMS-2019-0164

Notice of Denial of Medicare Prescription Drug Coverage (CMS-10146)

**Comment On:** CMS-2019-0164-0001

Agency Information Collection Activities; Proposals, Submissions, and Approvals

**Document:** CMS-2019-0164-DRAFT-0018

Comment on CMS-2019-0164-0001

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## Submitter Information

**Name:** Angela Yamoah

**Organization:** HealthPartners

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## General Comment

Hello,

We would like to submit a comment in response to the 11/18/2019 Federal Register memo - Model MA and PDP Individual Enrollment Request Form .

Please verify if health plans can continue to include the election period questions from Exhibit 1a on the model enrollment form (Exhibit 1) in the new shortened enrollment form.

Thank you!



# PUBLIC SUBMISSION

<b>As of:</b> 1/6/20 7:10 AM
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<b>Status:</b> Draft
<b>Tracking No.</b> 1k4-9e8k-8tdt
<b>Comments Due:</b> January 17, 2020
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**Docket:** CMS-2019-0166

Request For Enrollment in Supplementary Medical Insurance (CMS-4040)

**Comment On:** CMS-2019-0166-0001

Agency Information Collection Activities; Proposals, Submissions, and Approvals

**Document:** CMS-2019-0166-DRAFT-0002

Comment on CMS-2019-0166-0001

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## Submitter Information

**Name:** Anonymous Anonymous

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## General Comment

Regarding the shortened MA-Part D Enrollment form (CMS-10718), we note that CMS has removed the question on the current MA enrollment asking if the applicant has ESRD. Is the removal indicative of some CMS policy change related to ESRD and Medicare Advantage eligibility? Also, we see there is not reference to "Extra Help" for Part D prescription Drugs. You may want to consider restoring at least a couple of sentences on that to assist lower income beneficiaries.

# PUBLIC SUBMISSION

<b>As of:</b> 12/26/19 11:09 AM
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**Docket:** CMS-2019-0168  
Model Medicare Advantage and Medicare Prescription Drug Plan Individual Enrollment Request Form (CMS-10718)

**Comment On:** CMS-2019-0168-0001  
Agency Information Collection Activities; Proposals, Submissions, and Approvals

**Document:** CMS-2019-0168-DRAFT-0002  
Comment on CMS-2019-0168-0001

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## Submitter Information

**Name:** Anonymous Anonymous

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## General Comment

Very first data field, "To Enroll in <plan>, Please Provide the Following Information:" section, would like the option to list plans available for the prospect to check a box vs. having them fill in the blank.

Under the "Please read and answer these important questions:" section, would recommend adding the Part A & B Effective dates back into the form.

Under the "Paying Your Plan Premium:" section, would recommend adding "(The Social Security/RRB deduction may take two or more months to begin after..." language for member knowledge.

Recommend adding the "Office Use Only" box for broker information, effective date, etc.

Confirmation that the removal of the ESRD questions is due to the removal of the ESRD restriction is desired

# PUBLIC SUBMISSION

<b>As of:</b> 1/8/20 1:21 PM
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**Docket:** CMS-2019-0168  
Model Medicare Advantage and Medicare Prescription Drug Plan Individual Enrollment Request Form (CMS-10718)

**Comment On:** CMS-2019-0168-0001  
Agency Information Collection Activities; Proposals, Submissions, and Approvals

**Document:** CMS-2019-0168-DRAFT-0004  
Comment on CMS-2019-0168-0001

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## Submitter Information

**Name:** Kyle McMillan

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## General Comment

Would recommend including the premium payment options with respective check boxes in the "Paying Your Plan Premium" section. (Automatic deduction/Direct Bill).

Would recommend removing "Home" from "Home Phone Number" with "To Enroll in <plan>" section.

Would recommend adding Part A and Part B effective date back to "Medicare Number" section. Would also recommend adding "Name (as it appears on your Medicare Card)".

Would recommend adding "For Office Use Only" section back on enrollment form. This is needed to indicate agent assisted enrollment requests.

Would recommend indicating which fields are mandatory in order to consider enrollment request completed with an "\*" along with an explanation of why fields are marked with an "\*".

# PUBLIC SUBMISSION

<b>As of:</b> 1/10/20 7:06 AM
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**Docket:** CMS-2019-0168  
Model Medicare Advantage and Medicare Prescription Drug Plan Individual Enrollment Request Form (CMS-10718)

**Comment On:** CMS-2019-0168-0001  
Agency Information Collection Activities; Proposals, Submissions, and Approvals

**Document:** CMS-2019-0168-DRAFT-0006  
Comment on CMS-2019-0168-0001

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## Submitter Information

**Name:** Anonymous Anonymous  
**Address:** AZ  
**Organization:** Banner University Health Plans

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## General Comment

Regarding the first page of the APPLICATION FOR ENROLLMENT IN MEDICARE PART C (MEDICARE ADVANTAGE PLAN) or PART D (MEDICARE PRESCRIPTION DRUG PLAN), we recommend inserting detail that instructs enrollees to call the plan or Medicare.

For example:

WHAT HAPPENS NEXT?

Send your completed and signed application to <Plan Name>. If you have questions, call < Plan Name> at <phone number/TTY/hours of op> or MEDICARE at 1-800-633-4227. TTY users should call 1-877-486-2048. You may call 24 hours a day 7 days per week.

HOW DO YOU GET HELP WITH THIS APPLICATION?

Phone: Call < Plan Name> at <phone number/TTY> or MEDICARE at 1-800-633-4227. TTY users should call 1-877-486-2048.

En español: Llame a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y unrepresentante estar disponible para asistirle.

# PUBLIC SUBMISSION

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**Docket:** CMS-2019-0168

Model Medicare Advantage and Medicare Prescription Drug Plan Individual Enrollment Request Form (CMS-10718)

**Comment On:** CMS-2019-0168-0001

Agency Information Collection Activities; Proposals, Submissions, and Approvals

**Document:** CMS-2019-0168-DRAFT-0014

Comment on CMS-2019-0168-0001

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## Submitter Information

**Name:** Kaitlin Stretch

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## General Comment

BCBSM appreciates the opportunity to review and provide feedback on the proposed model Medicare Advantage Enrollment form.

Following our review, we request CMS provide clarification on the following questions:

1. The new form does not seem to include a question asking if the applicant has ESRD. Is this an intentional removal indicating Plans no longer required to ask this question in 2021?
2. The current language describing premium payment options is clearer than the proposed version. The current version has check box options which are member-friendly as well as space to include their Electronic Fund Transfer or credit card information. Would CMS consider retaining the current language over the proposed?

# PUBLIC SUBMISSION

<b>As of:</b> 1/21/20 8:52 AM
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<b>Comments Due:</b> January 17, 2020
<b>Submission Type:</b> Web

**Docket:** CMS-2019-0168  
Model Medicare Advantage and Medicare Prescription Drug Plan Individual Enrollment Request Form (CMS-10718)

**Comment On:** CMS-2019-0168-0001  
Agency Information Collection Activities; Proposals, Submissions, and Approvals

**Document:** CMS-2019-0168-DRAFT-0017  
Comment on CMS-2019-0168-0001

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## Submitter Information

**Name:** Michael Hoak  
**Organization:** Humana, Inc.

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## General Comment

Humana appreciates this opportunity to provide comments to the Centers for Medicare and Medicaid Services (CMS) Agency Information Collection Activities; Proposals, Submissions, and Approvals, specifically form CMS-10718.

As one of the nation's top contractors for Medicare Advantage (MA) with approximately 4.1 million members, and Medicare Prescription Drug Plans (PDPs) with approximately 4.3 million members, we are distinguished by our near 30+ year, long-standing, comprehensive commitment to Medicare beneficiaries across the United States.

As CMS considers changes to the Application for Enrollment in Medicare Part C (Medicare Advantage Plan) or Part D (Medicare Prescription Drug Plan), Humana requests clarification that plan sponsors will still have the ability to customize the enrollment form as needed to keep additional information fields, even after the newly revised form is finalized by CMS and OMB.

As always, we value this opportunity to provide comments.

