To: Jamie Wilson

Office of Information and Regulatory Affairs (OIRA)

Office of Management and Budget (OMB)

From: AnhViet Nguyen

Centers for Medicare Services (CMS)

Medicare Enrollment and Appeals Group (MEAG/Division of Eligibility and

Enrollment (DEEP)

Date: May 29, 2025

Subject: Non-substantive Change Request – Model Medicare Advantage and Medicare

Prescription Drug Plan Individual Enrollment Request Form (CMS-10718, OMB

0938-1378)

This memo requests approval of changes to cost and burden estimates in the approved information collection, Model Medicare Advantage (MA) and Medicare Prescription Drug Plan (Part D) Individual Enrollment Request Form (CMS-10718, OMB 0938-1378). This iteration does not propose changes to the collection instrument.

Background

OMB approved the revised collection of information on April 9, 2025 to remove voluntary race, ethnicity, sexual orientation, and gender identity questions from the model MA and Part D enrollment form (CMS-10718).¹

Overview of Requested Changes

Pursuant to Executive Order (EO) 14192, "Unleashing Prosperity Through Deregulation," CMS is proposing reduced cost and burden estimates to more accurately reflect changes resulting from the recent removal of voluntary race, ethnicity, sexual orientation, and gender identity questions from the model MA and Part D enrollment form. These savings stem directly from the streamlined form that reduces completion time benefiting both beneficiaries and administrative processes across the MA and Part D programs.

CMS is removing fields related to sexual orientation, gender identity, race, and ethnicity from the MA and PDP model enrollment form to align with recent EOs. The updated form removes multiple fields that reduces the form from 4 pages to 3 pages and removes multiple fields that plans, and their agents, would collect from applicants and submit to CMS. Conservatively, we

¹ As required by 42 CFR 422.50(a)(5), an MA eligible individual who meets the eligibility requirements for enrollment into an MA or MA-PD 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. 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.

estimate that this will reduce the time burden for applicants to fill out the form by 10% or 2 minutes. Based on 19,815,897 total MA and Part D enrollments processed annually and mean wage rate at \$31.48/hr², we estimate that this will yield a total cost savings of approximately \$20.5 million annually for completing these enrollments.

Effectively, removing these fields will reduce time and burden it takes to enroll individuals in an MA or Part D plan. The form has now been approved by OMB via the PRA process, so we can rescind the prior guidance that included the additional fields on the form.

Cost and Burden Estimate Calculations

Currently, for individuals to complete/submit the MA and Part D enrollment form, we estimate a combined annual aggregate burden of **6,598,694 hours** (19,815,897 x 0.333 hr) at a cost of **\$207,774,099** (6,598,694 hr x \$31.48/hr). In 2022, there were 11,697,487 enrollments processed by MA and MA-PDs, and 8,118,410 enrollments processed by standalone PDPs. Based on the information requested for completion by the applicant on the enrollment form, we currently estimate it takes an enrollee 20 minutes (0.333 hr) to complete.

With the removal of fields related to sexual orientation, gender identity, race, and ethnicity from the MA and Part D enrollment form, we project a 2 minute (or 10%) reduction in time to complete the enrollment form. Using the reduced time that it takes for an individual to complete an enrollment form (18 minutes or 0.3 hr), we estimate a combined annual aggregate burden of **5,944,769 hours** (19,815,897 x 0.3 hr) at a cost of **\$187,229,099** (5,944,769 hr x \$31.48/hr) for individuals completing the form.

The updated form results in a total of **653,925 hours** saved annually, resulting in estimated cost savings of **\$20,545,000** annually.

² We are using U.S. Bureau of Labor Statistics' (BLS') May 2023 National Occupational Employment and Wage Estimates to allow for a consistent analysis of the effect of reducing form completion times on cost estimates. The current OMB-approved cost estimate used May 2023 wage estimates.

	Currently approved estimates	Proposed estimates	Difference
Time to Complete Enrollment Form	20 minutes (0.333 hr)	18 minutes (0.3 hr)	-2 minutes (-10%)
Annual Enrollments Processed	19,815,897	19,815,897	No change
Annual Burden Hours (Beneficiaries (§§ 422.60 and 423.32)	6,598,694	5,944,769	-653,925
Labor Rate (\$/hr)	\$31.48	\$31.48	No change
Total Annual Cost for Information Collection Request	\$207,774,099	\$187,229,099	-\$20,545,000
Total Time Burden for Information Collection Request (hours)	10,570,530	9,916,605	-653,925