

**Supporting Statement – Part A**  
**Initial and Renewal Model of Care Submissions and Off-cycle**  
**Submission of Model of Care**  
**CMS-10565, OMB 0938-1296**

**Background**

The Affordable Care Act (ACA) PL 111-148 Section 3205(e) and Section 1859(f)(7) and (b)(6) (B)(iii) of the Social Security Act requires that all Medicare Advantage (MA) Special Needs Plans (SNPs) be approved by the National Committee for Quality Assurance (NCQA). SNPs are a specific type of Medicare Advantage coordinated care plan that provide targeted care to individuals with unique special needs. Special needs individuals are defined as: 1) institutional beneficiaries (I- SNPs); 2) dual eligible beneficiaries who are eligible for both Medicare and Medicaid (D-SNPs); and 3) beneficiaries who have one or more co-morbid and medically complex chronic conditions that are substantially disabling or life threatening (C- SNPs). SNPs are required to submit Models of Care (MOC) as a component of the Medicare Advantage application process through the Health Plan Management System (HPMS) and subsequently through the MOC renewal process through HPMS. A MOC is a narrative submitted to CMS by the SNP that describes the:

- Basic quality framework the plan will use to meet the individual needs of SNP enrollees; and
- SNP’s infrastructure to promote care management and care coordination.

SNP MOCs are considered a vital quality improvement tool and integral component for ensuring that the unique needs of each beneficiary enrolled in a SNP are identified and addressed.

MOC approval is based on NCQA’s evaluation using scoring guidelines developed by NCQA and the Centers for Medicare & Medicaid Services (CMS) for the Secretary of the Department of Health and Human Services. The MOC elements cover the following areas: MOC 1- Description of the SNP Population; MOC 2 - Care Coordination; MOC 3 - Provider Network; and MOC 4 - Quality Measurement & Performance Improvement. Based on their SNP type and MOC scores, SNPs receive an approval for a period of 1, 2 or 3 years. However, note that all C-SNPs receive a 1 year approval period.

There are two types of MOC collections:

*Initial and Renewal Collection*

At the time SNP applications are due, a Medicare Advantage organizations (MAO) wishing to offer a new SNP will submit a MOC with their SNP application in the Application module in HPMS for NCQA review and approval. MAOs wishing to renew their current SNP, will submit a MOC in the Model of Care module in HPMS for NCQA review and approval. Based on their MOC scores, I-SNPs and D-SNPs receive an approval for a period of 1, 2 or 3 years. C-SNPs must renew their MOCs annually per section 1859(b)(6)(B)(iii) of the Act.

### *Off-cycle Submission*

A D-SNP or I-SNP that decides to make substantive revisions to their existing approved MOC will submit a summary of their off-cycle MOC changes, along with the red-lined MOC, in the Model of Care module in HPMS for NCQA/CMS review and approval. Substantive revisions are those that have a significant impact on care management approaches, enrollee benefits, and/or SNP operations. MOC changes are at the discretion of SNPs and it is the responsibility of SNPs to notify CMS of substantive changes and electronically submit their summary of changes to their MOC in HPMS. Furthermore, SNPs may not implement any changes until NCQA/CMS has approved the changes.

The following identifies some examples in which SNPs must report changes to their MOC:

- Substantial changes in policies or procedures pertinent to:
  1. The health risk assessment process.
  2. Revising processes to develop and update the individualized care plan.
  3. Risk stratification methodology.
  4. Care Transitions Protocols.
- Target population changes that warrant modifications to care management approaches or changes in benefits;
- New inclusions or deletions/exclusions of benefits or services that can considerably impact critical functions necessary to maintain member well-being and related SNP operations;
- Changes in level of authority or oversight (medical provider to non-medical provider, clinical vs. non-clinical personnel conducting care coordination activities);
- Changes to delegated providers and agreements that will or could result in significant changes to the SNP provider network and/or access to care; and
- Changes in legal entity, parent organization, and oversight (novation's, mergers, changes to corporate structure).

