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

Background

Section 1859(f)(7) of the Social Security Act (the 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 MA coordinated care plan that provide targeted care to individuals with unique special needs. Special needs individuals 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) (42 CFR 422.2). SNPs are required to submit Models of Care (MOCs) as a component of the MA application and renewal process through the Health Plan Management System (HPMS). A MOC is a narrative submitted to the Centers for Medicare and Medicaid Services (CMS) by the SNP that describes:

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

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

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 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, 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 substantive changes to the MOC.

Off-Cycle Submission

A D-SNP or I-SNP that decides to make substantive revisions 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. 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 a summary of changes to their MOC in HPMS. Furthermore, SNPs may not implement any changes until NCQA 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:
  - The health risk assessment (HRA) process;
  - Revising processes to develop and update the individualized care plan;
  - Risk stratification methodology; and
  - Care transition 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 (novations, 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.

Renewal MOC narrative submissions and reports are located in the MOC module, outside of the HPMS Application module. The off-cycle MOC submission process is available for SNPs to enter revisions to the MOC in HPMS during their MOC approval periods. The MOC module includes the following sections:

- Renewal MOC submission;
- Off-cycle submission; and
- Reports.

In this 2021 revised collection of information request, in response to changes stemming from the Bipartisan Budget Act (BBA) of 2018 to section 1859(f)(5)(B)(i-v) of the Act for C-SNPs, and the application of these changes to all SNP types, through a January 19, 2021, (86 FR 5864) final rule (CMS-4190-F2, RIN 0938-AT97), we added the following MOC requirements:

- In the management of care, use an interdisciplinary team (IDT) that includes a team of providers with demonstrated expertise and training, and, as applicable, training in a

defined role appropriate to their licensure in treating individuals similar to the targeted population of the plan.

- Provide, on at least an annual basis, beginning within the first 12 months of enrollment, as feasible and with the individual's consent, for face-to-face encounters for the delivery of health care or care management or care coordination services and be between each enrollee and a member of the enrollee's ICT or the plan's case management and coordination staff, or contracted plan healthcare providers. A face-to-face encounter must be either in-person or through a visual, real-time, interactive telehealth encounter.
- Conduct a comprehensive initial HRA of the individual's physical, psychosocial, and functional needs as well as an annual HRA, using a comprehensive risk assessment tool that CMS may review during oversight activities, and ensure that results from the initial assessment and annual reassessment conducted for each individual enrolled in the plan are addressed in the individual's individualized care plan as required under 42 CFR 422.101(f)(1)(ii). As part of the evaluation and approval of the SNP MOC, NCQA must evaluate whether goals were fulfilled from the previous MOC (as required under the current MOC requirements).
- Each element of the plan's MOC must meet a minimum benchmark score of 50 percent, and a plan's MOC will only be approved if each element of the MOC meets the minimum benchmark.

Also in this 2021 revised collection of information request, we provide more definitions 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 about what represents a substantive change to a MOC. 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 encounters 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 initially adjusted the number of off-cycle MOC submissions as well from 103 to 11 because we anticipated that the volume of submissions would significantly decrease due to the annual C-SNP MOC submission requirement. However, this has not been the case; therefore, we have increased our estimate from 11 to 139 accordingly.

Lastly, we increased the hourly wage for the applicable SNP staff based on data from the U.S. Bureau of Labor Statistics' May 2020 National Occupational Employment and Wage Estimates, and adjusted it for fringe benefits and overhead.

A.   Justification

1.   <u>Need and Legal Basis</u>

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, which CMS applied to all SNP types through rulemaking as noted above (CMS-4190-F2). However, CMS will **not** apply the annual C-SNP MOC submission requirement 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 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 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 substantive 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 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 substantive MOC changes 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 of 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) published in the Federal Register on February 18, 2020 (85 FR 9002). We did not receive any PRA-related comments.

The final rule (CMS-4190-F2, RIN 0938-AT97) published in the Federal Register on January 19, 2021 (86 FR 5864).

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 2020 National Occupational Employment and Wage Estimates for all salary estimates located at 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	38.47	38.47	76.94

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

<u>*Initial and Renewal Submission*</u>

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 MOC Matrix Document for Initial Application and Renewal Submission. 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 273 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 $461.64 (6 hr x $76.94/hr). In aggregate, we estimate **1,638 hours** (273 SNPs x 6 hr) at a cost of **$126,028** (1,638 hr x $76.94/hr) annually.

