Supporting Statement Part-A
Model Medicare Advantage and Medicare Prescription Drug Plan Individual Enrollment Request Form
(CMS-10718, OMB 0938-1378)

Background

Section 4001 of the Balanced Budget Act of 1997 (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 § 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.

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 § 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.

The current collection of information as required by §§ 422.50, 422.60, and 423.32 was originally approved by OMB on July 17, 2020. It incorporated changes to the previous standard ("long") model enrollment form (used by both MA and PDP sponsors) which yielded a new "shortened" model enrollment form. The enrollment form is considered a "model" under Medicare regulations at §§ 422.2267 and 423.2267, for purposes of communication and marketing review and approval; therefore, MA and Part D plans are able to modify the language, format, or order of the enrollment form.

Given the long-term goal of collecting race and ethnicity data from all Medicare beneficiaries, OMB approved the collection of information to include race and ethnicity questions on the model MA and PDP enrollment form on July 1, 2022. The detailed race and ethnicity categories collected on the enrollment form are compliant with the 2011 HHS Implementation Guidance on Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status[1] to provide granular information for plans and CMS to understand the diversity of the beneficiary population.

This revision of the MA and PDP enrollment form proposes to continue collection of the race and ethnicity data questions, add three new sexual orientation and gender identity questions, add a data CD accessible format option, and make non-substantive changes to enrollment form instructions. Based on more recent enrollment and wage data from 2022, we are also proposing updated burden and cost estimates. The increase in overall burden and cost estimates is

[1] https://aspe.hhs.gov/reports/hhs-implementation-guidance-data-collection-standards-race-ethnicity-sex-primary-language-disability-0; https://aspe.hhs.gov/reports/hhs-implementation-guidance-data-collection-standards-race-ethnicity-sex-primary-language-disability-0

associated with an increase in the total number of MA and PDP enrollments as well as an increase in hourly wage estimates for employees involved in the enrollment process.

The MA and Part D enrollment form needs to be in use for the 2024 Annual Enrollment Period (AEP) which begins October 15, 2024. CMS is aiming to have an approved form by mid-April 2024 to allow plans and third-party vendors at least 6 calendar months to implement systems changes.

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 Social Security Act (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 enrollment form is considered a "model" under Medicare regulations at §§ 422.2267 and 423.2267, for purposes of communication and marketing review and approval; therefore, MA and Part D plans are able to modify the language, format, or order of the enrollment form. The model enrollment form includes the minimal amount of information to process the enrollment, located in Section 1 of the MA/PDP enrollment form, and other limited information, in Section 2, that the sponsor is required (i.e. race and ethnicity data, accessible format preference) or chooses (i.e. premium payment information) to provide to the beneficiary. The optional data elements, 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 serves to reduce overall burden and allow for timely processing of an enrollment request. All data elements in Section 2 are optional for the beneficiary to complete. Plan enrollment will not be affected if the beneficiary does not complete this additional information.

As CMS moves towards stratified reporting of quality measures and addressing health and health care inequities, many highlighted by the COVID-19 pandemic, CMS' ability to analyze disparities across Medicare programs and policies depends upon the collection and use of reliable, self-reported, granular race and ethnicity data consistently from Medicare Part C and Part D plans. CMS is relying on section 1875 of the Act, along with CMS's underlying authority to collect enrollee information via MA and Part D enrollment forms (sections 1851(c) and 1860D-1(b)(1)(A) of the Act), as legal authority to collect these race and ethnicity data. CMS plans to continue using the race and ethnicity data collected via the MA and Part D enrollment forms to evaluate the validity and reliability of how race and ethnicity are imputed under current methodologies. In line with President Biden's recent Executive Orders (EOs), i.e. 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government and 14031 on Advancing Equity, Justice, and Opportunity for Asian Americans,

Native Hawaiians, and Pacific Islanders, CMS acknowledges that collecting robust (i.e. self-reported, granular) race and ethnicity information is a critical step for preventing health and health care inequities and may aid in ensuring that its policies and programs deliver resources and benefits equitably to all.

