

**Supporting Statement Part A**  
**Model Medicare Advantage and Medicare Prescription Drug**  
**Plan Individual Enrollment Request Form**  
**(CMS-10718, OMB 0938-New)**

**Background**

Section 4001 of the Balanced Budget Act of 1997 (BBA) (Public Law 105-33) enacted August 5, 1997, established Part C of the Medicare program, known as the Medicare + Choice program, (now referred to as Medicare Advantage (MA)). As required by 42 CFR 422.50(a)(5), an MA eligible individual who meets the eligibility requirements for enrollment into an MA or MAPD plan may enroll during the enrollment periods specified in §422.62, by completing an enrollment form with the MA organization or enrolling through other mechanisms that the Centers for Medicare & Medicaid Services (CMS) determines are appropriate.

Section 101 of Title I of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) (Public Law 108-173) enacted December 8, 2003, established Part D of the Medicare program, known as the Voluntary Prescription Drug Benefit Program. As required by 42 CFR 423.32(a) and (b), a Part D-eligible individual who wishes to enroll in a Medicare prescription drug plan (PDP) may enroll during the enrollment periods specified in §423.38, by completing an enrollment form with the PDP, or enrolling through other mechanisms CMS determines are appropriate.

As further explained in sections 12 and 15 of this Supporting Statement, we are proposing changes to the current, standard (“long”) model enrollment form (used by both MA and PDP sponsors), which will yield a beneficiary-focused model form to simplify the enrollment process. The data elements required for enrollment and collected in the current standard enrollment form are approved under (CMS-R-267, OMB 0938-0753) and (CMS-10141, OMB 0938-0964); however, this collection as required by CFR 422.50, 422.60 and 423.32, is being extracted into its own stand-alone package (CMS10718). To avoid overburdening the public with additional provisions affecting both the MA and PDP program and any burden related to them, this standalone package will focus solely on the enrollment of eligible beneficiaries making a valid enrollment request and any burden related to this collection. The extraction of this collection (CFR 422.50, 422.60 and 423.32) will take place within CMS-R-267 and CMS-10141 after approval of the standalone form.

**A. JUSTIFICATION**

1. Need and Legal Basis

The general authority for requiring this data collection for MA plan enrollment is section 1851(c) – (2)(A) of the Act, and implementing regulations at §§ 422.50 and 422.60.

The general authority for requiring this data collection for PDP enrollment is section 1860D-1(b)(1)(A) of the Act, and implementing regulations at §§ 423.30 and 423.32.

The additional optional questions, which aids the MA and Part D plan in processing the enrollment, is developed for efficiency for the plan. Plan sponsors can obtain information at the initial point of contact to help streamline the beneficiary's enrollment process. The optional questions include information, specific to the plan's business needs that will reduce overall burden and allow for timely processing of an enrollment request. Sponsors are not required to include the optional data fields and if included, the beneficiary is not required to respond and plan enrollment will not be affected.

## 2. Information Users

MA and PDP organizations, applicants to MA and PDP organizations, and the CMS will use the information collected to comply with the eligibility and enrollment requirements for Medicare Part C and Part D plans.

CMS expects MA and PDP organizations to ensure the enrollment form complies with CMS instructions regarding content and format. New and current enrollees that utilize the enrollment form to elect an MA or Part D plan must acknowledge the requirement to: maintain Medicare Part A **and** B to stay in MA or Part A **or** B to stay in Part D; reside in the plan's service area; make a valid request during a valid election period; follow plan rules; consent to the disclosure and exchange of information between the plan and CMS; enroll in only one Medicare health plan and that enrollment in the MA or Part D plan automatically dis-enrolls him/her from any other Medicare health plan and prescription drug plan.

CMS will also use this information to expedite the exchange of enrollment data with MA and PDP organizations, track beneficiary enrollment, monitor disparities in health care, improve proper payment for services provided, and to ensure that correct information is disclosed to Medicare beneficiaries, both potential enrollees and current enrollees.

Medicare beneficiaries will use the information provided by the MA and Part D sponsors to make decisions regarding MA and Part D enrollment as well as grievance and appeal requests.

## 3. Use of Information Technology

MA organizations and Part D sponsors must have, at a minimum, a paper enrollment form process (approved through the CMS marketing material review process described in the *Medicare Communications and Marketing Guidelines*) available for potential enrollees to elect enrollment in a MA or PDP plan.

