**CMS-10718 CY 2023 MEDICARE ADVANTAGE AND MEDICARE PRECRIPTION DRUG PLAN ENROLLMENT FORM CROSSWALK**

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| **Current CY 2023**  **MA/Part D**  **Enrollment Form** | **Location on CY 2023 Enrollment Form** | **Revised CY 2023 Model**  **MA/Part D**  **Enrollment**  **Request Form** | **Type of Change** | **Reason for Change** | **Current Location** |
| What’s your race? Select all that apply.  0 American Indian or Alaska Native  0 Asian Indian  0 Black or African American  0 Chinese  0 Filipino  0 Guamanian or Chamorro  0 Japanese  0 Korean  0 Native Hawaiian  0 Other Asian  0 Other Pacific Islander  0 Samoan  0 Vietnamese  0 White  0 I choose not to answer. | Page 3 - Section 2 | What’s your race? Select all that apply.  0 American Indian or Alaska Native  Asian:  0 Asian Indian  0 Chinese  0 Filipino  0 Japanese  0 Korean  0 Vietnamese  0 Other Asian  0 Black or African American  Native Hawaiian and Pacific Islander:  0 Guamanian or Chamorro  0 Native Hawaiian  0 Samoan  0 Other Pacific Islander  0 White  0 I choose not to answer. | Rev | OMB’s terms of clearance for the approved information collection, Medicare Part C and Medicare Part D Enrollment Form Interviews (CMS-10816, OMB 0938-1440), required that CMS submit non-substantial change requests to revise its new race question to ensure appropriate and tested alphabetization of race categories with nested sub-categories of race rather than alphabetization of all sub-categories together. | Page 3 - Section 2 |

Type of Change: Rev = Revision, Del = Deletion, Add = Addition, and Red = Redesignation.