The race and ethnicity data collected through this enrollment form will be used to: 1) Explore the response rate to race and ethnicity questions as a whole and how it intersects with other beneficiary demographics; 2) Continue to test and improve upon CMS' race and ethnicity imputation models by adding additional race and ethnicity data to the data CMS already has; and 3) Determine the data necessary for sufficient samples sizes to conduct analyses of disaggregated race and ethnicity categories.

CMS has contracted with NORC at the University of Chicago to conduct cognitive interview studies, approved in a separate PRA package (CMS-10816, OMB 0938-1440), to identify drivers of non-response to the race and ethnicity questions on the enrollment form.
Similar to its use of race and ethnicity data, CMS's ability to analyze health disparities depends on the collection and use of sexual orientation and gender identity (SOGI) demographic data.

CMS is relying on section 1875 of the Act, along with CMS's underlying authority to collect enrollee information via MA and Part D enrollment forms (sections 1851(c) and 1860D-1(b)(1)(A) of the Act), as legal authority to collect these SOGI data. Recent Executive Orders[1] direct federal agencies to leverage data collection to advance health equity for LGBTQI+ individuals and other underserved populations. In response to these Executive Orders, CMS is prioritizing the integration of SOGI questions into enrollment forms. Collecting data about the LGBTQI+ population will allow CMS to better identify and address the community's needs in terms of health care access, outreach, and protections against discrimination.

This revised information collection request to add new SOGI data questions will align the MA and PDP enrollment forms with CMS's Federally-Facilitated Marketplace application, which added SOGI questions to its consumer application beginning on November 1, 2023. The current MA and PDP enrollment form requires all beneficiaries to provide their "Sex" on the application. The binary "Sex" question requires a "Male" or "Female" response for each individual. There are no non-binary options, nor a distinction between current gender identity and sex assigned at birth. Some individuals cannot complete an application accurately as there are no options on the application that affirm their current gender identity, which may affect individuals' ability to receive gender-affirming care.

The proposed SOGI questions are for demographic data collection only, collected alongside the enrollment form's race and ethnicity demographic questions, and will be optional for individuals to respond to. SOGI data will be collected to analyze response rates to the questions and how they intersect with other beneficiary characteristics. The responses to the new questions or lack of response will not impact a beneficiary's plan eligibility, benefits, or premiums.

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[1] Executive Order 13988: Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation
Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities Through the Federal Government
Executive Order 14075: Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals

2. Information Users

MA and PDP organizations, applicants to MA and PDP organizations, and CMS will use the information collected to comply with the eligibility and enrollment requirements for Medicare Part C and Part D plans. Approximately 19.8 million enrollments were processed by MA and PDP organizations (11,697,487 MA and MAPDs and 8,118,410 by stand-alone PDPs) in 2022.

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: (1) maintain Medicare Part A and B to stay in MA, or Part A or B to stay in Part D; (2) reside in the plan's service area; (3) make a valid request during a valid election period; (4) follow plan rules; (5) consent to the disclosure and exchange of information between the plan and CMS; and (6) enroll in only one Medicare health plan and that enrollment in the MA or Part D plan automatically disenrolls them from any other Medicare health plan and prescription drug plan.

CMS will use this information to: track beneficiary enrollment, including tracking patterns in enrollment by race and ethnicity, sexual orientation, and gender identity over time; to identify, monitor, and develop effective and efficient strategies and incentives to reduce and eliminate health and health care inequities; to validate existing race and ethnicity imputation methods; and to ensure that clinically appropriate and equitable care (in terms of payment, access and quality) is consistently provided to all Medicare beneficiaries.

As part of a broader health equity effort, CMS has interest in identifying patterns of differences across many key process and care outcomes by sociodemographic characteristics, including race, ethnicity, sexual orientation, and gender identity. To best characterize these differences, self-reported *and* granular data are needed. Collecting these data will support efforts to continue to strengthen, for example, CMS OMH's stratified reporting efforts, which currently *do* consider quality indicators by race and ethnicity, but at present these data are *not* granular and *not* self-reported. In addition, this data will allow us to validate imputation methods CMS currently uses for race and ethnicity, to ensure that we do not rely on methodologies that unintentionally create or exacerbate disparities. To assess readiness for analysis of collected data (particularly with regard to considering sample sizes, especially of small groups), continual assessment will be required – simultaneously as enrollment happens – because readiness will depend partly on distribution of responses to these items by enrollees.

