

Supporting Statement – Part A
Medicare Advantage Model of Care Submission Requirements
CMS-10565, OMB 0938-1296

Background

Under section 1859(f)(1) of the Social Security Act (the Act), Medicare Advantage (MA) special needs plans (SNPs) are able to restrict enrollment to MA beneficiaries who are: (1) Institutionalized individuals, who are currently defined in 42 CFR § 422.2 as those residing or expecting to reside for 90 days or longer in a long-term care facility, and institutionalized equivalent individuals who reside in the community but need an institutional level of care when certain conditions are met; (2) individuals entitled to medical assistance under a State plan under Title XIX; or (3) other individuals with certain severe or disabling chronic conditions who would benefit from enrollment in a SNP. As outlined at 42 CFR § 422.2, SNPs are a specific type of MA coordinated care plan that provide targeted care to individuals with unique special needs, and are defined as:

- 1) Institutionalized or institutionalized-equivalent beneficiaries (I-SNPs)
- 2) Dual eligible beneficiaries who are eligible for both Medicare and Medicaid (D-SNPs), and
- 3) Beneficiaries who have a severe or disabling chronic condition(s) (C-SNPs).

Section 1859(f)(7) of the Act requires that all MA SNPs be approved by the National Committee for Quality Assurance (NCQA). As a component of the MA application and renewal process, SNPs are required to submit Models of Care (MOCs) through the Health Plan Management System (HPMS). A MOC is a narrative submitted to the Centers for Medicare & Medicaid Services (CMS) by the SNP that describes the basic quality framework used to meet the individual needs of its enrollees and the infrastructure to promote care management and coordination. SNP MOCs are also considered a vital tool for quality improvement.

MOC approval is based on NCQA's evaluation using scoring guidelines developed by NCQA and CMS for the Secretary of the Department of Health and Human Services. The MOC elements cover the following areas: MOC 1: Description of the Overall SNP Population; MOC 2: Care Coordination; MOC 3: Provider Network; and MOC 4: Quality Measurement & Performance Improvement. Based on the SNP type and MOC scores, with the exception of C-SNPs, all other SNPs receive an approval for a period of one, two, or three years. C-SNPs may only receive a one-year approval.

There are two types of MOC submissions:

Initial and Renewal Submission

At the time SNP applications are due, an MA organization (MAO) wishing to offer a new SNP or renew an existing SNP, will submit a MOC with their SNP application in the Application module in HPMS for NCQA review and approval. Per section 1859(f)(5)(B)(iv) of the Act, C-SNPs must renew their MOCs annually. I-SNPs and D-SNPs however receive an approval for a period of one, two, or three years, based on their MOC scores, and pending no substantial

changes to the MOC.

Off-Cycle Submission

A D-SNP or I-SNP that decides to make substantial changes in policies or procedures to its existing approved MOC must submit a summary of their off-cycle MOC changes, along with the red-lined MOC, in the MOC module in HPMS for NCQA review and approval. Substantial changes are those that have a significant impact on care management approaches, enrollee benefits, and/or SNP operations. Note that minor adjustments to refine or improve existing processes are generally not considered substantial revisions and do not require an off-cycle MOC submission.

MOC changes are at the discretion of SNPs, and it is the responsibility of SNPs to notify CMS of substantive changes and electronically submit a summary of changes to their MOC in HPMS. Furthermore, SNPs may not implement any changes until NCQA has approved the changes.

In this revised PRA package, CMS outlines the burden for the existing MOC requirements as well as recent codifications to the Medicare Advantage regulations described below. CMS is also proposing a Dual Eligible Special Needs Plan Model of Care Questionnaire as Attachment B, which captures elements related to health risk assessments (HRAs), individualized care plans and care coordination practices specific to D-SNPs.