Note that minor adjustments to refine or improve existing processes are generally not considered substantive revisions and do not require an off-cycle MOC submission.

In 2015, CMS created a Model of Care module in HPMS so that renewal MOC narrative submissions and reports are now located in one place and outside of the HPMS Application module. CMS also developed a MOC off-cycle revision process so that SNPs can enter revisions to the MOC in HPMS during their MOC approval periods. The Model of Care module includes the following sections:

- Renewal MOC submission,
- Off-cycle Submission, and
- Reports

In this revised collection of information request, in response to changes legislated by the BBA of 2018 to section 1859(f) of the Act for C-SNPs and the application to all SNP types, through a Notice of Proposed Rule Making, Contract Year 2021 and 2022 Medicare Advantage and Part D Proposed Rule (CMS-4190-P), we added the following MOC requirements:

- The interdisciplinary team must include a team of providers with demonstrated expertise, including training in an applicable specialty, in treating individuals similar to the targeted population.
- SNPs must comply with requirements developed by CMS to provide face-to-face encounters with enrollees not less frequently than on an annual basis.
- As part of the HRA process and assessment findings, the results of the initial assessment and annual reassessment required for each enrollee must be addressed in the individual’s individualized care plan.
- As part of the annual evaluation and approval of the MOC, CMS take into account whether the plan fulfilled the previous year’s goals (as required under the current MOC requirements).
- Each SNP MOC submitted to CMS will be evaluated by NCQA based on a minimum benchmark (of 50 percent) for each of the existing four MOC elements.

We also provided more definition and examples around what constitutes a substantive change regarding off-cycle MOC submission. Since CMS began allowing SNPs to submit off-cycle submissions for MOC changes, there has been ambiguity and the need for clarification as to what a substantive change to a MOC is. Note that CMS is not changing the requirements for off-cycle submissions, rather we are clarifying what a substantive change is.

In addition, we made modifications to the burden estimate due to the new MOC care management requirements. To account for the additional care management requirements, including the face-to-face encounter and MOC resubmissions for those SNPs that do not meet the minimum thresholds, we have increased the estimate in both burden hours and overall costs for SNPs.

Based on the most recent MOC submission volumes in HPMS, we adjusted the number of initial and renewal MOC submissions from 220 to 273. We adjusted the number of Off-Cycle MOC submissions as well from 103 to 11 because the volume of submissions has significantly decreased due to the annual C-SNP MOC submission requirement.

Lastly, we increased the hourly wage for the applicable SNP staff based on data from the U.S. Bureau of Labor Statistics’ May 2018 National Occupational Employment and Wage Estimates, and adjusted it for fringe benefits and overhead.

## **A. Justification**

### **1. Need and Legal Basis**

The ACA, Section 3205(e), requires that all SNPs be approved by NCQA. This approval is based on NCQA’s evaluation of SNPs’ MOC narratives using MOC scoring guidelines. The Bipartisan Budget Act (BBA) of 2018, Section 50311, modified the MOC requirements for C- SNPs in section 1859 (b)(6)(B)(iii) of the Act, which CMS will apply to all SNP types through proposed rulemaking as noted above (CMS-4190-P). Note however that CMS will **not** apply the annual C-SNP MOC submission requirement to all SNP types.

- 42 CFR – 422.4(a)(1)(iv) – Types of MA plans
- 42 CFR – 422.101(f) – Requirements relating to basic benefits

- 42 CFR – 422.152(g) – Quality improvement program

## 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 MA plan to operate as a new SNP in the upcoming calendar year(s). This information is used by CMS as part of the Medicare Advantage 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 in order 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 publically 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 significant changes to their MOC in HPMS. Substantive 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 MA organizations. All submissions will occur electronically on the CMS web-based HPMS system.