# PUBLIC SUBMISSION

<b>As of:</b> 1/21/20 8:39 AM
<b>Received:</b> January 17, 2020
<b>Status:</b> Draft
<b>Tracking No.</b> 1k4-9ehv-fse8
<b>Submission Type:</b> Web

**Docket:** CMS-2019-0168

Model Medicare Advantage and Medicare Prescription Drug Plan Individual Enrollment Request Form (CMS-10718)

**Comment On:** CMS-2019-0168-0002

Agency Information Collection Activities; Proposals, Submissions, and Approvals

**Document:** CMS-2019-0168-DRAFT-0028

Comment on CMS-2019-0167-0001

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## Submitter Information

**Name:** Anonymous Anonymous

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## General Comment

2021 Application Comments:

1. Regarding the language that states "If you're signing up during open enrollment you can send your form anytime from October 15 but no later than December 7." This language gives the impression that a beneficiary can MAIL their form on December 7th and still be permitted to enroll in a plan. The language is confusing and will create issues when rejected by the plan unless CMS is planning to change the Application Date definition in Chapter 2, Enrollment and Disenrollment.
2. Regarding the language that states "Name of Plan You are Enrolling In". Many plan names are too similar. Can it be more specific - maybe Plan Name and Number (Hxxxx-xxx) for example?
3. How soon with the new layout be made available? Any proposed changes to the enrollment form will result in programming changes for plans - both internal and with external file exchanges.
4. Will you be posting answers to all comments received so all plans can see them?

# PUBLIC SUBMISSION

<b>As of:</b> 1/21/20 8:41 AM
<b>Received:</b> January 17, 2020
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<b>Submission Type:</b> Web

**Docket:** CMS-2019-0168

Model Medicare Advantage and Medicare Prescription Drug Plan Individual Enrollment Request Form (CMS-10718)

**Comment On:** CMS-2019-0168-0002

Agency Information Collection Activities; Proposals, Submissions, and Approvals

**Document:** CMS-2019-0168-DRAFT-0029

Comment on CMS-2019-0167-0001

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## Submitter Information

**Name:** Anonymous Anonymous

**Organization:** Triple-S Advantage, Inc

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## General Comment

Regarding the new shortened MA enrollment form:

Can the form be changed to reduce errors/mistakes?

Example:

-Adding the names and premiums of plan options to check

Is there a limit on how much more information can the MAO request the member for operational purposes?

For example:

-A checklist on the items handed to the member during the sales orientation

-Premium payment methods

-Additional contact information like second phone number

-Information for statistical data (enrollment period type, salesperson information)

Are federal contracting and non-discrimination disclaimers required within the form?



## Comments: Model Medicare Advantage and Medicare Prescription Drug Plan Individual Enrollment Request Form

Organization: MLI Life Insurance, Inc.

Organization Contact: Amy Luhmann

Phone: (651) 662-3162

email: amy.luhmann@clearstonesolutions.com

Section	Topic	Comments
Mandatory Addendum	Ethnicity Data Race Data	What is CMS' intent regarding collection of this information? Are we as the plan required to track this information somehow?
	Please provide language or accessible format preference	We suggest that this section be tailored more specifically for those needing alternate formats or languages. This way not every applicant would need to fill in this section. For example: If you would prefer your communications in another format or a language other than English, please provide this information below: Preferred spoken language _____ Preferred written language _____ Accessible format preference (e.g., Braille, audio tape, or large print) _____
	Please contact <plan name> at <phone number> if you need information in an accessible format <b>or language other than what is listed above.</b>	It is unclear what is intended by the text "language other than what is listed above". There is only a fill in the blank option for language above and so the beneficiary would be specifying. The current text seems to suggest that a list of languages appears above. It may be clearer to simply state "Or you may contact <plan name> at <phone number> for information in an accessible format or language. Our office hours are...."
Optional Addendum	Optional field: Electronic Delivery of Plan Specific Materials	The first item is unclear in its wording. Additionally, it is important that in choosing one of these options, the beneficiary has remembered to provide an email address. Including the blank for their email address within this section may increase that likelihood. We suggest the following: I would like to receive the following materials electronically at the email address provided below <input type="checkbox"/> {plans may list types of materials that are available for electronic delivery} <input type="checkbox"/> {plans may list types of materials that are available for electronic delivery} <input type="checkbox"/> {plans may list types of materials that are available for electronic delivery} <input type="checkbox"/> {plans may list types of materials that are available for electronic delivery} <input type="checkbox"/> All materials that are available electronically E-mail address _____

## 2021 Model Enrollment Form Changes

### Questions and Comments for CMS

- The Member's preferred effective date is not included. Without this information, there will need to be additional outreach to the beneficiary, as well as additional processing time. Can this be added to the model?
- The new layout of the enrollment form will require both layout changes for our processing internally as well as the for the file exchange with CMS.
  - When will this layout update be available?
  - What will the file sharing process be as we will still be collecting enrollment forms for 2020 and 2021 at the same time?
- In the Optional Electronic materials section, if we do not capture this opt in, does that mean we are required to send all annual materials in hard copy, ie EOC, Provider and Pharmacy Directory, Formulary?
- Additional Information
  - Will we be able to put information for plan availability in rather than plan name in the form?
    - For example- If you live in X county, please select one of the following plans...
  - How much additional information relevant to our organization will we be able to collect in the optional section?
    - Premium Payment Preferences
    - Agent Use Only Section- Names, NPN, etc.
    - PCP's J-code, and can this be placed next to the PCP selection area?
- Is there still a separate exhibit for Attestations?
- Can the model include the attestations as optional?

## **Comments from Fallon Health (H9001) on Paperwork Reduction Act (PRA) Package for the Proposed Model Medicare Advantage (MA) and Prescription Drug Plan (PDP) Individual Enrollment Request Form (CMS-10718)**

The bullet “If you’re signing up during open enrollment you can send your form anytime from October 15 but no later than December 7” under the “Things to Remember” heading is confusing because there is an Open Enrollment Period (OEP) that occurs from 1/1-3/31. The Annual Election Period (or even Annual Enrollment Period) is the election period that is from 10/15 to 12/7. We recommend changing the bullet to reflect the AEP as to not confuse beneficiaries with calling it open enrollment period.

The bullet “Your plan will bill you. You can choose to sign up to have your premium payments deducted from your bank account” under the “Things to Remember” heading may benefit from including language such as “your plan will bill you *for the plan’s premium*” to clarify to beneficiaries that the plan will not bill for Medicare premiums which must continue to be paid by the beneficiary.

Under the heading “How do you get help with this application” a variable should be included to allow plans to enter the plan specific information for beneficiaries to contact the plan directly.

For the PCP selection, we recommend adding “current” PCP, this will help plans to know if the beneficiary’s current PCP is in a plan’s network and do potential outreach when PCP is not in the network.

Are plans allowed to revise the “Please choose the name of a Primary Care Physician (PCP), clinic or health center” to only include PCP? We suggest allowing plans with a network to include a statement that the PCP needs to be in the plan’s network.

The addendum does not allow plans to include a selection of the premium payment type which would be helpful to include so that a separate form is not needed for beneficiaries to select the option of their choice.

In this version, the beneficiary needs to write in the name of the plan they want to enroll in. They are no longer provided with a list of plans/premiums from which to choose. Our plan believes that this will create the potential for the following issues:

- The plan may receive applications that use an abbreviated version of the plan name, rather than the full plan name. This will result in increased outbound calls by plans in order to process the enrollment form.
- Without the premiums listed out by segment, beneficiaries may not truly grasp the cost associated with their chosen plan.

We recommend that the form be updated to include the beneficiary’s preferred enrollment effective date.

The form no longer asks if the beneficiary is enrolled in their state’s Medicaid program. This is key information for plans to use in identifying QMB members. We suggest this question remain on the form.

Will plans be permitted to add a “For office use only” box to the bottom of the form?

Can the form be updated to include a line for the beneficiary's cell phone number or alternate phone number?

The current enrollment form has a field for the beneficiary's Part A/B effective dates. We recommend that this field be retained.

Under the question "Will you have other prescription drug coverage in addition to <MA plan>?" we recommend providing examples (e.g., VA, Tricare, SPAP, etc...) to avoid potential beneficiary confusion.

