**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 Native0 Asian Indian0 Black or African American0 Chinese0 Filipino0 Guamanian or Chamorro0 Japanese0 Korean0 Native Hawaiian0 Other Asian0 Other Pacific Islander0 Samoan0 Vietnamese0 White0 I choose not to answer. | Page 3 - Section 2 | What’s your race? Select all that apply.0 American Indian or Alaska NativeAsian:0 Asian Indian0 Chinese0 Filipino0 Japanese0 Korean0 Vietnamese0 Other Asian0 Black or African AmericanNative Hawaiian and Pacific Islander:0 Guamanian or Chamorro0 Native Hawaiian0 Samoan0 Other Pacific Islander0 White0 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.