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 Collections*

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 of Model of Care Changes*

The consequences of not collecting this information are: 1) SNPs would not be able to make substantive changes to policies or strategies in their MOCs to take advantage of new technology or insight; or 2) CMS would not be aware and NCQA would not have reviewed MOC changes the SNPs are performing. NCQA and CMS must review substantive MOC changes because the statutory authority 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

Serving as the 60-day notice, the proposed rule (CMS-4190-P, RIN 0938-AT97) filed for public inspection on February 5, 2020, and published in the Federal Register on February 18 (85 FR 9002). Comments are due by April 6, 2020.

### 9. Payments/Gifts to Respondents

This data collection will not include respondent incentive payments or gifts. However, note that in order for an MA plan to become a 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 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 (Hours & Wages)

*Wage Estimates*

To derive average costs, we used data from the U.S. Bureau of Labor Statistics’ May 2018 National Occupational Employment and Wage Estimates for all salary estimates located at [www.bls.gov/oes/current/oes\\_nat.htm](http://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 Model of Care 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	36.30	36.30	72.60

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 Collection

The SNP will access HPMS via the internet at <https://hpms.cms.gov/> and follow the appropriate

instructions in HPMS. The MAO/SNP will click on the Application or MOC module in HPMS and download the SNP MOC Matrix document (see Attachment A, Model of Care Matrix Upload Document for Initial Application and Renewal). The SNP will complete the document, and then upload their MOC matrix document with the MOC narrative. The SNP MOC Matrix upload 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 Model of Care module will be minimal, and at no cost to the SNPs.

Using HPMS data, we estimate that approximately 273 SNPs will submit MOCs annually for initial and/or renewal purposes. For each SNP submitting a MOC, we assume 6 hrs of work by SNP personnel at a cost of \$435.60 (6 hrs x \$72.60/hr). In aggregate we estimate **1,638 hrs** (273 SNPs x 6 hrs) at a cost of **\$118,919** (1,638 hrs x \$72.60/hrs).

In addition, CMS-4190-P would revise the MOC requirements to include a minimum MOC scoring threshold and therefore we estimate that approximately 11 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 hrs of work by SNP personnel at a cost of \$217.80 (3 hr x \$72.60/hr). In aggregate we estimate **42 hrs** (14 SNPs x 3 hrs) at a cost of **\$3,049** (42 hrs x \$72.60/hr) annually.

For initial and renewal MOC submissions, including resubmissions that fail to meet the minimum thresholds, the estimated burden hours is **1,680 hrs** (1,638 hrs + 42 hrs) at a cost of **\$121,968** (\$118,919 + \$3,049).

The revised estimate takes into account the proposed changes to the MOC requirements at CMS-4190-P as well as the exiting MOC requirements outlined in Attachment A.

#### Off-cycle Submission of Model of Care Changes

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. This allows SNPs to make off-cycle revisions to their MOCs. 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 MOC. 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, download the SNP MOC Off-Cycle Submission Matrix document (see Attachment B, Revised Model of Care Matrix Upload Document) and complete the document. The SNP will then upload their MOC Off-Cycle Submission Matrix document with a summary of changes, and a redlined version of the revised MOC. Training to use the Model of Care Off- Cycle Submission module will be minimal and at no cost to the SNPs.

For this 2020 collection of information request, using HPMS data, we estimate that approximately 11 SNPs (D-SNPs/I-SNPs) will submit off-cycle MOC changes. For each SNP

submitting off-cycle MOC changes, we assume 4 hrs of work by SNP personnel at a cost of \$290 (4 hr x \$72.60/hr). This translates to 44 hr for the 11 SNPs that we estimate may submit an off-cycle MOC in a given year. In aggregate we estimate **44 hr** (11 SNPs x 4 hr) at a cost of \$ **3,194** (44 hrs x \$72.60/hr).

The estimate also takes into account the proposed changes to the MOC requirements at CMS-4190-P, as well as the existing MOC off-cycle requirements outlined in Attachment B.