We recommend adding a "reasons for enrolling" section as our plan would find this information from the beneficiary useful to have.



1275 Pennsylvania Ave NW, Suite 700  
Washington, DC 20004

*Submitted electronically via [www.regulations.gov](http://www.regulations.gov)*

January 17, 2020

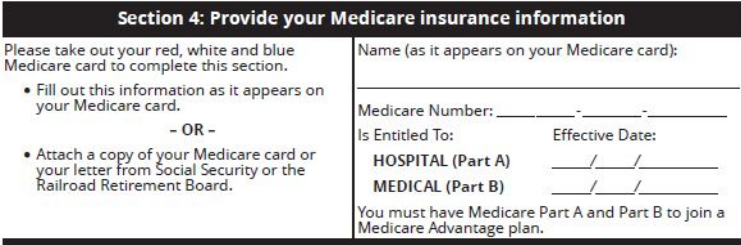
Centers for Medicare & Medicaid Services Department of  
Health and Human Services Attention: **(CMS-10718, OMB 938)**  
200 Independence Avenue SW Washington, DC 20201

**Re: Comments on Proposed Model Medicare Advantage and Medicare Prescription Drug Plan Individual Enrollment Request Form**

Thank you for the opportunity to comment on the proposed model as published on November 18, 2019.

- Contact: Cathy Levine, Director, CVS Member Communications **p 480-707-5837**

Item	Comment/Note/Question	Contract Type (MAPD, PDP, Both)
1	Will this proposed form be for use in plan year 2021 or 2022? We suggest using the long form version for new members and the short form for renewing members.	Both
2	<p>We suggest that plans retain the ability to customize and submit an enrollment form as non-Model.</p> <ul style="list-style-type: none"> <li>• This would include moving sections around and including additional content.</li> <li>• Concern that if both MA-PD and PDP plans would utilize the same form, this could be confusing to members.</li> </ul>	Both
	<p>We recommend that Enrollment forms follow the same guidance as the Summary of Benefits and be permitted to be filed as 10-day File &amp; Use instead of 45-day for non-Model due to timing issues.</p> <p>In order to ensure that the enrollment forms are enrollee-friendly, streamlined and as simple to use as possible, we have reordered some of the sections, added in questions that help us process enrollments more quickly and avoid delays, and added language/images to help the enrollee fill out the form as accurately as possible (example: include a sample image of a Medicare ID card). These member friendly changes require us to file our forms as non-model, which presents two challenges in terms of timing:</p> <ul style="list-style-type: none"> <li>• Enrollment forms cannot be filed until after MCMGs and Enrollment (Chapter 2 for MAPD; Chapter 3 for PDP) Guidance are released and any changes in guidance are incorporated. Due to the timing of when this guidance has been released the past few years, we have been unable to file enrollment forms early enough to accommodate a 45-day review with form creation, proofing and printing in time for AEP.</li> <li>• Currently, our MAPD enrollment forms include premium amounts, contracts/PBPs and Optional Supplemental Benefits options. This is to avoid member confusion with plan costs and ensure the member is choosing and/or being signed up for the correct plan. Recent CMS guidance states we are now required to submit plan data along with the template – which means we cannot file until after premium amounts are locked down during Rebate/Reallocation (NAMBA) at the beginning of August.</li> </ul>	Both
4	We suggest offering more time (at a minimum, 90 days), to incorporate changes in content because such changes will result in downstream operational affects when creating the form versions and processing the forms. We will need time to implement system updates.	Both
5	Will CMS separate out the Plan versus Beneficiary instructions on the instructions page? We recommend adding a section for plans to use their own set of member instructions to attach to the enrollment form.	Both

6	Please clarify OMB control number with expiration date; plans need to understand if this is now required on the enrollment form.	Both
7	<p>The only Medicare insurance information on the proposed short form Model is for the Medicare Number. Recommend that we keep section 4 with instructions (see screenshot that follows). This has helped to ensure the correct number and dates are provided by the member as we have experienced re-occurring issues with incomplete information and incorrect MBI numbers being provided. This is even more important since HICNs are no longer accepted and MBI numbers are auto-generated.</p> 	Both
8	The race/ethnicity section is in the mandatory addendum but shows as optional fields. Recommend excluding this information as it has no impact on beneficiary enrollment. If required to capture, plan would require clarification from CMS on what action would need to be taken, if any, after this information is captured. As example, is this required to be reported to CMS and in what timing and format?	Both
9	<p>What are the expectations in having the beneficiary write in their preferred spoken and written language? We are concerned that the member will expect us to provide all plan communications in the language they choose, which could be outside of the 5% threshold list that CMS provides. So, as example, if a member chooses French, then are we expected to provide all communications from the plan in French moving forward?</p> <p>We suggest allowing plans to retain the ability to only provide check boxes for the languages that are available based on the 5% threshold list that CMS provides (English and Spanish) and keep the disclaimer to call in if an alternate language is needed (as we have today).</p> <p><b>NOTE:</b> This could result in downstream operational affects if languages outside of the 5% threshold are required to be prepared. We will need time to implement system updates, processes and translation time, minimum 180 days for system updates.</p>	Both
10	What does CMS define as value-added information?	Both
11	We request the flexibility to add an Office ID field (in addition to PCP name) in order to verify location where the member sees their physician. Many of the physicians in our network have more than one office location. If a member is enrolled without this field, they would be auto-assigned to the office location closest to them, which is not always correct. Adding this field gives the enrollee the option to choose the location they want to see their provider and significantly decreases disruptions to the member.	MAPD

12	<p>Can we use the “Optional Addendum” section of the CMS proposed form to include other information and important questions that are needed by other areas to assist in the enrollment process?</p> <ul style="list-style-type: none"> <li>i.e. – Additional information for Enrollment processing, sales/Agent information, premium payment option, eEOB, etc.</li> </ul>	Both																																																																
13	<p>Need to confirm that Exhibit 1A which contains SEP listing will still need to be included with this enrollment form. This information assists in processing of enrollment application without delay due to additional information being needed from the member.</p>	Both																																																																
14	<p>Suggest that “Requested Effective Date” field be kept in the enrollment form. This would prevent the need to contact the member in the event that he/she qualifies for multiple enrollment periods and/or would create the opportunity to contact the member if the effective date being requested is not possible.</p>	Both																																																																
15	<p>Suggest that the “Plan Selection” section retain check boxes to only designate plans available to allow easier completion of the form by the enrollee (blank spaces increase the chances for errors and can cause enrollment delays).</p>	Both																																																																
16	<p>In an effort to physically shorten the form, current use of boxes for each letter in the form could be replaced with the format shown in the CMS example.</p> <p>SSI PDP current form with boxes:</p> <table border="1" data-bbox="300 930 862 1157"> <tr> <td colspan="4">Permanent Residence / Long-term Care Facility Address (PO Box is not allowed)</td> </tr> <tr> <td>Street Number</td> <td colspan="3">Street Name</td> </tr> <tr> <td colspan="2">Apt/Suite/Unit</td> <td colspan="2">City</td> </tr> <tr> <td>County</td> <td>State</td> <td>ZIP Code</td> <td>-</td> </tr> <tr> <td colspan="4">Long-term Care Facility Name</td> </tr> <tr> <td colspan="4">Mailing Street Address (only if different from your Permanent Residence Address):</td> </tr> <tr> <td>Street Number</td> <td colspan="3">Street Name</td> </tr> <tr> <td colspan="2">Apt/Suite/Unit</td> <td colspan="2">City</td> </tr> </table> <p>CMS proposed form without boxes:</p> <table border="1" data-bbox="212 1220 902 1409"> <tr> <td colspan="2">LAST name:</td> <td colspan="2">FIRST Name:</td> </tr> <tr> <td>Birth Date: (MM/DD/YYYY)</td> <td>Gender:</td> <td colspan="2">Home Phone Number:</td> </tr> <tr> <td>( / / )</td> <td><input type="checkbox"/> M <input type="checkbox"/> F</td> <td colspan="2">( )</td> </tr> <tr> <td colspan="4">Permanent Residence Street Address (P.O. Box is not allowed):</td> </tr> <tr> <td>City:</td> <td>[Optional field: County:]</td> <td>State:</td> <td>ZIP Code:</td> </tr> <tr> <td colspan="4">Mailing Address (only if different from your Permanent Residence Address):</td> </tr> <tr> <td>Street Address:</td> <td>City:</td> <td>State:</td> <td>ZIP Code:</td> </tr> <tr> <td colspan="4">[Optional field: E-mail Address: _____]</td> </tr> </table>	Permanent Residence / Long-term Care Facility Address (PO Box is not allowed)				Street Number	Street Name			Apt/Suite/Unit		City		County	State	ZIP Code	-	Long-term Care Facility Name				Mailing Street Address (only if different from your Permanent Residence Address):				Street Number	Street Name			Apt/Suite/Unit		City		LAST name:		FIRST Name:		Birth Date: (MM/DD/YYYY)	Gender:	Home Phone Number:		( / / )	<input type="checkbox"/> M <input type="checkbox"/> F	( )		Permanent Residence Street Address (P.O. Box is not allowed):				City:	[Optional field: County:]	State:	ZIP Code:	Mailing Address (only if different from your Permanent Residence Address):				Street Address:	City:	State:	ZIP Code:	[Optional field: E-mail Address: _____]				Both
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# APPLICATION FOR ENROLLMENT IN MEDICARE PART C (MEDICARE ADVANTAGE PLAN) or PART D (MEDICARE PRESCRIPTION DRUG PLAN)