Where feasible, the collection of information involves the use of automated, electronic, telephonic, mechanical, or other technological collection techniques designed to reduce burden and enhance accuracy.

To comply with the Government Paperwork Elimination Act (GPEA), the following information is provided:

Plans may develop and offer electronic enrollment mechanisms made available via an electronic device or through a secure internet website. Plans also have the option of obtaining technical support, (e.g. licensed software) and related services from downstream entities, such as a broker or third-party website, as a means of facilitating and capturing the electronic enrollment request.

CMS holds plans responsible for ensuring that:

1. Enrollment policies outlined in *Chapter 2 - Medicare Advantage Enrollment and Disenrollment* and *Chapter 3 – Part D Eligibility, Enrollment and Disenrollment* are followed, and,
2. There is appropriate handling of any sensitive beneficiary information provided as part of the online enrollment.

#### 4. Duplication of Similar Information

This collection does not contain duplication of similar information.

An enrollment request mechanism (i.e. paper, electronic) is required for the plan to identify a beneficiary's expressed interest to join a plan and consequently for the plan to know that an enrollment is requested.

CMS receives information on individuals entitled to social security benefits and automatically enrolled in FFS; however, individuals not entitled to these benefits even if they are eligible for Medicare based on age, are not identified and accounted for in CMS systems.

In addition, beneficiary addresses are initially provided by SSA from the beneficiary's enrollment in Part A and/ or Part B, and frequently reflect an address of a representative payee or a Post Office (P.O.) Box, not the residence of the beneficiary. This limits the effectiveness of geographically-sensitive Plan payment decisions. Plans have more accurate beneficiary address information, which is updated on a case-by-case basis. Plan supplied residence addresses on an initial Part C and/or Part D enrollment has improved the accurate application of geographically sensitive rates in Plan payment calculation.

#### 5. Small Businesses

Some MA organizations and Part D sponsors are small businesses so they may be affected. They will have to comply with all the information requirements described in this supporting statement.

## 6. Less Frequent Collection

This collection does not set out any daily, weekly, monthly, or annual requirements; rather this information is collected as needed (upon plan enrollment) to support the administration of the Medicare Part C and Part D plan enrollment process.

## 7. Special Circumstances

There are no special circumstances that would require this 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 60-day notice published in the Federal Register on November 18, 2019 (84 FR 63655). CMS received 29 public comments. In response to the comments and feedback received, we have made several revisions to both the cover page and the enrollment form, which we believe will simplify and clarify the collection instrument. We revised the cover page to be more user friendly, e.g., explaining the fields to complete to enroll in the plan and how to contact the plan for assistance. We also removed instructions that addressed plan requirements to avoid

beneficiary confusion. On the actual enrollment form, we revised the “Optional section” header title for clarity, premium payment options information, and added check boxes to the preferred accessible format preferences. We also limited beneficiary options to request plan materials electronically by allowing plan sponsors to list those categories of materials available for electronic delivery.

The 30-day notice published in the Federal Register on March 6, 2020 (85 FR 13163). CMS received 5 public comments. The majority of comments centered around the flexibility to customize the enrollment form in addition to requests to incorporate previously deleted data fields that were not required determinants of eligibility for enrollment. In summary, a few edits were made to the collection instrument in response to public comment. We newly added a Privacy Act statement and updated the attestation language, e.g., the applicant’s acknowledgement of the enrollment, to be signed by the beneficiary (or the beneficiary’s authorized representative) related to their coverage.

Please refer to the response to comments document and the Crosswalk of Changes for a complete summary of updates made to this collection request since the November 18, 2019 publication.

#### 9. Payments/Gifts to Respondents

This enrollment form requests information to determine eligibility for, and enroll a beneficiary into a MA, MAPD or PDP plan. There are no payments/gifts to respondents. (Requirements for plans offering nominal gifts to beneficiaries for marketing purposes, provided the gift is given regardless of whether they enroll, and without discrimination, are outlined in the *Medicare Communications and Marketing Guidelines*).

#### 10. Confidentiality

The information collected from Medicare beneficiaries and contained in medical records, and other health and enrollment information, is disclosed as specified in the System of Records Notice (SORN) “Medicare Advantage Prescription Drug (MARx)”, System No. 09-70-0588. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60 and 423.30 and 423.32 authorize the collection of this information including all Federal and State laws regarding confidentiality and disclosure.