Tracking Face-to Face Encounters

As required by CMS-4190-P, SNPs would be required to 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 734 SNPs will track face-to-face encounters, and we assume that 4 hrs of work by SNP personnel at a cost of \$213,154 (4 hrs x \$72.60/hr). In aggregate we estimate an annual burden of **2,936 hrs** (734 SNPs x 4 hrs) at a cost of **\$213,154** (2,936 hrs x \$72.60/hr).

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

*Burden Summary*

Information Collection	Respondents	Responses (per Respondent)	Total Responses	Burden per Response (hours)	Total Time (hours)	Labor Cost (\$/hr)	Total Cost (\$)
Annual MOC Submissions	273	1	273	6	1,638	72.60	118,919
Annual MOC Re-submissions	14	1	14	3	42	72.60	3,049
<i>Subtotal: Initial and Renewal Collection</i>	<i>273</i>	<i>2</i>	<i>287</i>	<i>varies</i>	<i>1,680</i>	<i>72.60</i>	<i>121,968</i>
Off-cycle Submission (MOC)	11	1	11	4	44	72.60	3,194
Track Face-to-Face Encounters (All SNP Types)	734	1	734	4	2,936	72.60	213,154
<b>TOTAL</b>	<b>734</b>	<b>4</b>	<b>1,032</b>	<b>varies</b>	<b>4,660</b>	<b>72.60</b>	<b>338,316</b>

*Collection of Information Instruments and Instruction/Guidance Documents*

Attachment A: Model of Care Matrix Upload Document for Initial Application and Renewal (Revised)



Attachment B: Revised Model of Care Matrix Upload Document (Revised)

13. Capital Cost (Maintenance of Capital Costs)

We do not anticipate additional capital costs. CMS requirements do not require the acquisition of new systems or the development of new technology to complete the application.

System requirements for submitting HPMS applicant information are minimal and should already be met by MA organizations as they already use HPMS. MA organizations 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 MA organization who will require such access. CMS anticipates that all qualified applicants 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 business proposal under the CMS contract with NCQA to train the SNP staff and review the MOC. Softrams LLC salary information listed below derives from the business proposal under the CMS contract to maintain the MOC module in HPMS.

*Initial and Renewal submissions*

NCQA, under a contract with CMS, trains the health plan on how to develop the MOC for the information collection using CMS guidelines, complete the CMS MOC matrix upload document, upload the MOC narrative, and submit the documents into HPMS. 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.

Train Health Plans and Review MOC	12 hrs x \$187.97/hr* x 273	\$615,790
Develop and maintain module	5 hrs x \$131.62/hr* x 100	\$65,810
SUBTOTAL		\$681,600

\*includes fringe, indirect rates

*Off-cycle Submissions*

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.

Review MOC Summary	4 hr x \$187.97/hr* x 11	\$8,271
Develop and maintain module	5 hr x \$131.62 /hr* x 63	\$41,460
SUBTOTAL		\$49,731

\*includes fringe, indirect rates

### Total

The total cost is \$731,331 (\$681,600 + \$49,731).

### 15. Changes to Burden

As noted above in Section 12, in total aggregate, for initial and renewal MOC submissions, annual MOC resubmissions for failure to meet the minimum thresholds, the tracking of face-to-face encounters and off-cycle MOC submissions, we estimate a total of 4,660 hrs (1,638 hrs + 42hrs + 2,936 hrs + 44 hrs) at a cost of \$338,316 (\$118,919 + \$3,049 + \$213,154 + \$3,194).

This is an overall burden increase of +2,928 hrs (4,660 hrs – 1,732 hrs currently approved) and an increase of +\$215,829 to SNPs. This accounts for all existing MOC requirements as well as proposed requirements in CMS-4190-P.