## WHO CAN USE THIS APPLICATION?

- **(For MA eligibility)** Individuals entitled to Medicare Part A and enrolled in Part B
- **(For Part D eligibility)** Individuals entitled to Medicare Part A and/or enrolled in Part B



### In addition, individuals must:

- Live in the MA or Part D plan's service area
- Be U.S. Citizens or be lawfully present individuals in the United States

## WHEN DO YOU USE THIS APPLICATION?

### Use this form:

If you are newly eligible for Medicare or otherwise have a valid election period to enroll in either a Medicare Advantage plan OR Prescription Drug Plan.

~~**NOTE:** Your Initial Coverage Election Period (ICEP) lasts for 7 months. It begins 3 months before the month you are newly eligible for Medicare (generally, your 65th birthday or 25th month of disability) and ends 3 months after the month you are newly eligible for Medicare~~



## WHAT INFORMATION DO YOU NEED TO COMPLETE THIS APPLICATION?

### You will need:

- Your Medicare Number
- Your ~~current~~ address and phone number

## WHAT'S INCLUDED WITH THE ENROLLMENT FORM?

~~We have mandatory addenda (to be part of the application), which are optional for the beneficiary to complete; and optional addenda which are optional for the plan to include and the beneficiary to complete.~~



## THINGS TO REMEMBER?

- If you're signing up during open enrollment you can send your form anytime from October 15 **but no later than December 7.**
- You (or your authorized representative) must fill out a separate form for each person enrolling in the plan.
- Your plan will bill you. You can choose to sign up to have your premium payments deducted from your bank account.

## WHAT HAPPENS NEXT?

**Send your completed and signed application to the Medicare Advantage or Prescription Drug plan. If you have questions, call MEDICARE at 1-800-633-4227. TTY users should call 1-877-486-2048. You may call 24 hours a day 7 days per week.**


## HOW DO YOU GET HELP WITH THIS APPLICATION?

**Phone:** Call MEDICARE at 1-800-633-4227. TTY users should call 1-877-486-2048.

**En español:** Llame a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y unrepresentante estará disponible para asistirle.

**Exhibit 1: Model Individual Enrollment Request Form**

**To Enroll in <plan>, Please Provide the Following Information:**

Name of Plan You are Enrolling In: 

LAST name:

FIRST Name:

Birth Date: (MM/DD/YYYY)  
( \_\_\_/\_\_\_/\_\_\_\_\_ )

Gender:  
 M  F

Home Phone Number:  
(     )

Permanent Residence Street Address (P.O. Box is not allowed):

City:

[Optional field: County:]

State:

ZIP Code:

**Mailing Address** (only if different from your Permanent Residence Address):

Street Address:

City:

State:

ZIP Code:

[Optional field: E-mail Address: \_\_\_\_\_]

**Please Provide Your Medicare Insurance Information**

Medicare Number: 

**Please read and answer these important questions:**

[MA-PD plans insert:

1. Will you have other prescription drug coverage in addition to <MA plan>?  Yes  No

If “yes”, please list your other coverage and your identification (ID) number(s) for this coverage.

Name of other coverage:

ID # for this coverage:

Group # for this coverage

[Special Needs Plans] insert question(s) regarding the required special needs criteria]

**IMPORTANT: Read and Sign Below:**

- **Release of Information:** By joining this **Medicare Advantage Prescription Drug Plan/Prescription Drug Plan**, I acknowledge that the plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that <plan name> will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan. I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- (Medicare Advantage only) I understand that when my <plan name> coverage begins, I must get all of my medical and prescription drug benefits from <plan name>. Benefits and services authorized by <plan name> and contained in my <plan name> Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. **Without authorization, neither Medicare nor <plan name> will pay for benefits or services.**
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
  - 1) This person is authorized under State law to complete this enrollment, and
  - 2) Documentation of this authority is available upon request by Medicare.

Signature:

Today's Date:

If you are the authorized representative, you must sign above and provide the following information:

Name:

Address:

Phone Number:

Relationship to Enrollee:

**Mandatory Addendum:** This is considered part of the enrollment application but optional for the beneficiary.

[Optional fields: Can you please tell us a little more about yourself. Answering these questions is voluntary and will not be used to process your enrollment. Information provided will only be used to help understand program participation for the purpose of reducing inequalities in certain groups.]

**Ethnicity Data** Are you Hispanic, Latino/a, or Spanish origin (One or more categories may be selected):

- No, not of Hispanic, Latino/a, or Spanish origin
- Yes, Mexican, Mexican American, Chicano/a
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin

I decline to provide this information

**Race Data** What is your race? (One or more categories may be selected):

- White
- Black or African American
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian
- Native Hawaiian
- Samoan
- Guamanian or Chamorro
- Other Pacific Islander

I decline to provide this information

**Please provide language or accessible format preference:**

Preferred spoken language \_\_\_\_\_

Preferred written language \_\_\_\_\_

Accessible format preference (e.g., Braille, audio tape, or large print) \_\_\_\_\_

Please contact <plan name> at <phone number> if you need information in an accessible format or language other than what is listed above. Our office hours are <insert days and hours of operation>. TTY users should call <TTY number.>

**Optional Addendum: Plans can add value added information here**

Do you or your spouse work?  Yes  No

[Optional field: Please choose the name of a Primary Care Physician (PCP), clinic or health center: ]

[Optional field: **Paying Your Plan Premiums:**

**MA-only, MA-PD plans and Part D plans with premiums insert: You can pay your monthly plan premium [MA-PD plans with premiums insert: (including any late enrollment penalty that you currently have or may owe)] by mail <insert optional methods: “Electronic Funds Transfer (EFT)”, “credit card”> each month <insert optional intervals, if applicable, for example “or quarterly”>. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month.]**

[MA-PD and PDPs with premiums insert: **If you are assessed a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or RRB. DO NOT pay [insert appropriate plan and/or organization name] the Part D-IRMAA.**]

[Optional field: **Electronic Delivery of Plan Specific Materials: Choose one**

I opt/choose to receive all plan specific materials available electronically

I opt/choose to receive only the following plan related materials electronically: {plans may list those types or categories of materials that are available for electronic delivery}

Plans may also include information needed to sign up for portals or other mechanisms to receive materials electronically.]

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## APPLICATION FOR ENROLLMENT IN MEDICARE PART C (MEDICARE ADVANTAGE PLAN) or PART D (MEDICARE PRESCRIPTION DRUG PLAN)

---

### WHO CAN USE THIS APPLICATION?

- **(For MA eligibility)** Individuals entitled to Medicare Part A and enrolled in Part B
- **(For Part D eligibility)** Individuals entitled to Medicare Part A and/or enrolled in Part B

### In addition, individuals must:

- Live in the MA or Part D plan's service area
- Be U.S. Citizens or be lawfully present individuals in the United States

### WHEN DO YOU USE THIS APPLICATION?

#### Use this form:

If you are newly eligible for Medicare or otherwise have a valid election period to enroll in either a Medicare Advantage plan OR Prescription Drug Plan.