On April 23, 2024, CMS issued a final rule (89 FR 30846) CMS-4201-F3 and CMS-4205-F codifying the guidelines for off-cycle MOC submissions. We clarified that SNPs may submit updates and corrections to their NCQA-approved MOC between June 1st and November 30th of each calendar year when a SNP needs to modify its processes and strategies for providing care in the midst of its approved MOC timeframe or when CMS deems it necessary to ensure compliance with applicable standards and requirements. As outlined at 42 CFR § 422.101(f)(3)(iv)(B)(1) through (5), SNPs may modify their MOCs when there are substantial changes in policies or procedures pertinent to any of the following:

- (1)(i) The health risk assessment (HRA) process.
- (ii) Revising processes to develop and update the Individualized Care Plan (ICP).
- (iii) The integrated care team process.
- (iv) Risk stratification methodology.
- (v) Care transition protocols.
- (2) Target population changes that warrant modifications to care management approaches.
- (3) Changes in a SNP's plan benefit package between consecutive contract years that can considerably impact critical functions necessary to maintain member well-being and are related to SNP operations.
- (4) Changes in level of authority or oversight for personnel conducting care coordination activities (for example, medical provider to non-medical provider, clinical vs. non-clinical personnel).
- (5) Changes to quality metrics used to measure performance.

Also in the final rule, CMS modified § 422.101(f)(3)(iii) to include, in addition to the existing requirement that each element of the MOC meet a minimum benchmark score of 50 percent,

each MOC must now meet an aggregate minimum benchmark of 70 percent. The requirement to meet an aggregate minimum benchmark of 70% is a codification to existing practice for reviewing and scoring MOC submissions. We further codified MOC approval periods based on SNP types and scores rendered by NCQA, and conditions for resubmission when the minimum benchmarks specified in this section are not met:

(A) A MOC for a C-SNP that receives a passing score is approved for 1 year.

(B) A MOC for an I-SNP or D-SNP that receives an aggregate minimum benchmark score of 85 percent or greater is approved for 3 years. An MOC for an I-SNP or D-SNP that receives a score of 75 percent to 84 percent is approved for 2 years. An MOC for an I-SNP or DSNP that receives a score of 70 percent to 74 percent is approved for 1 year.

(C) For a MOC that fails to meet a minimum element benchmark score of 50 percent or an MOC that fails to meet the aggregate minimum benchmark of 70 percent, the MA organization is permitted a one-time opportunity to resubmit the corrected MOC for reevaluation; and an MOC that is corrected and resubmitted using this cure period is approved for only 1 year.

In addition to the regulatory codifications, CMS made changes to the MOC matrix requirements in order to streamline and/or consolidate the language, eliminate redundancies, and provide clarifications to reduce ambiguities. We also re-ordered some of the requirements for a more logical flow. And eliminated MOC Matix B as all MOC requirements for an initial, renewal and off-cycle submissions are now included in Attachment A, Model of Care Matrix Document. CMS summarizes below the changes made to each of the MOC Elements:

MOC Element 1: Description of the Overall SNP Population

CMS consolidated some of the requirements to eliminate redundancies and provide more clarity around the need to differentiate between the most vulnerable enrollees as compared to those that are less resource intensive or have lower risk stratification scores. For example, MOC Element 1A will now require SNPs to describe both the overall SNP population and the most vulnerable, and MOC Element 1B will require SNPs to outline the services for the most vulnerable beneficiaries. This will eliminate the need for SNPs to describe the different SNP populations in two different sections under MOC Element 1. CMS will also require SNPs to provide specific information about actual or potential health disparities and how the SNP addresses enrollee health needs related to social determinants of health.

MOC Element 2: Care Coordination

CMS consolidated some of the requirements in MOC Element 2 to eliminate redundancies and focus on information that is more relevant to care coordination processes. For example, SNPs will only be required to provide organizational charts for key care coordination staff, rather than the entire organization.

CMS made some additional clarifications and/or streamlining to the MOC requirements regarding the health risk assessment, face-to-face encounters, the individualized care plan (ICP) and care team, and care transition protocols. We included a requirement that SNPs must incorporate various areas of focus in enrollees' ICPs, such as self-management goals to meet

their medical, functional, cognitive, psychosocial needs, etc. identified in the health risk assessment (HRA). We also clarified that stratifying results from the HRA is not an optional function and is expected to be accomplished in accordance with § 422.152(g)(2)(iv). We also added a requirement that SNPs must describe mitigation strategies used when it encounters difficulties related to transfers between health care settings, enrollee placement issues, etc. And must identify contingency plans used to ensure ongoing continuity of operations and critical staff functions, along with disaster/emergency preparedness plans to ensure the needs of enrollees are met.