These categories are of great interest to CMS and will improve the accuracy of current data sets. We acknowledge that it may take several years of data collection to conduct other meaningful studies CMS intends to pursue that are not listed above.

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)[1] 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, fax, 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 information collection does not duplicate any other effort. The collected information cannot be obtained from any other source.

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 maintains Medicare administrative records for beneficiaries in the Enrollment Database (EDB). The beneficiary Medicare eligibility determination and all originating data associated with the beneficiary are provided to CMS by the Social Security Administration (SSA) and to a lesser extent the Railroad Retirement Board (RRB) and the Office of Personnel Management (OPM). CMS receives information on individuals entitled to social security benefits and automatically enrolled in Medicare Parts A and Parts B, Fee-for-Service (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.

CMS does not currently collect race and ethnicity data upon enrollment into the Medicare program. The limitations in receiving race and ethnicity data from SSA have translated into wide variations in accuracy and validity across different racial and ethnic categories within CMS's data records. CMS utilizes a variety of indirect estimation techniques to improve

[1] https://www.cms.gov/files/document/medicare-communications-and-marketing-guidelines-3-16-2022.pdf.

analyses of race and ethnicity differentials among Medicare beneficiaries which disproportionately misclassifies beneficiaries who are of racial and ethnic minorities.

The current MA and PDP enrollment form asks a binary "Sex" question that requires a "Male" or "Female" response for each beneficiary; however, there are no non-binary options, nor a distinction between current gender identity and sex assigned at birth.

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 collection of 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 September 29, 2023 (88 FR 67298). A total of eight (8) comments were submitted as the comment period concluded on November 28, 2023.

Generally, commenters expressed support for the collection of SOGI data. Several commenters suggested revisions to the proposed SOGI response options. Commenters also proposed we expand data collection efforts to include disability data and language preferences on the model enrollment form.

Several commenters had inquiries about the timing for MA organizations and Part D sponsors to update their systems to implement this collection and reporting. One commenter suggested that CMS delay the collection of SOGI data to 2026 to allow more time to implement enrollment form changes.

Two commenters expressed concerns about the proposed addition of data CD to the accessible format options, citing a significant decline in data CD usage and less costly, alternative electronic methods for beneficiaries to access enrollment materials.

No changes were made, at this time, to the Medicare Part C and D enrollment form based on commenters' suggestions to add other demographic data. We will take these suggestions into consideration at a later update. Please refer to the complete "Response to Comments" document for further information on this collection. .

The 30-day notice published in the Federal Register on TBD (88 FR).

Outside consultation

From 2022 to 2024, CMS consulted with our contractor, NORC at the University of Chicago, to design and conduct the cognitive interviews for the approved information collection in CMS-10816, OMB 0938-1440.

The new SOGI questions were developed by a cross-CMS workgroup that brought in representatives from a variety of CMS offices, including the CMS Office of Minority Health (OMH), the Center for Medicaid and CHIP Services (CMCS), the Office of Communications (OC), the Office of Program Operations & Local Engagement (OPOLE), and the Office of Hearings and Inquiries (OHI). The final product is based largely on the data collection model proposed by the National Academies of Sciences, Engineering, and Medicine in a report commissioned by the National Institutes of Health (NIH). Throughout this process, the workgroup consulted experts in SOGI data collection and LGBTQI+ issues at the NIH, the Office of the National Coordinator for Health Information Technology (ONC), the White House Gender Policy Council, the Domestic Policy Council, the HHS LGBTQI+ Coordinating Committee Research and Data Subcommittee, and the CMS Pride Employee Resource Group.

9. Payments/Gifts to Respondents

This enrollment form requests information to determine eligibility for, and enroll a beneficiary into a MA, MA-PD 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.* HHS Office of Inspector General's (OIG) current interpretation of "nominal value" is no more than $15 per item or $75 in the aggregate, per person, per year.

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 (February 14, 2018; 83 FR 6591).

Sections 1851 and 1860D-1 of the Act and §§ 422.50, 422.60, 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 solicits several demographic data questions on a voluntary basis, such as race, ethnicity, sexual orientation, and gender identity information, to understand the diverse populations served within the plans' service area. The collection informs enrollees that a response to these questions is optional and health and prescription drug coverage would not be denied or affected if the individual responds or declines to respond.

