

Appendix A
CMS Response to Public Comments Received for CMS-10565

The Centers for Medicare and Medicaid Services (CMS) received comments from a Medicare Advantage (MA) Special Needs Plan (SNP) and an industry advocate related to CMS-10565. This is the reconciliation of the comments for the 30 day comment period.

Comment:

CMS received one comment commending CMS for requiring that only significant or substantive changes made by D-SNPs or I-SNPs be submitted to CMS, rather than having to submit all changes made to the MOC for CMS review. Further, they believe these changes suggest that only significant changes made to a MOC must be submitted to CMS.

Response:

CMS appreciates the comment. CMS is not making changes to policies regarding the option for D-SNPs and I-SNPs to make substantive changes to their MOCs and submit them to CMS for review and approval through the off-cycle submission process. The requirement that only significant or substantive MOC changes need to be submitted to CMS for approval is standing policy.

Comment:

CMS received one comment recognizing that the BBA of 2018 now requires C-SNPs to submit a MOC annually for evaluation and approval. The commenter encourages CMS to interpret the BBA with a more reasonable standard and suggests that CMS only require annual C-SNP MOC submissions based on substantive changes in disease management approaches.

Response:

CMS thanks the commenter for this recommendation. C-SNPs are now required by law to submit a MOC annually.

Comment:

CMS received one comment expressing concern that CMS has not estimated burden hours regarding the time that it takes to determine changes to the MOC, but rather the submission process. Furthermore, CMS does not account for the additional burden associated with obtaining input from contributing business areas that support MOC implementation to ensure that the care management model is vetted and confirmed by all responsible parties.

Response:

CMS appreciates concerns expressed by this commenter. All SNPs are required to develop and implement a MOC to serve as the basic quality framework and infrastructure to promote care management/coordination, and meet the individual needs of SNP enrollees. A MOC submission, as outlined in this PRA, is considered a collection of information and CMS has accounted for this burden along with the additional hours required for the annual C-SNP MOC submission. CMS does not account for the effort required to collaborate within the organization as this is inherent to a SNPs' MOC development process, and is unique to each organization.

Comment:

CMS received a comment from a SNP expressing concerns that there may be additional reviewer bias as a result of the annual C-SNP MOC submission requirement, and recommends that the same NCQA auditor/individual review the off-cycle changes as well as conduct the annual review to prevent previously approved MOCs from being disapproved for reasons unrelated to required changes.

Response:

CMS appreciates the concerns expressed by this commenter. C-SNPs are now required by law to submit a MOC annually and the ability to make midyear changes has been eliminated.

Comment:

CMS received a comment from a SNP in response to the new MOC requirements mandated by the BBA, expressing several concerns regarding the new scoring benchmarks. These include; the need for additional MOC guidance and a more prescriptive process which will add to the burden on SNPs and possibly warrant major changes to existing MOCs, untimely MOC submission training from CMS, and the nature of the cure process and the lack of remediation channels when a MOC submission fails to meet the new scoring criteria.

Response:

CMS appreciates the comments, however, these comments are outside of the scope of this collection.

Comment:

CMS received general comments from an industry advocate on the number of dually eligible individuals nationally, and, the interest in integrating Medicare-Medicaid managed care models to improve quality of care and reduce cost. This commenter also summarized the BBA provisions related to the permanent authorization of MA SNPs, and

the requirement for improved integration and coordination of D-SNPs. The commenter also notes the expansion of supplemental and telehealth benefits for D-SNP enrollees.

Response:

CMS appreciates the comments, however they are outside of the scope of this collection.