MOC Element 3: SNP Provider Network

CMS made minor clarifications and/or streamlining to the MOC requirements regarding specialized expertise, use of clinical practice guidelines & care transition protocols, and MOC training for network providers. Specifically, rather than requiring plans to target provider training for both in-network and out-of-network providers, we clarified that SNPs must explain how it conducts initial and annual MOC training for provider staff. Provider staff can include care coordination staff, admin staff, other clinical staff, etc. We believe this clarification will help plans target the provider staff that actually perform care coordination activities and other MOC related functions and will help to alleviate burden on the clinical staff who are tasked with providing direct enrollee care and treatment.

MOC Element 4: Quality Measurement & Performance Improvement

CMS made minor clarifications and/or streamlining to the MOC requirements regarding the overall MOC Quality Measurement & Performance Improvement. We clarified the difference between goals for measuring overall MOC performance VS enrollee health outcomes. We also provide some examples to help SNPs formulate their goals for improving overall performance and enrollee health outcomes. In addition, we included a requirement that SNPs must describe how they will identify and connect with enrollees that received no covered Medicare services during a defined period.

For a complete list of revisions, please see the CMS-10565, OMB 0938-1296 Crosswalk Document.

Burden Estimates

Based on the most recent MOC submission volumes in HPMS, we adjusted the number of initial and renewal MOC submissions from 273 to 410 and the number of MOC resubmissions from 14 to 15. We adjusted the volume of off-cycle MOC submissions from 139 to 150. We also adjusted the number of SNPs tracking face-to-face encounters from 734 to 1340. Lastly, CMS is including a new burden related to the D-SNP Questionnaire, which will add an estimated 1-hour burden for 173 D-SNPs.

We increased the hourly wage for the applicable SNP staff based on data from the U.S. Bureau of Labor Statistics' May 2023 National Occupational Employment and Wage Estimates and adjusted it for fringe benefits and overhead (https://www.bls.gov/oes/current/oes_nat.htm).

Lastly, we again note that both of the final rules mentioned above are a codification to existing practices. Therefore, both the off-cycle MOC submissions and aggregate benchmark requirements are already factored into existing burden estimates, which are described below.

A. Justification

1. Need and Legal Basis

Section 1859(f)(7) of the Act and 42 CFR § 422.101(f)(3) requires that all SNP MOCs be approved by NCQA. This approval is based on NCQA's evaluation of SNPs' MOC narratives using MOC scoring guidelines. Section 50311 of the BBA of 2018 modified the MOC requirements for C-SNPs in section 1859 (f)(5)(B)(i-v) of the Act, requiring them to submit on an annual basis. The BBA mandated additional changes for C-SNPs related to care management, HRAs, individualized care plans, a minimum benchmark for scoring, etc., for which CMS has applied these requirements to all SNP types.

2. Information Users

NCQA and CMS will use information collected in the SNP Application HPMS module to review and approve MOC narratives in order for an MAO to offer a new SNP in the upcoming calendar year(s). This information is used by CMS as part of the MA SNP application process. NCQA and CMS will use information collected in the Renewal Submission section of the HPMS MOC module to review and approve the MOC narrative for the SNP to receive a new approval period and operate in the upcoming calendar year(s).

Results of the Initial and Renewal MOC review will be made publicly available. NCQA and CMS will use information in the Off-Cycle Submission section of the HPMS MOC module to review changes SNPs wish to make to an approved MOC during their approval period. It is the responsibility of SNPs to notify CMS of substantial changes to their MOC in HPMS. Substantial changes are those that have a significant impact on care management approaches, enrollee benefits, and/or SNP operations. NCQA will conduct a review for CMS to determine if the changes made to a MOC are consistent with the MOC scoring guidelines before SNPs may implement the changes.

3. Use of Information Technology

SNPs will submit initial and renewal MOCs as well as summaries of any substantive off-cycle MOC changes to CMS through HPMS. This is the platform that CMS uses to coordinate communication and the collection of information from MAOs.

No signatures are required for these submissions.

4. Duplication of Efforts

This information collection does not duplicate any other effort, and the information cannot be obtained from any other source.

5. Small Businesses

The collection of information will have a minimal impact on small businesses because applicants must possess an insurance license and be able to accept substantial financial risk. Generally, state statutory licensure requirements effectively preclude small businesses from being licensed to bear risk needed to serve Medicare enrollees.

6. Less Frequent Collection

Initial and Renewal Submission

Given the importance of the activities covered in the MOC at safeguarding and improving the health of vulnerable Medicare beneficiaries enrolled in SNPs, CMS feels it is appropriate that SNPs be required to submit new MOCs at least every three years (and every year for C-SNPs as mandated by the BBA of 2018). Requiring SNPs to provide MOCs less frequently would mean that CMS would not be requiring SNPs to reconsider their care approaches in light of innovations and changes in the delivery of health services.

Off-Cycle Submission

The consequences of not collecting off-cycle submissions with substantial MOC changes are: (1) SNPs would not be able to make substantial changes to policies or strategies in their MOCs to take advantage of new technology or insight; or (2) CMS would not be aware of and NCQA would not have reviewed MOC changes the SNPs are performing. NCQA and CMS must review substantial MOC changes because the statute requires all SNPs to have a current NCQA-approved MOC during plan operation.

7. Special Circumstances

There are no special circumstances that would require an information collection to be conducted in a manner that requires respondents to:

- Report information to the agency more often than quarterly;
- Prepare a written response to a collection of information in fewer than 30 days after receipt of it;
- Submit more than an original and two copies of any document;
- Retain records, other than health, medical, government contract, grant-in-aid, or tax records for more than three years;
- Collect data in connection with a statistical survey that is not designed to produce valid and reliable results that can be generalized to the universe of study,
- Use a statistical data classification that has not been reviewed and approved by OMB;
- Include a pledge of confidentiality that is not supported by authority established in statute or regulation that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or
- Submit proprietary trade secret, or other confidential information unless the agency can

demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.

8. Federal Register/Outside Consultation

The final rule (CMS-4201-F3 and CMS-4205-F) published in the Federal Register on April 23, 2024 (89 FR 30846). We did not include burden estimates in the rule as all burden estimates are being proposed in this PRA.

9. Payments/Gifts to Respondents

This data collection will not include respondent incentive payments or gifts. However, note that in order for an MAO to offer a new SNP or renew a current SNP, they must develop and submit a MOC that is deemed acceptable by NCQA as described above in the background section.

10. Confidentiality

Consistent with federal government and CMS policies, CMS will protect the confidentiality of the requested proprietary information. Specifically, only information within a submitted MOC summary (or attachments thereto) that constitutes a trade secret, privileged or confidential information (as such terms are interpreted under the Freedom of Information Act (FOIA) and applicable case law), and is clearly labeled as such by the SNP, and which includes an explanation of how it meets one of the expectations specified in 45 CFR Part 5, will be protected from release by CMS under 5 U.S.C. 552(b)(4). Information not labeled as a trade secret, privileged, or confidential or not including an explanation of why it meets one or more of the FOIA exceptions in 45 CFR Part 5 will not be withheld from release under 5 U.S.C. 552(b)(4).

11. Sensitive Questions

There are no questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private.

12. Burden Estimates

Wage Estimates

To derive average costs, we used data from the U.S. Bureau of Labor Statistics' May 2023 National Occupational Employment and Wage Estimates for industry personnel salary estimates (https://www.bls.gov/oes/current/oes_nat.htm). In this regard, the following table presents the mean hourly wage, the cost of fringe benefits and overhead (calculated at 100 percent of salary), and the adjusted hourly wage.

We selected the position of registered nurse because the SNP nurse usually develops and submits the MOC. CMS typically interacts with the health plan quality registered nurse in matters related to the MOC after it is submitted to CMS.

National Occupational Mean Hourly Wage and Adjusted Hourly Wage

Occupation Title	Occupation Code	Mean Hourly Wage (\$/hr)	Fringe Benefits and Overhead (\$/hr)	Adjusted Hourly Wage (\$/hr)
Registered nurse	29-1141	45.42	45.42	90.94

As indicated, we are adjusting our employee hourly wage estimates by a factor of 100 percent. This is necessarily a rough adjustment, both because fringe benefits and overhead costs vary significantly from employer to employer, and because methods of estimating these costs vary widely from study to study. Nonetheless, we believe that doubling the hourly wage to estimate total cost is a reasonably accurate estimation method.