CMS recognizes the need to embark on an educational campaign and activities with independent agents and brokers to assure Medicare beneficiaries understand: (1) the impetus for the voluntary collection of race, ethnicity, sexual orientation, and gender identity information as part of the enrollment process, and (2) that a response or lack thereof, does not impact coverage or the cost of coverage.

12. Burden Estimates

Wage Estimates

To derive average costs, we used data from the U.S. Bureau of Labor Statistics' (BLS') May 2022 National Occupational Employment and Wage Estimates for all salary estimates (https://www.bls.gov/oes/current/oes_nat.htm). In this regard, the following table presents BLS' mean hourly wage, our estimated cost of fringe benefits and overhead (calculated at 100 percent of salary), and our adjusted hourly wage.

Occupation Title	Occupation Code	Mean Salary ($/hr)	Fringe Benefits and Overhead ($/hr)	Adjusted Wage ($/hr)

All Occupations	00-0000	29.76	n/a	n/a
Business operation specialists	13-1000	40.04	40.04	80.08
Office and Administrative Support Workers, All Other	43-9199	20.75	20.75	41.50

Private Sector Wages: 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.

Wages for Individuals: To derive average costs for individuals, we used data from the May 2022 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 $29.76/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's 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 – ELIGIBILITY, ELECTION AND ENROLLMENT

Eligibility to elect an MA plan (§ 422.50)

Beneficiary Burden

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)

Beneficiary Burden

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 representatives) who assist beneficiaries in completing the enrollment form must sign the form and indicate their relationship to the beneficiary.

There are approximately **11,697,487** enrollments processed by MA and MA-PDs in 2022. Based on the information requested for completion by the applicant on the enrollment form, we estimate it takes an enrollee 20 minutes (0.333 hr) to complete.

For individuals to complete/submit the enrollment form, we estimate an annual aggregate burden of **3,895,263 hours** (11,697,487 x 0.333 hr) at a cost of $115,923,027 (3,895,263 hrs x $29.76/hr).

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.

(1) We estimate it would take approximately 5 minutes (0.083 hr) at $80.08/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 **970,891 hours** (11,697,487 beneficiaries x 0.083 hr) at a cost of $77,748,951 (970,891 hours x $80.08/hour) or $105,066 per organization ($77,748,951 / 740 MA/MA-PDs).

(2) The MA organization must submit each enrollment transaction to CMS promptly. We estimate it would take the plan 1 minute (0.017 hr) per enrollment processed. The burden associated with electronic submission of enrollment information to CMS is estimated at **198,857 hours** (11,697,487 notices x 0.017 hr) at a cost of $15,924,469 (198,857 hrs x $80.08/hr business operations specialist) or $1.36 per notice ($15,924,469 / 11,697,487 notices) or $21,520 per organization ($15,924,469 / 740 MA/MA-PD contracts).

(3) Once the enrollment change is completed, CMS estimates it would take 1 minute (0.017 hr) at $80.08/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 10,800,619 beneficiaries. The burden associated with each organization providing the beneficiary prompt written notice, performed by an automated system, is estimated at 1 minute (0.017 hr) per application processed. The annual total burden is estimated at 11,697,487 notices x 0.017 hr = **198,857 hours**, resulting in an annual cost of 198,857 hours x $80.08/hr = $15,924,469.

(4) 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 5 minutes (0.083 hr) times 11,697,487, the number of enrollments processed by MA/MA-PDs in 2022, resulting in an annual burden of 11,697,487 x 0.083 hr = **970,891 hours**, and an annual cost of 970,891 hours x $41.50/hr (hourly wage of an administrative and support worker) = $40,291,977.

The total burden to MA and MA-PD plans of § 422.60 is **2,339,496 hours** (970,891 + 198,857 + 198,857 + 970,891) at a total cost of $149,889,866 (77,748,951 + 15,924,469 + 15,924,469 + 40,291,977).