In addition, CMS-4190-F2 revises the MOC requirements to include a minimum MOC scoring threshold, and therefore we estimate that approximately 14 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 $230.82 (3 hr x $76.94/hr). In aggregate, we estimate **42 hours** (14 SNPs x 3 hr) at a cost of **$3,231** (42 hr x $76.94/hr) annually.

For initial and renewal MOC submissions, including resubmissions that fail to meet the minimum thresholds, the estimated burden is **1,680 hours** (1,638 hr + 42 hr) at a cost of **$129,259** ($126,028 + $3,231) annually.

The revised estimate takes into account the changes to the MOC requirements in CMS-4190-F2 as well as the exiting MOC requirements outlined in Attachments A and B.

<u>*Off-Cycle Submission*</u>

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 B, the Model of Care Matrix document for Off-Cycle Submission. 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 3 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. In aggregate, we estimate **819 hours** (273 SNPs x 3 hr) at a cost of **$63,014** (819 hr x $76.94/hr) annually.

For this 2021 collection of information request, using HPMS data, we estimate that approximately 139 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 $307.76 (4 hr x $76.94/hr). In aggregate, we estimate **556 hours** (139 SNPs x 4 hr) at a cost of **$42,779** (556 hr x $76.94/hr) annually.

The revised estimate takes into account the changes to the MOC requirements in CMS-4190-F2, as well as the existing MOC off-cycle requirements outlined in Attachment B.

Tracking Face-to-Face Encounters

As required by CMS-4190-F2, 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 734 SNPs will track face-to-face encounters, and we assume 4 hours of work by SNP personnel at a cost of $307.76 (4 hr x $76.94/hr). In aggregate, we estimate **2,936 hours** (734 SNPs x 4 hr) at a cost of **$225,896** (2,936 hr x $76.94/hr) annually.

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

Interdisciplinary Care Team Qualifications

Section 422.101(f)(1)(iii) requires that MAOs offering a SNP must provide each enrollee with an ICT 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. Plans must 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 burden beyond what is set out under Tracking Face-to-Face Encounters.

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)	273	1	273	6	1,638	76.94	126,028
Annual MOC Re-submissions	§422.101(f)	14	1	14	3	42	76.94	3,231

Subtotal: Initial and Renewal Submission	§422.101(f)	*287*	*2*	*287*	*varies*	*1,680*	*76.94*	*129,259*
MOC Module Training	§422.101(f)	273	1	273	3	819	76.94	63,014
Off-Cycle Submissions	§422.101(f)	139	1	139	4	556	76.94	42,779
Track Face-to-Face Encounters (all SNP types)	§422.101 (f)(1)(iv)	734	1	734	4	2,936	76.94	225,896
TOTAL		**1,160**	**varies**	**1,433**	**varies**	**5,991**	**76.94**	**460,949**

Collection of Information Instruments and Instruction/Guidance Documents

- Attachment A: Model of Care Matrix Document: Initial and Renewal Submission (Revised)
- Attachment B: Model of Care Matrix Document: Off-Cycle Submission (Revised)

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 $187.97/hr* x 273	$615,790
Softrams LLC: Develop and maintain MOC module	5 hr x $131.62/hr* x 100	$65,810
SUBTOTAL		$681,600

*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 $187.97/hr* x 11	$8,271
Softrams LLC: Develop and maintain MOC module	5 hr x $131.62 /hr* x 63	$41,460
SUBTOTAL		$49,731

*includes fringe, indirect rates

Total

The total annualized cost to the federal government is **$731,331** ($681,600 + $49,731).

15. <u>Changes to Burden</u>

The CMS-4190-F2 rule amends 42 CFR 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 have added the following new regulations to account for new requirements governing SNP enrollee care management and SNP MOC submissions:

Assessment Results Addressed in the ICP

We amended § 422.101(f)(1)(i) by adding 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)." To comply with this change, MA SNPs have to provide the necessary guidance to develop related internal processes for employees of the SNP that are responsible for incorporating this requirement into their MOC.