Collection of Information Requirements and Associated Burden Estimates

Initial and Renewal Submission

The SNP will access HPMS via the internet at <https://hpms.cms.gov/> and follow the appropriate instructions in HPMS. The SNP will click on either the Application module (initial) or the MOC module (renewal) in HPMS and download Attachment A, the Model of Care Matrix Document . The SNP will complete the document and upload it with the MOC narrative. The MOC Matrix document outlines the CMS SNP MOC standards and elements that must be addressed in the MOC narrative. The document also serves as a table of contents for the MOC narrative. Training to use the MOC module will be minimal and at no cost to the SNPs.

Using HPMS data, we estimate that approximately 410 SNPs will submit MOCs annually for initial and/or renewal purposes. For each SNP submitting a MOC, we assume 6 hours of work by SNP personnel at a cost of \$545.64 (6 hr x \$90.94/hr). In aggregate, we estimate **2,460 hours** (410 SNPs x 6 hr) at a cost of **\$223,712** (2,460 hr x \$90.94/hr) annually.

42 CFR § 422.101(f)(3)(iii) requires that each element of MOC meet a minimum benchmark score of 50 percent and each MOC must meet an aggregate minimum benchmark of 70 percent. A plan's MOC will only be approved if these scoring thresholds are met. Based on MOC submissions received in 2024, there were 15 submissions that failed to meet the minimum benchmark. Therefore, we will estimate that approximately 15 SNPs will be required to resubmit their MOCs because they did not meet the minimum thresholds for the initial MOC review by NCQA. For each SNP resubmitting a MOC, we assume 3 hours of work by SNP personnel at a cost of \$272.82 (3 hr x \$90.94/hr). In aggregate, we estimate **45 hours** (15 SNPs x 3 hr) at a cost of **\$4,092** (45 hr x \$90.94/hr) annually.

Using HPMS data, we estimate that approximately 173 D-SNPs will submit the D-SNP Questionnaire (Attachment B) annually for initial and/or renewal purposes. For each D-SNP submitting the D-SNP Questionnaire, we estimate 1 hour of work by D-SNP personnel at a cost of \$90.94 (1 hr x \$90.94/hr). In aggregate, we estimate **173 hours** (173 SNPs x 1 hr) at a cost of **\$15,733** (173 hr x \$90.94/hr) annually.

For initial and renewal MOC submissions, including resubmissions that fail to meet the minimum thresholds, both at the element and aggregate level as required by 42 CFR § 422.101(f)(3)(iii), and the D-SNP Questionnaire, the estimated burden is **2678 hours** (2,460 hr + 45 hr + 173 hr) at a cost of **\$243,537** (\$223,712 + \$ 4,092 + 15,733) annually.

The revised estimate takes into account a decrease in overall MOC submission volumes, an increase in the wage information, the addition of the D-SNP Questionnaire, changes to the MOC requirements in CMS-4201-F3 and CMS-4205-F, as well as the existing and revised MOC requirements outlined in Attachment A.

Off-Cycle Submission

SNPs must submit a summary of their MOC changes in HPMS if they choose to make substantive changes to their MOCs during the approval period. It is important to note that off-cycle MOC changes are at the discretion of SNPs. It is the responsibility of SNPs to notify CMS of substantive changes to their MOCs. NCQA will conduct a review for CMS to determine if the changes made to a MOC are consistent with the MOC scoring guidelines.

The SNP will access HPMS via the internet at <https://hpms.cms.gov/> and follow the appropriate instructions in HPMS. The SNP will click on the MOC module in HPMS and download Attachment A, the Model of Care Matrix document. The SNP will complete the document and upload it with a summary of changes and a redlined version of the revised MOC. Training to use the MOC module will be minimal at three hours annually, and training materials and non-mandatory webinar sessions are provided by CMS at no cost to the SNPs except for the time to participate.