Subpart B – Eligibility and Enrollment

Enrollment process (§ 423.32)

To elect a Prescription Drug Plan (PDP), 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 **8,118,410** enrollments processed by stand-alone PDPs in 2022. 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 **2,703,431 hours** (8,118,410 x 0.333 hours), with a consequent burden/cost of $80,454,107 (2,703,431 hr x $29.76) or $9.91 per beneficiary ($80,454,107 / 8,118,410 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.

(1) We estimate it would take approximately 5 minutes (0.083 hr) at $80.08/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 **673,828 hours** (8,118,410 beneficiaries x 0.083 hr) at a cost of $53,960,146 (673,828 hours x $80.08/hr) or $856,510 per organization ($53,960,146 /63 PDPs).

(2) 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 **138,013 hours** (8,118,410 notices x 0.017 hr) at a cost of $11,052,081 (138,013 hrs x $80.08/hr business operations specialist) or $1.36 per notice ($11,052,081 / 8,118,410 notices) or $175,430 per organization ($11,052,081 / 63 Part D contracts).

(3) Once the enrollment change is completed, CMS estimates it would take 1 minute (0.017 hr) at $80.08/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 8,118,410 beneficiaries. The burden associated with each sponsor providing the beneficiary prompt written notice, performed by an automated system, is estimated at 1 minute (0.017 hr) per application processed. The annual total burden is estimated at 8,118,410 x 0.017 hr = **138,013 hours**, resulting in an annual cost of 138,013 hours x $80.08/hr (hourly wage of a business operation specialist) = $11,052,081.

(4) 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 5 minutes (0.083 hr) times 8,118,410, the number of enrollments processed by standalone PDPs in 2022, resulting in an annual burden of 8,118,410 x 0.083 hr = **673,828 hours,** and an annual cost of 673,828 hours x $41.50/hr (hourly wage of an administrative and support worker) = $27,963,862.

The total burden to stand-alone Part D plan sponsors of § 432.32 is **1,614,533 hours** (673,828 + 138,013 + 128,864 + 673,828) at a total cost of $103,295,518 (53,960,146 + 11,052,081 + 10,319,429 + 27,963,862).

As established by §§ 422.50 and 422.60, individuals who meet the eligibility criteria may enroll in an MA plan. Similarly, §§ 423.30 and 423.32 affords individuals eligible for Part D with the opportunity 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 of the Medicare Managed Care Manual and Chapter 3 of the Medicare Prescription Drug Benefit 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 previously approved model enrollment "form" 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.[1]

The model form consists of the following parts: (1) cover page with instructions, (2) model enrollment request form which is divided into sections. Section 1 includes data elements required to process the beneficiary's enrollment. Section 2 includes data elements that CMS requires the plan to include on the application, even if those data elements are voluntary for a beneficiary to fill out. Plan enrollment will not be affected if the beneficiary completes or does not complete this additional information, 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 – Medicare Advantage Communication Requirements

Required Materials and Content (§ 422.2267)

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 $503.44 as shown in Table 2a.

Table 2a : Requirements Team

[1] Requests for enrollment must comply with all requirements outlined in §§ 422.2262 & 423.2262 and be approved by CMS.

Occupation Title	Occupation Code	Mean Salary ($/hr)	Fringe Benefits and Overhead ($/hr)	Adjusted Houry Wage ($/hr)
Chief Executives	11-1011	118.48	118.48	236.96
Compliance Officers	13-1041	37.01	37.01	74.02
Marketing Managers	11-2021	76.10	76.10	152.20
Web Developers	15-1254	42.11	42.11	84.22
Total				547.40

We estimate that each of the **740 MA/MA-PD contracts** will spend four hours for the development at a per contract cost of $2,189.60 (4 hrs * $547.40/hr). Therefore, the 740 plans will spend **2,960 hours** (740 contracts * 4 hrs) at a cost of $1,620,304 ($2,189.60 * 740 contracts).

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 $202.24. This is presented in Table 2b.

Table 2b : Implementation Team				
Occupation Title	Occupation Code	Mean Salary ($/hr)	Fringe Benefits and Overhead ($/hr)	Adjusted Houry Wage ($/hr)
Computer Programmer	15-1251	49.42	49.42	98.84
Computer Systems analyst	15-1211	51.70	51.70	103.40
Total				202.24

We estimate that each of the 740 contracts will spend 2 hours for the software implementation at a cost of $404.48 (2 hrs * $202.24/hr). Therefore, all 740 contracts will spend a total of **1,480 hours** (740 contracts * 2 hrs) at a cost of $299,315 (740 contracts * $404.48/contract).