#### 11. Sensitive Questions

The collection does not solicit questions, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private. More importantly, the collection fully informs enrollees that a response is optional and coverage can’t be denied because the enrollee declines to respond.

#### 12. Burden Estimates

### *Wage Estimates*

To derive average costs, we used data from the U.S. Bureau of Labor Statistics' May 2019 National Occupational Employment and Wage Estimates for all salary estimates ([https://www.bls.gov/oes/current/oes\\_nat.htm](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.

Occupation Title	Occupation Code	Mean Salary	Fringe Benefits and Overhead	Cost per hour
Business operation specialists	13-1000	36.31	36.31	72.62
Office and Administrative Support Workers, All Other	43-9199	18.41	18.41	36.82

Wages for Individuals: To derive average costs for individuals, we used data from the May 2019 National Occupational Employment and Wage Estimates for our salary estimate. We believe that the burden will be addressed under All Occupations (occupation code 00-0000) at \$25.72/hr since the group of individual respondents varies widely from working and nonworking individuals and by respondent age, location, years of employment, and educational attainment, etc.

Unlike our private sector adjustment to the respondent hourly wage, we are not adjusting this figure for fringe benefits and overhead since the individuals' activities would occur outside the scope of their employment.

### *Information Collection Requirements and Associated Burden Estimates*

#### **Subpart B of CFR 422, Eligibility, Election and Enrollment Eligibility to elect an MA plan (§ 422.50)**

To elect an MA plan an individual must complete and sign an election form or complete another CMS-approved election method offered by the MA organization and provide information required for enrollment.

The burden associated with this requirement is captured below in § 422.60.

## **Election process (§ 422.60)**

The election form or another CMS approved election method offered by the MA organization must be completed by the MA eligible individual (or the individual who will soon become entitled to Medicare benefits) and include authorization for disclosure and exchange of necessary information between CMS and the MA organization. Individuals (i.e. authorized representative) who assist beneficiaries in completing the enrollment form must sign the form and indicate their relationship to the beneficiary.

There are approximately 8,070,726, new enrollments processed by MA and MAPDs in 2019. Based on the information requested for completion by the applicant on the enrollment form, we estimate it takes an enrollee 0.333 hour(s) to complete.

The first burden associated with this requirement is the time and effort necessary for an individual to complete/submit the enrollment request.

The burden for all beneficiaries is estimated as follows:

We estimate an annual burden of 2,687,552 hours (8,070,726 x 0.333 hours), with a consequent burden/cost of \$69,123,837 (2,687,552x \$25.72) or \$8.56 per beneficiary (\$69,123,837 / 8,070,726 new enrollments).

### **Plan Burden**

Additional burden associated with this requirement are 1) the time and effort for the MA plan to determine eligibility for enrollment, 2) submit the enrollment to CMS, 3) generate and submit the enrollment decision to the beneficiary and 4) retain the enrollment request. The time and cost burdens for these actions are outlined below.

We estimate it would take approximately 5 minutes at 72.62/hr for a business operations specialist to determine an enrollee's eligibility and effectuate changes for enrollment. The burden for all organizations is estimated at 672,561 hours (8,070,726 beneficiaries x 5 min/60) at a cost of \$48,841,380 (672,561 hours x \$72.62/hour) or \$90,280 per organization (\$48,841,380 /541 MA/MAPDs).

The MA organization must submit each enrollment transaction to CMS promptly. We estimate it would take the plan 1 minute per enrollment processed. The burden associated with electronic submission of enrollment information to CMS is estimated at 134,512 hours (8,070,726 notices x 1 min/60) at a cost of \$9,768,261 (134,512 hr x \$72.62/hr business operations specialist) or \$1.21 per notice (\$9,768,261 / 8,070,726 notices) or \$18,056 per organization (\$9,768,261 / 541 MA/MAPD contracts).

Once the enrollment change is completed, CMS estimates it would take 1 minute at \$72.62/hr for a business operations specialist to electronically generate and submit a notice to convey acceptance or denial of the enrollment request for each of the 8,070,726 beneficiaries. The

burden associated with each organization providing the beneficiary prompt written notice, performed by an automated system, is estimated at 1/60th of an hour (1 minute) per application processed. The annual total burden is estimated at 8,070,726 /60 = 134,512 hours, resulting in an annual cost of 134,512 hours x \$72.62 (hourly wage of a business operation specialist) = \$9,768,261.

Additionally, per 422.60(c)(2), MA organizations must file and retain MA plan election forms, as well as records of MA enrollment requests made by any other enrollment request mechanism, for the period specified in CMS instructions.

The burden associated with this requirement is the time required for each organization to perform record keeping on each new application filed. It is estimated that it will take each organization 1/12 of an hour (5 minutes) times 8,070,726, the number of new enrollments processed by MA/MAPDs in 2019, resulting in an annual burden of 8,070,726 x (5 min/60) = 672,561 hours, and an annual cost of 672,561 hours x \$36.82 (hourly wage of an administrative and support worker) = \$24,763,696.

The total burden to MA and MAPD plans of 422.60 is 1,614,146 hours (672,561 + 134,512 + 134,512 + 672,561) at a total cost of \$93,141,598 (48,841,380 + 9,768,261 + 9,768,261 + 24,763,696).

### **Subpart B of CFR 423, Eligibility and Enrollment Eligibility and enrollment (§ 423.32)**

To elect a Part D plan an individual must complete and sign an election form or complete another CMS-approved election method offered by the Part D sponsor and provide information required for enrollment.

The election form or another CMS approved election method offered by the stand-alone PDP sponsor must be completed by the Part D eligible individual (or the individual who will soon become entitled to Medicare drug benefits) and include authorization for disclosure and exchange of necessary information between CMS and the PDP sponsor. Individuals (i.e. authorized representative) who assist beneficiaries in completing the enrollment form must sign the form and indicate their relationship to the beneficiary.

There are approximately 6,344,121, new enrollments processed by stand-alone PDPs in 2019. Based on the information requested for completion by the applicant on the enrollment form, we estimate it takes an enrollee 0.333 hour(s) to complete.

The first burden associated with this requirement is the time and effort necessary for an individual to complete/submit the enrollment request.



We estimate an annual burden of 2,112,592 (6,344,121x 0.333 hours), with a consequent burden/cost of \$54,335,866 (2,112,592 x \$25.72) or \$8.56 per beneficiary (\$54,335,866 / 6,344,121 new enrollments).

### Plan Burden

Additional burden associated with this requirement are 1) the time and effort for the Part D plan to determine eligibility for enrollment, 2) submit the enrollment to CMS, 3) generate and submit the enrollment decision to the beneficiary and 4) retain the enrollment request. The time and cost burdens for these actions are outlined below.

We estimate it would take approximately 5 minutes at 72.62/hr for a business operations specialist to determine an enrollee's eligibility and effectuate changes for enrollment. The burden for all organizations is estimated at 528,677 hours (6,344,121 beneficiaries x 5 min/60) at a cost of \$38,392,524 (528,677 hours x \$72.62/hr) or \$639,875 per organization (\$38,392,524/60 PDPs).

As noted in 423.32 (c), the Part D sponsor must submit each enrollment transaction to CMS promptly. We estimate it would take the plan 1 minute per enrollment processed. The burden associated with electronic submission of enrollment information to CMS is estimated at 105,735 hours (6,344,121 notices x 1 min/60) at a cost of \$7,678,476 (105,735 hr x \$72.62/hr business operations specialist) or \$1.21 per notice (\$7,678,476 / 6,344,121 notices) or \$127,975 per organization (\$7,678,476 / 60 Part D contracts).

Once the enrollment change is completed, CMS estimates it would take 1 minute at \$72.62/hr for a business operations specialist to electronically generate and submit a notice to convey acceptance or denial of the enrollment request for each of the 6,344,121 beneficiaries. The burden associated with each sponsor providing the beneficiary prompt written notice, performed by an automated system, is estimated at 1/60th of an hour (1 minute) per application processed. The annual total burden is estimated at  $6,344,121/60 = 105,735$  hours, resulting in an annual cost of  $105,735 \text{ hours} \times \$72.62$  (hourly wage of a business operation specialist) = \$7,678,476.

Additionally, PDP sponsors must file and retain Part D plan election forms, as well as records of PDP enrollment requests made by any other enrollment request mechanism, for the period specified in CMS instructions.

The burden associated with this requirement is the time required for each organization to perform record keeping on each new application filed. It is estimated that it will take each organization 1/12 of an hour (5 minutes) times 6,344,121, the number of new enrollments processed by standalone PDPs in 2019, resulting in an annual burden of  $6,344,121 \times (5 \text{ min}/60) = 528,677$  hours, and an annual cost of  $528,677 \text{ hours} \times \$36.82$  (hourly wage of an administrative and support worker) = \$19,465,887.

The total burden to stand-alone Part D plan sponsors of 432.32 is 1,268,824 hours (528,677 + 105,735 + 105,735 + 528,677) at a total cost of \$73,215,363 (38,392,524 + 7,678,476 + 7,678,476 + 19,465,887).

As established by 42 CFR 422.50 and 422.60, individuals who meet the eligibility criteria may enroll in an MA plan. Similarly, 42 CFR 423.30 and 423.32 affords individuals eligible for Part D to enroll in a PDP. Requests for enrollment must comply with CMS instructions and be approved by CMS. CMS permits multiple ways in which a beneficiary can submit an enrollment request to the MA or Part D organization of his or her choice, such as paper, telephonic and electronic. In all instances, the MA and Part D organization is required to determine eligibility for enrollment based on the required collection of information.

While each organization develops their own enrollment collection (or “form”), sub-regulatory guidance, Chapter 2 and Chapter 3 of the Medicare Managed Care Manual outlines the items required to be collected for each enrollment request. These items are required to determine if the beneficiary is eligible for plan enrollment per statutory and regulatory requirements, and to submit the enrollment transaction to CMS. The enrollment request may also include optional items, which aid the MA and Part D organization to efficiently process the request and set up beneficiary preferences for services.

Previously, the model enrollment form was not an OMB-approved form; however, the data elements required to be collected in order for the enrollment request to be considered valid were approved under OMB control number 0938-0753 (CMS-R-267) and 0938-0964 (CMS-10141). The new model enrollment “form” (attachment 1a), pending OMB approval, limits data collection to what is lawfully required to process the enrollment, and, other limited information that the sponsor is required or chooses to provide to the beneficiary<sup>1</sup>. The new model form is arranged in three parts. It includes: (1) cover page with instructions, (2) enrollment form, and, (3) optional sponsor addendum which is not required to be completed by the beneficiary. This optional addendum can include items such as premium payment option or beneficiary’s choice of primary care physician including beneficiary language or accessible format preference. Please see model enrollment form attached.

### **Subpart V of CFR 422, Medicare Advantage Communication Requirements Review and Distribution of Marketing Materials (§ 422.2262)**

To customize and produce the enrollment forms will require two teams: one team for requirements and another team for implementation.

The team to produce requirements will consist of a chief executive, a marketing manager, a web developer and a compliance officer. The chief executive is needed to explain plan goals. The marketing manager is needed to explain what sells best. Similarly, the web developer is needed to explain how people use websites and what works well. Finally, the compliance officer will

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<sup>1</sup> Requests for enrollment must comply with all requirements outlined in §422.2262 & 423.2262 and be approved by CMS.

assure that all needed elements are present. This requirements team will have an hourly wage of \$479.12 as shown in Table 2.

<b>Table 2: Implementation Team &amp; Requirements</b>				
Occupation Title	Occupation Code	Mean Salary	Fringe Benefits and Overhead	Cost per hour
Chief Executives	11-1011	93.20	93.20	186.40
Marketing Managers	11-2021	71.73	71.73	143.46
Web Developers	15-1257	39.60	39.60	79.20
Compliance Officers	13-1041	35.03	35.03	70.06
Computer Programmer	15-1251	44.53	44.53	89.06
Computer Systems analyst	15-1211	46.23	46.23	92.46

We estimate that each of the 541 MA/MAPD contracts will spend four hours for the development at a per contract cost of \$1,916.48 (4\*479.12). Therefore, the 541 plans will spend 2164 hours (541\*4 hr) at a cost of 1,036,816 (1,916.48\*541).

To implement the requirements will require a team of two professionals, a computer programmer and a computer systems analyst. The systems analyst is needed because multiple systems are being used both enrollment systems and web systems and the software programmer is needed to write the code. The hourly wage for the implementation team is \$181.52. This is presented in Table 2

We estimate that each of the 541 contracts will spend 2 hours for the software implementation at a cost of \$363.04 (2\*181.52). Therefore, all 541 contracts will spend a total of 1082 hours (541 contract \* 2 hours) at a cost of \$196,405 (541\*363.04/contract).

The total burden for 541 contracts is 3606 hours (2164 hours requirements + 1082 hours for implementation) at an aggregate cost of 1,233,221 (1,036,816 for requirements + \$196,405 for implementation).

**Subpart V of CFR 423, Part D Communication Requirements, Review and Distribution of Marketing Materials (§ 423.2262)**

To customize and produce the enrollment forms will require two teams: one team for requirements and another team for implementation.

The team to produce requirements will consist of a chief executive, a marketing manager, a web developer and a compliance officer. The chief executive is needed to explain plan goals. The marketing manager is needed to explain what sells best. Similarly, the web developer is needed to explain how people use websites and what works well. Finally, the compliance officer will assure that all needed elements are present. This requirements team will have an hourly wage of \$479.12 as shown in Table 2.

We estimate that each of the 60 PDP contracts will spend four hours for the development at a per contract cost of \$1,916.48 ( $4 \times 479.12$ ). Therefore, the 60 plans will spend 240 hours ( $60 \times 4$  hr) at a cost of 114,989 ( $1,916.48 \times 60$ ).

To implement the requirements will require a team of two professionals, a computer programmer and a computer systems analyst. The systems analyst is needed because multiple systems are being used both enrollment systems and web systems and the software programmer is needed to write the code. The hourly wage for the implementation team is \$181.52. This is presented in Table 2.

We estimate that each of the 60 PDP contracts will spend 2 hours for the software implementation at a cost of \$363.04 ( $2 \times 181.52$ ). Therefore, all 60 PDP contracts will spend a total of 120 hours (60 contract \* 2hours) at a cost of \$21,782 ( $60 \times 363.04/\text{contract}$ ).

The total burden for 60 contracts is 360 hours (240 hours requirements + 120 hours for implementation) at an aggregate cost of 136,771 ( $114,989$  for requirements +  $\$21,782$  for implementation).

### 13. Capital Costs

Potential implementation costs are discussed in Section 12 which includes the costs of producing software. No additional capital or IT equipment costs will result from this collection since the software upgrades are sufficient to accomplish the task. MA and Part D Sponsors IT systems are fully operational/equipped to accept plan enrollments and determine an individual's eligibility per statutory and regulatory requirements.

### 14. Cost to Federal Government

MA organizations and Part D sponsors are responsible for the information collection requirements in this package. Plans receive the enrollment, determine eligibility, make a determination if the enrollment is accepted, denied or incomplete and finally communicate the decision to the beneficiary within specified timeframes. CMS systems provide automated responses to plan submitted transactions on a transaction reply report, which includes no additional burden or cost to change or shorten the enrollment form. There is no change to the process CMS uses for plans to submit the enrollment and therefore there is no additional cost to the Federal Government.

#### 15. Program/Burden Changes

The information collection request does not propose any program changes or adjustments. It incorporates changes to the current, standard (“long”) model enrollment form (used by both MA and PDP sponsors) which yields a new “shortened” model enrollment form. Data elements previously approved under CMS-R-267 and CMS-10141 have been extracted and incorporated into this current standalone package, CMS-10718, to include data lawfully required to process the enrollment request. In addition, cost estimates, initially approved under OMB control number 0938-0753 (CMS-R-267) and 0938-0964 (CMS-10141) have been aligned to reflect more recent data, for example, the current number of Medicare Advantage and Prescription Drug Plan contracts and the number of new enrollments processed in 2019. Furthermore, there is a decrease in burden estimates for a beneficiary to complete/submit the “shortened” enrollment form, from 30 minutes to 20 minutes, where CMS imposed burden requires the minimal elements needed to process an enrollment.

As indicated in Section 8 of this collection, we made several revisions to both the cover page and the enrollment form, which we believe will simplify and clarify the collection instrument. We revised the cover page to be more user friendly, e.g., explaining the fields necessary to complete to enroll in the plan and how to contact the plan for assistance. We also removed instructions that addressed plan requirements to avoid beneficiary confusion. On the actual enrollment form, we revised the “Optional section” header title for clarity, premium payment options information, and added check boxes to the preferred accessible format preferences. We limited beneficiary options to request plan materials electronically by allowing the plans to list those categories of materials available for electronic delivery and newly added a Privacy Act statement to the form.

#### 16. Publication/Tabulation Dates

There are no plans to publish or tabulate the information collected.

#### 17. Expiration Date

CMS would like the MA and Part D enrollment forms to display the expiration date next to the OMB control number.

#### 18. Certification Statement

There are no exceptions to the certification statement.

### **B. Collection of Information Employing Statistical Methods**

This collection does not employ statistical methods.