For this 2024 collection of information request, using HPMS data, we estimate that approximately 150 SNPs (D-SNPs/I-SNPs) will submit off-cycle MOC changes. For each SNP submitting off-cycle MOC changes, we assume 4 hours of work by SNP personnel at a cost of \$363.76 (4 hr x \$90.94/hr). In aggregate, we estimate **600 hours** (150 SNPs x 4 hr) at a cost of **\$54,564** (600 hr x \$90.94/hr) annually.

The revised estimate takes into account the codification of the off-cycle submission requirements in CMS-4201-F3 and CMS-4205-F. We note that the off-cycle submission requirements have been a long-standing burden in this PRA package. We also reiterate that all MOC requirements for the initial, renewal and off-cycle submissions will now be located in Attachment A.

Tracking Face-to-Face Encounters

As required by 42 CFR § 422.101(f)(1)(iv), SNPs must provide face-to-face encounters with enrollees not less frequently than on an annual basis. We estimate that all SNP types will incur the burden necessary to track face-to-face encounters. Therefore, we estimate that approximately 1,340 SNPs will track face-to-face encounters, and we assume 4 hours of work by SNP personnel at a cost of \$363.76 (4 hr x \$90.94/hr). In aggregate, we estimate 5,360 hr (1,340 SNPs x 4 hr) at a cost of **\$487,438** (5,360 hr x \$90.94/hr) annually.

Note: to distinguish this activity from actual MOC submissions, the burden estimates for tracking face-to-face encounters is captured separately in the burden summary table.

Burden Summary: SNPs

Information Collection	Regulation under Title 42 of the CFR	Respondents	Responses (per Respondent)	Total Responses	Time per Response (hours)	Total Time (hours)	Labor Cost (\$/hr)	Total Cost (\$)
Annual MOC Submissions	§ 422.101(f)	410	1	410	6	2,460	90.94	223,712
Annual MOC Re-submissions	§ 422.101(f)	15	1	15	3	45	90.94	4,092
<i>Subtotal: Initial and Renewal Submission</i>	§ 422.101(f)	425	2	425	<i>varies</i>	2505	90.94	239,120
Off-Cycle Submissions	§ 422.101(f)	150	1	150	4	600	90.94	54,564
Track Face-to-Face Encounters (all SNP types)	§422.101 (f)(1)(iv)	1340	1	1340	4	5,360	90.94	487,438
D-SNP Questionnaire	§ 422.101(f)	173	1	173	1	173	90.94	15,733
TOTAL		2,088	varies	2,088	varies	8,638	90.94	796,855

Collection of Information Instruments and Instruction/Guidance Documents

- Attachment A: Model of Care Matrix Document (Revised)
- Attachment B: Dual Eligible Special Needs Plan Model of Care Questionnaire(New)

13. Capital Cost (Maintenance of Capital Costs)

We do not anticipate additional capital costs. CMS does not require the acquisition of new systems or the development of new technology to complete the MOC submissions. System requirements for submitting HPMS applicant information are minimal and should already be met by MAOs as they already use HPMS. MAOs will need the following access to HPMS: (1) Internet or Medicare Data Communications Network (MDCN) connectivity; (2) use of Microsoft Internet Explorer web browser (version 5.1 or higher) with 128-bits encryption; and (3) a CMS-issued user ID and password with access rights to HPMS for each user within the MAO who will require such access. CMS anticipates that all qualified MAOs meet these system requirements and will not incur additional capital costs.

14. Cost to Federal Government

The annualized cost to the federal government for NCQA to review the MOC summary for initial and renewal submissions is included in a contract with CMS. Further, the annual cost to the federal government to maintain HPMS is included in a separate contract between Softrams LLC and CMS.

NCQA’s salary information listed below derives from the invoice data under the CMS contract with NCQA to train the SNP staff and review the MOCs. Softrams LLC salary information listed below derives from the invoice data under the CMS contract to develop and maintain the MOC module in HPMS.

Initial and Renewal Submission

Under a contract with CMS, NCQA trains MAOs on how to: (1) develop the MOC for the information collection using CMS guidelines; (2) complete the MOC Matrix Document: Initial Application and Renewal Submission; (3) upload the MOC narrative; and (4) submit the documents into HPMS. NCQA also reviews the MOCs. The collection will be entered into HPMS, an existing agency platform which is developed and maintained by Softrams LLC, under a separate contract with CMS.