The total burden for 740 contracts is **4,440 hours** (2,960 hours requirements + 1,480 hours for implementation) at an aggregate cost of $1,919,619 ($1,620,304 for requirements + $299,315 for implementation).

Subpart V – Part D Communication Requirements Required Materials and Content (§ 423.2267)

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 $547.40 as shown in Table 2a.

We estimate that each of the **63 PDP** contracts will spend four hours for the development at a per contract cost of $2,013.76 (4 hrs * $547.40/hr). Therefore, the 63 plans will spend **252 hours** (63 contracts * 4 hrs) at a cost of $126,867 ($2,013.76 * 63 contracts).

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 $202.24. This is presented in Table 2b.

We estimate that each of the 63 PDP contracts will spend 2 hours for the software implementation at a cost of $404.48 (2 hrs * $202.24/hr). Therefore, all 63 PDP contracts will spend a total of **126 hours** (63 contracts * 2 hrs) at a cost of $25,482 (63 contracts * $404.48/hr).

The total burden for 63 contracts is **378 hours** (252 hours for requirements + 126 hours for implementation) at an aggregate cost of $152,349 ($126,867 for requirements + $25,482 for implementation).

Burden Summary

Regulation Section(s) in Title 42 of the CFR	**Respondents**	**Total Responses**	**Time per Response (hr)**	**Total Annual Time (hr)**	**Labor Rate ($/hr)**	**Total Cost ($)**
§ 422.60 (Beneficiaries)	Beneficiaries	11,697,487	0.333	3,895,263	29.76	115,923,027
§ 422.60 (MA organizations)	MA organizations	11,697,487	Varies	2,339,496	80.08	149,889,866
§ 422.2267 (MA Communication Requirements	MA organizations	740	Varies	4,440	Varies	1,919,619

Required Materials and Content)						
§ 423.32 (Beneficiaries)	Beneficiaries	8,118,410	0.333	2,703,431	29.76	80,454,107
§ 423.32 (Part D sponsors)	Part D sponsors	8,118,410	Varies	1,614,533	Varies	103,295,518
§ 423.2267 (Part D Communication Requirements Required Materials and Content)	Part D sponsors	63	Varies	378	Varies	152,349
Total		39,632,597	Varies	10,557,541	Varies	451,634,486

Collection of Information Instruments and Instruction/Guidance Documents

- Model Individual Enrollment Request Form to Enroll in a Medicare Advantage Plan (Part C) or Medicare Prescription Drug Plan (Part D)

The form is associated with:
ROCIS IC: Election Process (Beneficiaries),
ROCIS IC: Eligibility and Enrollment (Beneficiaries),
ROCIS IC: Election Process (MA Organizations), and
ROCIS IC: Eligibility and Enrollment (Part D Sponsors).

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 receiving the enrollment form, determining eligibility, making a determination if the enrollment is accepted, denied or incomplete and finally communicating 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.

CMS staff are responsible for drafting, reviewing, and producing the MA and Part D model enrollment form. We estimate it takes 2 hours each for two CMS staff members to produce the enrollment form for a total of 4 hours (2 hrs * 2). To derive average costs, we used data from OPM's 2023 base salary for the Baltimore/Washington, D.C. region at the GS-13, step 1 level (https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/23Tables/pdf/DCB_h.pdf). In this regard, the following table presents the mean hourly wage, the cost of fringe benefits (calculated at 100 percent of salary), and the adjusted hourly wage.

Grade (Step)	Hourly Wage ($/hr)	Fringe Benefit ($/hr)	Adjusted Hourly Wage ($/hr)
GS-13 (step 1)	53.67	53.67	107.34

As indicated, we are adjusting our employee hourly wage estimates by a factor of 100 percent.

Annualized Cost to Federal Government

CMS Staff	(4) hours x $107.34/hour	$429

The estimated annual cost to the Federal Government associated with drafting, reviewing, and producing the MA and Part D model enrollment form is $429.

15. