

CMS Response to Public Comments for CMS-10816 (OMB 0938-New), Medicare Part C and Part D Enrollment Form Interviews

The Centers for Medicare and Medicaid Services (CMS) received comments on the “Medicare Part C and Medicare Part D Enrollment Form Interviews (CMS–10816, OMB 0938-New)”, as outlined in the *Federal Register* (87 FR 51675) dated August 23, 2022 from Medicare Advantage (MA) and Prescription Drug Plan (PDP) Organizations and other essential stakeholders. This is the reconciliation of the comments from the 60-day public comment period.

**Comment:** A commenter encourages CMS to share the results of the cognitive interviews with Medicare Advantage Organizations (MAOs) and other stakeholders. The commenter believes this information is important in addressing barriers to information, care and coverage.

**Response:** Thank you for your comments. We do not plan to share this information publicly. Instead, this information will be used internally for CMS to understand the drivers of non-response and to inform any changes we may make to our approach to collect these data and/or any education campaigns that may assist in the collection of this information.

**Comment:** A commenter noted potential drivers of nonresponses to the race and ethnicity questions which include (but not limited to) including (but not limited to) (a) concerns about privacy, (b) concerns about how their race and ethnicity data will be used, including why these questions are being asked, (c) concerns about whether disclosing such information could be used against them (discrimination), or (d) concerns about bias (in pricing/costs) and if it in any way will affect health services rendered. The commenter suggests agents/brokers could obtain this information at the conclusion of a sales activity (to assure that whatever plan was selected was not influenced by the question). The commenter further suggests this information could be collected via a voluntary mail card where the individual remains anonymous.

**Response:** We appreciate your comments and suggestions. We acknowledge that some of these concerns may be reflected by non-responders and intend to use this as an opportunity to understand non-responders’ concerns.

We plan to collect race and ethnicity information in a non-anonymized manner because, from an analysis perspective, it is key to be able to link individuals to their sociodemographic characteristics so that inferences can be made about, e.g., differences in care quality by race/ethnicity. All analyses that we perform are aggregated – meaning we are not reporting any individual person’s race or ethnicity information, but rather the race/ethnicity breakdown of the sample used in any given analysis – but we *do* need to know individuals’ race/ethnicity information to understand disparities in health and health care.

We intend to survey non-responders about whether, beyond the Medicare Part C/D enrollment form, there are other mechanisms through which they would prefer that we collect this information (e.g. a mail card), and whether asking for them to self-report this information via an enrollment form, specifically, deterred them from responding.