Burden Summary: Federal Government

NCQA: Train MAOs and review MOCs	12 hr x \$ 179.07/hr* x 410	\$881,024
Softrams LLC: Develop and maintain MOC module	5 hr x \$135.57 /hr* x 100	\$67,785
SUBTOTAL		\$948,809

*Includes fringe, indirect rates

Off-Cycle Submission

The annualized cost to the federal government for the MOC summary review is included in a contract with CMS and NCQA for the MOC review. The collection will be entered into HPMS, an existing agency platform which is developed and maintained by Softrams LLC, under a separate contract with CMS.

Burden Summary: Federal Government

NCQA: Review MOC summary	4 hr x \$179.07/hr*x150	\$107,442
Softrams LLC: Develop and maintain MOC module	5 hr x \$135.57 /hr* x 63	\$42,705
SUBTOTAL		\$150,147

*Includes fringe, indirect rates

Total

The total annualized cost to the federal government is **\$1,098,956** (\$948,809 + \$150,147).

15. Program and Burden Changes

This information collection request is currently approved by OMB under the title Medicare Advantage Model of Care Submissions, CMS-10565, OMB 0938-1296. This is a renewal of the currently approved collection package and includes the codification of rules in CMS-4201-F3 and CMS-4205-F for off-cycle MOC submissions, meeting an aggregate benchmark, as well as the currently existing requirement at § 422.101(f)(1)(iv) for a face-to-face encounter. And the addition of the D-SNP Questionnaire.

Burden Estimate

For this iteration of the supporting statement and as noted above in Section 12, in total aggregate, for initial and renewal MOC submissions, annual MOC resubmissions for failure to meet the minimum benchmarks, the tracking of face-to-face encounters, off-cycle MOC submissions and the D-SNP Questionnaire, respectively, we estimate a total of **8,638 hours** (2,460 + 45 hr + 5,360 hr + 600 hr + 173) at a cost of **\$796,855** (\$223,712 + \$4,092 + \$487,438 + \$54,564 + \$15,733).

This is an overall burden increase of **3,466 hours** (8,638 hr -5,172 hr currently approved) and an increase of **\$398,921** to SNPs (\$796,855 - \$397,934). This accounts for all existing, revised and new MOC requirements.

Burden Summary

Information Collection	Regulation under Title 42 of the CFR	Respondents	Responses (per Respondent)	Total Responses	Time per Response (hours)	Total Time (hours)	Labor Cost (\$/hr)	Total Cost (\$)
Annual MOC Submissions	§ 422.101(f)	410	1	410	6	2,460	90.94	223,712
Annual MOC Re-submissions	§ 422.101(f)	15	1	15	3	45	90.94	4,092
Subtotal: Initial, Renewal, and ReSubmissions	§ 422.101(f)	425	2	425	<i>varies</i>	2505	90.94	239,120
Off-Cycle Submission	§ 422.101(f)	150	1	150	4	600	90.94	54,564
Track Face-to-Face Encounters (all SNP types)	§ 422.101 (f)(1)(iv)	1340	1	1340	4	5,360	90.94	458,816
D-SNP Questionnaire	§ 422.101(f)	173	1	173	1	173	90.94	15,733

TOTAL		2,088	varies	2,088	varies	8,638	90.94	796,855
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16. Publication/Tabulation Dates

Results of the initial and renewal MOC reviews will be made publicly available on the NCQA website, located at: <https://snpmoc.ncqa.org/>. Visitors have access to the overall score for each SNP, the number of points the SNP scored on each element, and which requirements were met or not met.

17. Expiration Date

OMB’s assigned expiration date will be displayed within the PRA Disclosure Statement in the Model of Care Matrix Document for Initial Application and Renewal Submissions, and in the Model of Care Matrix Document for Off-Cycle Submissions (i.e., Attachments A and B).

18. Certification Statement

There are no exceptions to the certification statement identified in item 19 of OMB Form 83-1 associated with this data collection effort.