The CMS-4190-P rule proposes to amend § 422.101(f) to implement the new requirements legislated by the BBA of 2018 to section 1859(f) of the Act and extend them to all SNP types. Specifically, we propose to add the following new regulations to account for new requirements governing SNP enrollee care management and SNP MOC submissions. The proposed regulations impacting MA SNP MOCs are as follows:

- We propose an amendment to § 422.101(f)(1)(i) following the end of the current text that would add the following language to the current regulation: “and ensure that results from the initial and annual reassessment conducted for each individual enrolled in the plan are addressed in the individual’s individualized care plan as required under § 422.101(f)(1)(ii).” In order to comply with this rule, MA SNPs would have to provide the necessary guidance to and develop related internal processes for employees of the SNP that are responsible for incorporating this requirement into their MOC.
- We propose a new regulation at § 422.101(f)(3)(ii) to implement the requirement that: as part of the evaluation and approval of the SNP model of care, NCQA must evaluate whether goals were fulfilled from the previous model of care; plans must provide relevant information pertaining to the MOC’s goals as well as appropriate data pertaining to the fulfillment the previous MOC’s goals; plans submitting an initial model of care must provide relevant information pertaining to the MOC’s goals for review and approval under this paragraph; and if the SNP model of care did not fulfill the previous MOC’s goals, the plan must indicate in the MOC submission how it will achieve or revise the goals for the plan’s next MOC . Under this proposed regulation, each plan’s MOC must provide relevant information pertaining to the MOC’s goals as well as appropriate data pertaining to the fulfillment the previous MOC’s goals. Note, all SNPs are currently required to identify and clearly define measureable goals and health outcomes as part of their MOC under MOC 4, Element B: Measureable Goals and Health

Outcomes for the MOC.

- Lastly, we propose a new regulation at § 422.101(f)(3)(iii) to implement the requirements that each SNP MOC submitted to CMS will be evaluated by NCQA based on a minimum benchmark for each of the existing four elements.

At the time SNP applications are due, MA organizations wishing to offer a new SNP will submit a MOC with their SNP application in the Application module in HPMS for NCQA review and approval. MA organizations wishing to renew their current SNP, will submit a MOC in the MOC module in HPMS for NCQA review and approval. Based on their MOC scores, I-SNPs and D-SNPs receive an approval for a period of 1, 2, or 3 years. C-SNPs must renew their MOCs annually per section 1859(b)(6)(B)(iii) of the Act. For calendar year 2020, CMS received 273 SNP MOCs during the annual submission process and received 11 off-cycle submissions during the following time period. We believe these figures are representative of future SNP MOC submission totals going forward.

The burden related to the new requirements for SNP MOCs reflects the time and effort needed to collect the information as previously described, as well as all other MOC data, and report this information to CMS. To derive average costs, we selected the position of registered nurse because the SNP nurse usually develops and submits the MOC to CMS and typically interacts with the health plan quality registered nurse in matters related to the MOC after it is submitted to CMS.

The SNP will access HPMS and follow the appropriate instructions. The MA organization/SNP will click on the Application or MOC module in HPMS and download the SNP MOC Matrix document. The SNP will complete the document, and then upload its MOC matrix document with the MOC narrative. The SNP MOC Matrix upload 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 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 (and cost) to participate.

Using HPMS contract year 2020 submission data, for off-cycle submissions we estimate that 273 SNPs will submit MOCs annually. For each SNP, we assume an additional 6 hours at \$72.60/hr for a registered nurse. In aggregate, we estimate an ongoing annual burden of 1,638 hours (273 SNPs \* 6 hr) at a cost of \$118,919 (1,638 hr \* \$72.60/hr).

For plans seeking to revise their MOC based on qualifying events during the off-cycle season, we estimate that approximately 11 SNPs (D-SNPs/I-SNPs) will submit off-cycle MOC changes. For each SNP submitting off-cycle MOC changes, we assume an additional 4 hours at \$72.60/hr for a registered nurse. In aggregate, we estimate an ongoing annual burden of 44 hours (11 SNPs \* 4 hr) at a cost of \$3,194 (44 hr \* \$72.60/hr).

Since the proposed § 422.101(f)(3)(iii) sets a minimum benchmark for each MOC element, we anticipate that there will be some impact to the number of MOC submissions that will not pass NCQA's initial MOC review. Looking at data for contract year 2020, our proposed element

benchmark of 50 percent would have impacted 20 of the 273 MOCs submitted, or 7.3 percent. For contract year 2020, seven plans required submitting their MOCs for revision based on the current scoring system and an additional seven plans decided to withdraw their MOCs before the revision process for a total of 14 MOCs. The 14 SNPs must resubmit, taking 3 hours, or half the full 6 hour estimate. In aggregate, we estimate an added ongoing annual burden of 42 hours (14 SNPs \* 3 hrs) at a cost of \$3,049 (42 hrs \* \$72.60/hr).

For the aforementioned MOC requirements, we estimate an added annual burden of 1,724 hours (1,638 hr for MOC submissions + 44 hr for MOC revisions + 42 hr for MOC resubmissions) at a cost of \$125,162 (\$118,919 + \$3,194 + \$3,049, respectively).

Separate from the proposed changes to the MOC process, we propose a new regulation at § 422.101(f)(1)(iv) to implement a new requirement that plans provide face-to-face encounters with consenting individuals enrolled in the plan not less frequently than on an annual basis. The new regulation would require an annual face-to-face visit, that is, in-person or by remote technology such as telehealth, to occur starting within the first 12 months of enrollment within the plan. CMS would consider a visit to or by employed and/or contracted staff that perform clinical functions, such as direct enrollee care, as a qualifying encounter. Such activities may include, but are not limited to, annual wellness visits and/or physicals, HRA completion, meeting with the interdisciplinary team (IDT), care plan review, health-related education, and care coordination activities. It is also the expectation that any concerns related to physical, mental/behavioral health, and overall health status, including functional status, are addressed and any appropriate referrals, follow-up, and care coordination activities are provided or scheduled as necessary.

We believe that most, if not all, SNP enrollees will have a qualifying face-to-face encounter as proposed under § 422.101(f)(1)(iv) through an initial or annual HRA, a qualifying encounter with an IDT member, or an annual wellness visit. We estimate that approximately 734 SNPs that have at least 11 members will need to track face-to-face encounters for their enrollees annually. For each SNP tracking face-to-face encounters, we assume 4 hours of work by SNP personnel, typically a registered nurse. In aggregate, we estimate 2,936 hours (734 SNPs \* 4 hr) at a cost of \$213,154 (2,936 hr \* \$72.60/hr). This estimated burden is distinguished from the overall MOC submission requirement and is captured in the section 12 burden summary table.

In addition, we propose to require in new § 422.101(f)(1)(iii) that MA organizations offering a SNP must provide each enrollee with an IDT in the management of care that includes a team of providers with demonstrated expertise, including training in an applicable specialty, in treating individuals similar to the targeted population of the plan. We propose that plans develop and implement this requirement into their MOC components to assure an effective management structure. We believe this requirement is consistent with currently approved information tracking practices for all existing SNPs, and thus, does not impose any new or revised ICRs and/or burden beyond what is currently approved by OMB under the aforementioned control number.

For the remaining proposed regulations under § 422.101(f)(2) and (f)(3), SNP MOC submission requirements and burden are currently approved and active under this information collection request. The proposed regulations involve revisions to existing regulations at § 422.101(f)(2) and

(3), and the proposed regulations are a codification of current guidance governing SNP MOC submission practices, which is captured under the active information collection request.

16. Publication/Tabulation Dates

Results of the Initial and Renewal MOC review will be made publically available on the NCQA website, located at: <https://snpmoc.ncqa.org/>. Visitors have access to the overall score for each SNP as well as 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 Upload Document for Initial Application and Renewal and in the Revised Model of Care Matrix Upload Document, 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.