**NOTE:** Your Initial Coverage Election Period (ICEP) lasts for 7 months. It begins 3 months before the month you are newly eligible for Medicare (generally, your 65th birthday or 25th month of disability) and ends 3 months after the month you are newly eligible for Medicare

### WHAT INFORMATION DO YOU NEED TO COMPLETE THIS APPLICATION?

#### You will need:

- Your Medicare Number
- Your current address and phone number

### WHAT'S INCLUDED WITH THE ENROLLMENT FORM?

We have mandatory addenda (to be part of the application), which are optional for the beneficiary to complete; and optional addenda which are optional for the plan to include and the beneficiary to complete.

### THINGS TO REMEMBER?

- If you're signing up during open enrollment you can send your form anytime from October 15 but no later than December 7.
- You (or your authorized representative) must fill out a separate form for each person enrolling in the plan.
- Your plan will bill you. You can choose to sign up to have your premium payments deducted from your bank account.

### WHAT HAPPENS NEXT?

Send your completed and signed application to the Medicare Advantage or Prescription Drug plan. If you have questions, call MEDICARE at **1-800-633-4227**. TTY users should call **1-877-486-2048**. You may call **24 hours a day 7 days per week**.

### HOW DO YOU GET HELP WITH THIS APPLICATION?

**Phone:** Call MEDICARE at **1-800-633-4227**. TTY users should call **1-877-486-2048**.

**En español:** Llame a Medicare gratis al **1-800-633-4227** y oprima el 2 para asistencia en español y unrepresentante estará disponible para asistirle.



**Exhibit 1: Model Individual Enrollment Request Form**

**To Enroll in <plan>, Please Provide the Following Information:**

**Name of Plan You are Enrolling In:**

**LAST name:**

**FIRST Name:**

**Birth Date: (MM/DD/YYYY)**  
(\_\_ \_\_/\_\_/\_\_\_\_)

**Gender:**  
 M  F

**Home Phone Number:**  
( )

**Permanent Residence Street Address (P.O. Box is not allowed):**

**City:**

[Optional field: County:]

**State:**

**ZIP Code:**

**Mailing Address** (only if different from your Permanent Residence Address):

Street Address:

City:

State:

ZIP Code:

[Optional field: **E-mail Address:** \_\_\_\_\_]

**Please Provide Your Medicare Insurance Information**

**Medicare Number:**



**Please read and answer these important questions:**

[MA-PD plans insert:

1. Will you have other prescription drug coverage in addition to <MA plan>?  Yes  No

If “yes”, please list your other coverage and your identification (ID) number(s) for this coverage.

Name of other coverage:

ID # for this coverage:

Group # for this coverage

[Special Needs Plans] insert question(s) regarding the required special needs criteria]

**IMPORTANT: Read and Sign Below:**

- **Release of Information:** By joining this Medicare Advantage Prescription Drug Plan/Prescription Drug Plan, I acknowledge that the plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that <plan name> will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan. I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- (Medicare Advantage only) I understand that when my <plan name> coverage begins, I must get all of my medical and prescription drug benefits from <plan name>. Benefits and services authorized by <plan name> and contained in my <plan name> Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. **Without authorization, neither Medicare nor <plan name> will pay for benefits or services.**
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
  - 1) This person is authorized under State law to complete this enrollment, and
  - 2) Documentation of this authority is available upon request by Medicare.

**Signature:**

**Today's Date:**

If you are the authorized representative, you must sign above and provide the following information:

**Name:**

**Address:**

**Phone Number:**

**Relationship to Enrollee:**

**Mandatory Addendum:** This is considered part of the enrollment application but optional for the beneficiary.

[*Optional fields:* Can you please tell us a little more about yourself. Answering these questions is voluntary and will not be used to process your enrollment. Information provided will only be used to help understand program participation for the purpose of reducing inequalities in certain groups.]

**Ethnicity Data** Are you Hispanic, Latino/a, or Spanish origin (One or more categories may be selected):

- No, not of Hispanic, Latino/a, or Spanish origin       Yes, Mexican, Mexican American, Chicano/a  
 Yes, Puerto Rican       Yes, Cuban  
 Yes, another Hispanic, Latino, or Spanish origin

I decline to provide this information

**Race Data** What is your race? (One or more categories may be selected):

- White       Black or African American       American Indian or Alaska Native  
 Asian Indian       Chinese       Filipino  
 Japanese       Korean       Vietnamese  
 Other Asian       Native Hawaiian       Samoan  
 Guamanian or Chamorro       Other Pacific Islander

I decline to provide this information

**Please provide language or accessible format preference:**

Preferred spoken language \_\_\_\_\_

Preferred written language \_\_\_\_\_

Accessible format preference (e.g., Braille, audio tape, or large print) \_\_\_\_\_

Please contact <plan name> at <phone number> if you need information in an accessible format or language other than what is listed above. Our office hours are <insert days and hours of operation>. TTY users should call <TTY number.>

**Optional Addendum: Plans can add value added information here**

Do you or your spouse work?     Yes     No

[*Optional field:* **Please choose the name of a Primary Care Physician (PCP), clinic or health center:** ]

[*Optional field:* **Paying Your Plan Premiums:**

**MA-only, MA-PD plans and Part D plans with premiums insert: You can pay your monthly plan premium [MA-PD plans with premiums insert: (including any late enrollment penalty that you currently have or may owe)] by mail <insert optional methods: “Electronic Funds Transfer (EFT)”, “credit card”> each month <insert optional intervals, if applicable, for example “or quarterly”>. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month.]**

**[MA-PD and PDPs with premiums insert: If you are assessed a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or RRB. DO NOT pay [insert appropriate plan and/or organization name] the Part D-IRMAA.]**

[*Optional field:* **Electronic Delivery of Plan Specific Materials: Choose one**

I opt/choose to receive **all** plan specific materials available electronically

I opt/choose to receive only the following plan related materials electronically: {plans may list those types or categories of materials that are available for electronic delivery}

*Plans may also include information needed to sign up for portals or other mechanisms to receive materials electronically.]*





**BlueCross BlueShield**

Illinois · Montana · New Mexico  
Oklahoma · Texas

January 17, 2020

Submitted via: <https://www.regulations.gov>

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

**Re: CMS-10718 (OMB Control Number 0938–NEW)**

To Whom It May Concern:

Health Care Service Corporation (HCSC) appreciates the opportunity to provide comments to the Centers for Medicare & Medicaid Services (CMS) in response to the notice under the Paperwork Reduction Act concerning the “Model Medicare Advantage and Medicare Prescription Drug Plan Individual Enrollment Request Form” published in the Federal Register (84 FR 63655) on November 18, 2019.

## **BACKGROUND**

HCSC is the largest customer-owned health insurance company in the United States. The company offers a wide variety of health and life insurance products and related services, through its operating divisions and subsidiaries including Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of Montana, Blue Cross and Blue Shield of New Mexico, Blue Cross and Blue Shield of Oklahoma, and Blue Cross and Blue Shield of Texas. HCSC has established Medicare Advantage Prescription Drug (MAPD) plans and Part D Prescription Drug (Part D) stand-alone plans in all five of the HCSC states. In addition, HCSC operates a Medicare-Medicaid Plan (MMP) contract in the State of Illinois.

## **COMMENTS**

HCSC has identified the following specific comments, which we hope will be helpful as CMS works toward refining and ultimately finalizing the new streamlined enrollment request form.

### **Cover Page & Instructions**

- **“What Information Do You Need to Complete this Application?” (pg. 1).** Under this heading, CMS indicates that beneficiaries will need their “Medicare Number” as well as “current address and phone number” to complete the application form. To ensure clarity, we recommend that CMS consider including the phrase **“from your red, white and blue Medicare card”** immediately after the phrase “Medicare Number.” We also recommend that CMS incorporate a similar change in other instances where the phrase “Medicare Number” is reflected (i.e., page 2) for consistency.

Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of Montana, Blue Cross and Blue Shield of New Mexico, Blue Cross and Blue Shield of Oklahoma, and Blue Cross and Blue Shield of Texas

- **“What’s Included with the Enrollment Form?” (pg. 1).** It is unclear whether CMS intends for this section to be included as part of the beneficiary instructions, or whether the agency intends for this section to provide guidance and instruction to plans. We recommend that CMS clarify the intended audience for this section of the draft and make any needed adjustments to the language accordingly.

### **Mandatory Sponsor Addendum Requesting Race/Ethnicity Data**

- **Mandatory Addendum Instruction (pg. 3).** On the top of page 3, CMS has included language that identifies this section as the “Mandatory Addendum” and notes that the section “is considered part of the enrollment application but optional for the beneficiary.” It is unclear whether the header and note are intended to appear as part of the model form, or if CMS intends for the language to only serve as instructions to plans. We recommend that CMS explicitly address this issue during the subsequent 30-day comment opportunity to ensure clarity. In addition, if the language is intended to provide direction to plans only, we recommend that CMS provide separate and distinct stand-alone instructions that address plan requirements along with the newly streamlined enrollment form. This comment also is applicable to the “Optional Addendum” section of the draft form.
- **Language or Accessible Format Preference (pg. 3).** Under this section, CMS directs applicants to fill-in their applicable preferred spoken language, preferred written language, or accessible format preference. While we recognize that a primary goal of the draft enrollment form is to achieve a more streamlined and shortened model, we recommend that CMS consider including a list of available languages and list of accessible formats from which the applicant can choose (i.e., by checking a box), consistent with the current enrollment forms. We believe an approach along these lines may better support beneficiary efforts to populate the form as well as increase clarity.

We appreciate the opportunity to comment. If you would like additional information or have questions about our feedback, please contact me at 202-249-7214 or [Dana\\_Mott-Bronson@hcsc.net](mailto:Dana_Mott-Bronson@hcsc.net).

Sincerely,



Dana Mott-Bronson  
Vice President, Health Policy – Government Programs





January 17, 2020

VIA ELECTRONIC SUBMISSION at [www.regulations.gov](http://www.regulations.gov)

CMS, Office of Strategic Operations and Regulatory Affairs  
Division of Regulations Development  
Attention: OMB Control Number 0938-New  
Room C4-26-05  
7500 Security Boulevard  
Baltimore, MD 21244-1850

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

To Whom It May Concern:

Highmark Inc. (“Highmark”) is one of America's leading health insurance organizations and an independent licensee of the Blue Cross and Blue Shield Association. Highmark, together with its Blue-branded affiliates, collectively comprises the fourth-largest Blue Cross and Blue Shield-affiliated organization and one of the nation’s ten largest health insurance organizations. Highmark and its affiliated health plans work passionately to deliver high-quality, accessible, understandable, and affordable experiences, outcomes, and solutions to customers. Highmark and its Blue-branded affiliates proudly cover the insurance needs of nearly 5 million members in Pennsylvania, Delaware, and West Virginia.

Highmark is invested in the success of Medicare Advantage and is committed to working to improve the total health care experience and the health of the communities we serve. We thank the Centers for Medicare & Medicaid Services (“CMS”) for the opportunity to offer comments on this information collection request on the individual enrollment request form for Medicare Advantage (MA) and Medicare Prescription Drug Plan (PDP), which pertains to a Medicare beneficiary (or their legal representative) enrolling in an MA or PDP plan, even if switching plans within the same MA or PDP organization. MA and PDP organizations, applicants to MA and PDP organizations, and CMS will use the information collected to comply with the eligibility and enrollment requirements.

We note CMS has shortened the form in an effort to be more consumer-friendly. We appreciate efforts to make the enrollment process as consumer-friendly as possible and have a few suggestions for CMS to consider.

- We are concerned proposed form asks the applicant to write the plan name for which they are applying. We recommend CMS allow plans to list their plan options on the form, similar to what may be done today, so as to ensure the applicant selects their correct intended plan option. We are concerned applicants may not completely capture the correct plan name; such as, writing Community Blue Medicare HMO but not designating whether they want the Signature or Prestige option. We have included a snapshot below to highlight the format we think works best for applicants.



PLEASE CHECK WHICH PLAN YOU WANT TO ENROLL IN	
PLEASE DOUBLE CHECK THE PREMIUM FOR YOUR COUNTY ON PAGE 1	
<b>Community Blue Medicare HMO</b> <input type="checkbox"/> Signature - \$____ per month <input type="checkbox"/> Prestige \$____ per month <b>Security Blue HMO-POS</b> <input type="checkbox"/> Basic - \$____ per month <input type="checkbox"/> ValueRx - \$____ per month <input type="checkbox"/> Standard - \$____ per month <input type="checkbox"/> Deluxe - \$____ per month	<b>Community Blue Medicare PPO</b> <input type="checkbox"/> Signature - \$____ per month <input type="checkbox"/> Distinct - \$____ per month <b>Freedom Blue PPO</b> <input type="checkbox"/> ValueRx - \$____ per month <input type="checkbox"/> Select - \$____ per month <input type="checkbox"/> Classic - \$____ per month

- We note in Exhibit 1a of the existing form there is an Attestation of Eligibility for an Enrollment Period section; however, in the proposed form, there is no such attestation of eligibility section. Since MA plans have only 7 days to determine whether an applicant has an election available, MA plans will need applicants to answer these questions when they complete the form. Therefore, we recommend CMS add Exhibit 1a to this proposed form.

We thank you for the opportunity to comment on this very important tool and appreciate your consideration of our comments.

Respectfully,

Amy Sawyer  
 Director Health Policy

**Kaiser Permanente Comments on CMS–10718: Model Medicare Advantage and Medicare Prescription Drug Plan Individual Enrollment Request Form**

Kaiser Permanente appreciates the opportunity to submit comments regarding proposed changes to the Model Medicare Advantage and Medicare Prescription Drug Plan Individual Enrollment Request Form (CMS–10718). This document is critical to ensuring beneficiaries are appropriately enrolled into their plan of choice and we are supportive of CMS efforts to implement improvements and streamline the form.

We appreciate CMS’ consideration of these comments. If there are any questions, please contact Jamie Brandi, Executive Director, Medicare Compliance at (510) 271-6933 or Jamie.L.Brandi@kp.org.



- We observed the existing Medicare Managed Care Manual, Chapter 2, Exhibit 1a (Attestation of Eligibility for an Enrollment Period) is not attached with this CY 2021 MA/PDP Shortened Enrollment Form. We request that CMS clarify that Exhibit 1a will still be available for plans to include with this enrollment form. This exhibit is essential and critical for plans to be able to obtain enrollment period information at the time of receiving the enrollment form in order to best determine eligibility for enrollment.
- Regarding the field “Name of Plan You are Enrolling In,” we are seeking clarification that plans will still be able to list all the plans available to beneficiaries. Currently, the model allows for all available plans in a given service area to be listed in this section so that beneficiaries can simply check the box of the plan of their choice. This eliminates follow up with beneficiaries who may not readily know all the plans available to them. It also eases processing timeframes, as it makes it clearer which plan is being selected.
- We are strongly in favor of removing the ESRD question from the enrollment form. We request that CMS confirm that the ESRD question has been removed from this form because ESRD will no longer be a factor in determining Medicare Advantage eligibility as of CY 2021 due to the 21<sup>st</sup> Century Cures Act.
- With the ESRD question not included on the form, we ask that CMS provide further guidance regarding how CMS expects ESRD statuses are to be confirmed and reconciled. Currently plans are able to identify ESRD status information at the time of enrollment and post enrollment via CMS records and health plan records. We wish to understand how removing the ESRD question will impact the way ESRD information must be obtained/reconciled in order to ensure appropriate payment.
- This proposed form only includes one phone number field (Home Phone Number). We strongly urge CMS to consider retaining the current model’s optional field for “Alternate Phone Number” and even perhaps renaming it to “Mobile Phone Number.”
- Regarding the “Medicare Number” section, we strongly recommend that CMS add a for the beneficiary to enter his/her name exactly as it appears on his/her Medicare Card to help plans with validation of identity when performing eligibility queries.
- We are concerned about the timing of when the model form will be released and the plan’s ability to implement for AEP 2020 (by 10/15/2020). We would appreciate as much lead time as possible to prepare for and implement required changes.
- We are in support of adding the optional field regarding “Electronic Delivery of Plan Specific Materials.”

- We noticed the “Paying Your Plan Premiums” field is labeled as an optional field. We request that CMS clarify if this means plans will no longer be required to ask whether beneficiaries want to choose to pay their premium by automatic deduction from their SSA or RRB benefit check each month. Currently, this question is required on all enrollment mechanisms except the Simplified Enrollment Mechanism.
- We request confirmation as to whether additions to this model form, such as the ethnicity/race-related questions, will also be incorporated into the Online Enrollment Center layout. If so, we would appreciate CMS providing guidance on when the updated 2021 OEC layout will be available. The more time provided in advance will help plans tremendously in ensuring a smooth transition in enrollment processing for beneficiaries.
- In the section where it indicates “[Special Needs Plans] insert question(s) regarding the required special needs criteria],” we ask for confirmation that this space can be used by plans to request a beneficiary’s Medicaid ID number. That ID number is critical in confirming Medicaid eligibility in order to determine if a beneficiary is eligible to enroll in a D-SNP.
- We strongly urge CMS to add a field that asks beneficiaries for a requested effective date. We often encounter situations during AEP where beneficiaries qualify for more than one effective date due to qualifying for more than one election period. We certainly understand CMS’ expectation that the plan ultimately must determine the election period and effective date for which the beneficiary is eligible. However, over the years, particularly since the 5-star SEP began, we’ve observed more frequent situations where an effective date field on the enrollment mechanism would have alleviated burden on both the plans and beneficiaries in confirming the desired effective date. This field would be extremely helpful in situations where the plan was not able to successfully reach beneficiaries by phone who were eligible for more than one effective date and more than one election period at the time the enrollment request is received. If a field like this does not fit on the enrollment form itself, perhaps it is more appropriate to add to Exhibit 1a.
- As a quality-focused organization that delivers integrated care, we are committed to diversity and inclusion and support the addition of the optional race/ethnicity field to the Medicare enrollment form. The inclusion of this field aligns with efforts of our organization to collect this data through our care delivery system and adding this field to the enrollment form would help create familiarity with this practice on the part of the beneficiary prior to formally joining our plan. We strongly recommend that CMS maintain the field as optional, so as not to deter enrollment and/or influence plan choice for beneficiaries who may prefer not to share this information.
- Regarding the new, optional ethnicity/race-related questions, we request that CMS provide information regarding how health plans should capture, archive, store and report out any responses or non-responses/declinations. Should CMS look to require reporting or use of this data, we request reasonable lead time/opportunities to comment, as these requirements could have significant operational/system impact. Having sufficient time to implement new requirements will help reduce the impact to our existing processes and not impede our ability to provide the best level of service for beneficiaries.

## PHA - Comments on the Proposed Model MA and PDP Individual Enrollment Request Form

Providence Health Assurance appreciates the opportunity to provide feedback on the proposed Model for the MA and PDP Individual Enrollment Request Form (Exhibit 1). We are supportive of the continued process improvements to simplify the enrollment process for our members. In reviewing the proposed form, we have the following comments and requests for some additional clarification.

### Cover Page

- Under the section **THINGS TO REMEMBER?**, it is stated that “you can send your form anytime from October 15 but no later than Dec 7.” This could be interpreted by the beneficiary that the enrollment form may be sent on/post-marked by 12/07. Current guidance, in Medicare Managed Care Manual (MMCM) Chapter 2 – Enrollment and Disenrollment, Sect 10 states:
  - For requests sent by mail, the application date is the date the application is received by the organization (i.e., arrives in the organization’s mailbox or mailroom); the postmark is irrelevant).  
Will this guidance be updated?
- We would like to continue to include the different options for where the enrollee can submit their form and feel that information would be relevant within the **WHAT HAPPENS NEXT?** Section. Will this type of modification be permitted?
- In addition to offering Medicare as a resource for assistance if the beneficiary has questions, will the contact information for the Plan be allowed to be included as well?

### Plan Selection area

- The proposed form has a box for the enrollee to fill in the plan they would like to be enrolled into. Would the Plan still be able to provide all of the plans the enrollee would be eligible to enroll in based on their service area for the enrollee to pick from and the enrollee could make the selection by marking a check box next to the desired plan?

### Would the option to go Non-Model still be available?

- Sometimes it is beneficial to our members for the Health Plan to be able to provide clarifying language to make the form more specific to our Plan’s processes. For example, if a plan wants to worded something a little differently, but still maintained the same meaning? Will any modifications such as this be allowed?

### Will Plans still be able to incorporate the Attestation of Eligibility for an Enrollment Period (Exhibit 1a from MMCM Chapter 2- Enrollment and Disenrollment) within the Enrollment Request form?

- This section is important for the Membership Accounting department to identify which election period the enrollee is eligible for and would like to use for their enrollment. Without this section, there is concern that this could cause an increase in unqualified enrollments and the need for additional outreach to the enrollees to clarify their enrollment intentions/options. If allowed, will it be specified where within the form it can be inserted?

### **The only Medicare Card information being requested is the Medicare number**

- As another means of identifying the enrollee in the Medicare systems, it is important that the beneficiaries provide their name as it appears on their card. That instruction has been removed and we request consideration that this remain on the form.
- The effective dates for the Part A and B coverage are helpful for Membership Accounting departments in determining ICEP/IEP incomplete dates. We find that information valuable to be captured on the form and request that it remain on the form as well.

### **Paying Plan Premiums section**

- The optional language for plans with premiums is provided. If Plans are allowed to include all the plan options for a service area, there may be plans with premiums and plans with \$0 premiums both included on the form. In that case, would it be allowed to modify the language to state “if applicable”?

### **PCP selection moved to the Optional Addenda at the end of the form**

- There is some concern that this information being at the end of the form may lead to the information being overlooked by the beneficiary. If not provided, it could result in an additional step for the members to need to call the Plan to update that information later.

### **Current Chapter 2 Guidance regarding required elements**

- Per Chapter 2, Sect 40.1.1, the enrollment mechanism must include the applicant’s acknowledgement of the following:
  - Understanding of the requirement to continue to keep Medicare Part A and B
  - Agreement to abide by the MA plan’s membership rules, as outlined in member materials;
  - Consent to the disclosure and exchange of information necessary for the operation of the MA program;
  - Understanding that he/she can be enrolled in only one Medicare health plan and that enrollment in the MA plan automatically disenrolls him/her from any other Medicare health plan and prescription drug plan; and
  - Understanding of the right to appeal service and payment denials made by the organization.

On the current form, this information is provided within the “Please Read and Sign Below” section on the current form. Some of this specific language has been removed in the proposed form, such as the requirement to keep Medicare Parts A and B, understanding they can only be enrolled in one Medicare health plan at a time and the right to appeal service and payment denials. Will the Chapter 2 guidance be updated to reflect that these elements are no longer required? Will Appendix 2 be updated to reflect the change in required elements per the proposed form changes?

### **Online Enrollment Mechanisms**

- Will there be impacts to the requirements for the Online Enrollment Mechanisms?

Thank you, again, for the opportunity to provide feedback on the proposed Model MA and PDP Individual Enrollment Request form. We look forward to the final decision and guidance.



**Lori-Don Gregory**  
VP, Deputy Compliance Officer

January 17, 2020

**Request for Comments: CMS-10718 - Model Medicare Advantage and Medicare Prescription Drug Plan Individual Enrollment Request Form**

To Whom It May Concern:

WellCare appreciates the opportunity to provide feedback regarding the draft shortened Individual Enrollment Request Form. We have copied the draft cover page below, and added comments in the respective section.

**APPLICATION FOR ENROLLMENT IN MEDICARE PART C (MEDICARE ADVANTAGE PLAN) or PART D (MEDICARE PRESCRIPTION DRUG PLAN)**

**WHO CAN USE THIS APPLICATION?**

- **(For MA eligibility)** Individuals entitled to Medicare Part A and enrolled in Part B
- **(For Part D eligibility)** Individuals entitled to Medicare Part A and/or enrolled in Part B

**In addition, individuals must:**

- Live in the MA or Part D plan's service area
- Be U.S. Citizens or be lawfully present individuals in the United States

**WHEN DO YOU USE THIS APPLICATION?**

**Use this form:**

If you are newly eligible for Medicare or otherwise have a valid election period to enroll in either a Medicare Advantage plan OR Prescription Drug Plan.

**NOTE:** Your Initial Coverage Election Period (ICEP) lasts for 7 months. It begins 3 months before the month you are newly eligible for Medicare (generally, your 65th birthday or 25th month of disability) and ends 3 months after the month you are newly eligible for Medicare

**WHAT INFORMATION DO YOU NEED TO COMPLETE THIS APPLICATION?**

**You will need:**

- Your Medicare Number *[WellCare recommends adding verbiage here such as; "please be sure to copy the numbers/letters exactly as they appear on your red, white, and blue card, including a slash through 0's and 7's"]*
- Your current address and phone number *[WellCare recommends adding verbiage here such as: "please be sure to include your street address, rather than P.O. Box"]*

**WHAT'S INCLUDED WITH THE ENROLLMENT FORM?** *[WellCare recommends this section be omitted as it could likely cause confusion for beneficiaries.]*





We have mandatory addenda (to be part of the application), which are optional for the beneficiary to complete; and optional addenda which are optional for the plan to include and the beneficiary to complete.

**THINGS TO REMEMBER?**

- If you're signing up during open enrollment you can send your form anytime from October 15 but no later than December 7.
- You (or your authorized representative) must fill out a separate form for each person enrolling in the plan.
- Your plan will bill you. You can choose to sign up to have your premium payments deducted from your bank account, *[WellCare recommends adding: "or directly from your SSA check."]*
- *[We also recommend adding the following: "It is important to complete all required fields to process your application, otherwise your enrollment may be delayed."]*

**WHAT HAPPENS NEXT?** *[WellCare would like to request the plan's phone number be included instead of Medicare so the plan can assist with completing the application and/or facilitate questions the beneficiary has regarding their enrollment.]*

Send your completed and signed application to the Medicare Advantage or Prescription Drug plan. If you have questions, call ~~MEDICARE at 1-800-633-4227~~. TTY users should call **1-877-486-2048**. You may call 24 hours a day 7 days per week.

**HOW DO YOU GET HELP WITH THIS APPLICATION?** *[Same comment as above to include the plan's information here to better assist with processing the application.]*

**Phone:** Call MEDICARE at **1-800-633-4227**. TTY users should call **1-877-486-2048**.

**En español:** Llame a Medicare gratis al **1-800-633-4227** y oprima el 2 para asistencia en español y unrepresentante estará disponible para asistirle.

Thank you for the comment opportunity. Please do not hesitate to contact us if you have any questions.

Sincerely,

A handwritten signature in blue ink that reads "Lori-Don Gregory" followed by a stylized "@ET" symbol.

Lori-Don Gregory  
VP, Deputy Compliance Officer  
WellCare Health Plans



Shannon Schuster  
Director, Regulatory Affairs  
Government Programs  
UnitedHealthcare  
3100 AMS Blvd  
Green Bay, WI 54313  
920-661-6217

To: Centers for Medicare and Medicaid Services  
*Submitted electronically via: <http://www.regulations.gov>*

From: Shannon Schuster  
UnitedHealthcare  
UnitedHealth Group

Date: January 17, 2020

Re: *Model Medicare Advantage and Medicare Prescription Drug Plan Individual Enrollment Request Form*

Attached are comments regarding the Model Medicare Advantage and Medicare Prescription Drug Plan Individual Enrollment Request Form.

# **Model Medicare Advantage and Medicare Prescription Drug Plan Individual Enrollment Request Form**

## **Comments Submitted by UnitedHealthcare 1/17/20**

UnitedHealthcare (UHC) appreciates the opportunity to provide input to CMS regarding the Model Medicare Advantage and Medicare Prescription Drug Plan Individual Enrollment Request Form.

### **Earlier Release Dates of Final Enrollment Guidance and Enrollment Application Models**

UHC proposes that on an annual basis CMS release the final Enrollment Guidance in April. The current timeline does not take into account the technology and process updates necessary to make the changes outlined in the Enrollment Guidance. Additionally, the steady increase in Medicare Advantage (MA) membership has led to an increase in the number of materials that need to be produced, which strains production timelines. We anticipate that growth will continue. UHC recommends earlier release dates to accommodate these concerns, as well as increased communication from CMS on release timelines and status updates if guidance or models will be late.

### **CMS Enrollment Application Review Timeframes**

In section 100.4 of the Medicare Communications and Marketing Guidelines (MCMGs), CMS describes the enrollment application form as a “Communication” material, which generally does not require CMS review or submission. However, this section further indicates that enrollment form submissions are required by statute (HPMS submission code 1070 or 1072). Section 1851 of Title XVIII requires that enrollment applications be submitted to CMS for approval at least 45 days before their intended use. UHC recommends that CMS pursue updates to the statute, and then update the enrollment form submission guidance to align with other Communication materials that require an ‘informational’ submission, such as the Evidence of Coverage. We believe this will assist MA plans and Part D sponsors in ensuring that beneficiaries have timely access to required enrollment mechanisms during the AEP.

### **“Frequently Asked Questions” Section**

The number of CMS-required materials and disclaimer pages that MA plans and Part D sponsors must include in their enrollment kits has become lengthy and requires that MA plans and Part D sponsors maintain multiple versions based on plan type. The amount of information that is presented can result in beneficiary confusion. UHC recommends that the FAQ page only include general questions that are applicable to all plan types in order to reduce the number of versions that MA plans and Part D sponsors must maintain. UHC also recommends that CMS limit these questions only to those that are extremely relevant at the point of enrollment (e.g., enrollment period dates, who is eligible to apply, etc.). Additionally, UHC proposes that CMS eliminate the Pre-Enrollment Checklist (MCMG Appendix 3) in order to help reduce duplicative/redundant information already contained in the new FAQ section.

### **“When do you use this application”; and “What information do you need to complete this application” Sections**

UHC recommends that CMS remove the colon after the “use this form” and “you will need” to reduce beneficiary confusion.

### **“Things to remember?” Section**

UHC recommends that CMS change the question mark to a period and recommends the following revisions to reduce beneficiary confusion:

- *“If you’re signing up during open enrollment you can send your form anytime from October 15 ~~but no later than~~ **and** December 7.*
- ***Each person enrolling in the plan** ~~You (or you’re their authorized representative) must fill out a separate form for each person enrolling in the plan.~~*
- *Your plan will bill you **(Choices are explained on form)**. ~~You can choose to sign up to have your premium payments deducted from your bank account.”~~*

### **“Name of Plan You are Enrolling In” Section**

UHC recommends that the “Plan Name” field remain a checkbox rather than a free form text field. UHC believes that a free form field poses a risk that agents or beneficiaries will handwrite an incorrect plan name, which could cause a delay in processing the enrollment request and result in beneficiary dissatisfaction/complaints.

### **“IMPORTANT: Read and Sign Below” Section**

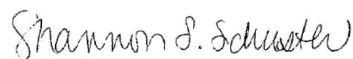
UHC supports CMS’ efforts to streamline the “IMPORTANT: Read and Sign Below” section of the enrollment application.

### **“Mandatory Addendum: This is considered part of the enrollment application but optional for the beneficiary” Section**

UHC recommends that CMS remove the “optional” statement from the Mandatory Addendum header. UHC believes that if this section is optional, beneficiaries and agents will skip this section altogether. We also believe that this section includes critical beneficiary preference questions (e.g., alternate format needs) that are necessary to fulfill plan materials in a beneficiary’s preferred format. If this section becomes optional, then MA plans and Part D sponsors may be less likely to obtain the member’s preferred format, which will result in members not receiving plan communications in that format.

If you have any questions on these comments, please feel free to contact me at 920-661-6217.

Respectfully,



Shannon Schuster  
Director, Regulatory Affairs  
UnitedHealthcare