Initial and Renewal Submission/Fulfillment of MOC Goals

We added § 422.101(f)(3)(ii) to implement the requirement that: as part of the evaluation and approval of the SNP MOC, NCQA must evaluate whether goals were fulfilled from the previous MOC; 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 MOC must provide relevant information pertaining to the MOC's goals for review and approval under this paragraph; and if the SNP MOC 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 provision, 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 measurable goals and health outcomes as part of their MOC under MOC 4, Element B: Measurable Goals and Health Outcomes for the MOC.

Burden for § 422.101(f)(1)(i) and (f)(3)(ii)

Using HPMS contract year 2020 submission data, for initial and renewal submissions we estimate that 273 SNPs will submit MOCs annually (an increase of 53 SNFs). For each SNP, we continue to assume 6 hours for a registered nurse. In aggregate, we estimate an additional ongoing annual burden of **318 hours** (53 SNPs x 6 hr) at a cost of **$24,467** (318 hr x $76.94/hr).

Initial and Renewal Submission/Minimum Benchmarks

We added § 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, MAOs 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 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 one, two, or three 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 139 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.

Since § 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 element benchmark of 50 percent would have impacted 20 of the 273 MOCs submitted, or 7.3 percent. For contract year 2020, seven plans had to submit their MOCs for revision based on the current scoring system, and an additional seven plans decided to withdraw their MOCs before the revision process, resulting in 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 x 3 hr) at a cost of **$3,231** (42 hr x $76.94/hr).

Off-Cycle MOC Submissions for Substantive Changes

For plans seeking to revise their MOC based on qualifying events during the off-cycle season, we estimate that approximately 139 SNPs (D-SNPs/I-SNPs) will submit off-cycle MOC changes. For each SNP submitting off-cycle MOC changes (an increase of 36 SNPs). For each SNP submitting off-cycle MOC changes we continue to assume 4 hours for a registered nurse. In aggregate, we estimate an additional ongoing annual burden of **144 hours** (36 SNPs x 4 hr) at a cost of **$11,079** (144 hr x $76.94/hr).

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 B, the Model of Care Matrix document for Off-Cycle Submission. 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 3 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. In aggregate, we estimate **819 hours** (273 SNPs x 3 hr) at a cost of **$63,014** (819 hr x $76.94/hr) annually.

Tracking Face-to-Face Encounters

In addition to the CMS-4190-F2 changes to the MOC process, we also added § 422.101(f)(1)(iv) to implement a new requirement that SNP plans provide, on at least an annual basis, beginning within the first 12 months of enrollment, as feasible and with the individual's consent, for face-to-face encounters for the delivery of health care or care management or care coordination services and be between each enrollee and a member of the enrollee's ICT or the plan's case management and coordination staff, or contracted plan healthcare providers. A face-to-face encounter must be either in-person or through a visual, real-time, interactive telehealth encounter.

We believe that most, if not all, SNP enrollees will have a qualifying face-to-face encounter as finalized under § 422.101(f)(1)(iv) through an initial or annual HRA, a qualifying encounter with an ICT member, or an annual wellness visit. We estimate that approximately 734 SNPs 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 x 4 hr) at a cost of **$225,896** (2,936 hr x $76.94/hr). This estimated burden is distinguished from the overall MOC submission requirement and is captured in the section 12 Burden Summary table above.

Interdisciplinary Care Team Qualifications

In addition, we added § 422.101(f)(1)(iii) which requires that MAOs offering a SNP must provide each enrollee with an ICT 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. Plans must 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 information collection requirements and/or burden beyond what is currently approved by OMB under this collection of information request.

Burden Summary

Regulation under Title 42 of the CFR	Response Summary	Total Number of respondents	Total Number of Responses	Time per response (hr)	Total Annual Time (hr)	Labor Cost ($/hr)	Total AnnualCost ($)
422.101(f)(1)(i) and (f)(3)(ii)	Assessment Results Addressed in the ICP Initial and Renewal Submission/Fulfillment of MOC Goals	53	53	6	318	76.94	24,467
422.101(f)(3)(iii)	Initial and Renewal Submission/Minimum Benchmarks	14	14	3	42	76.94	3,231
422.101(f)(3)	Off-Cycle MOC Submissions for Substantive Changes	36	36	4	144	76.94	11,079
422.101(f)	MOC Module Training	273	273	3	819	76.94	63,014
422.101(f)(1)(iv)	Tracking Face-to-Face Encounters	734	734	4	2,936	76.94	225,896
TOTAL		1,110	1,110	Varies	4,259	76.94	327,687

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.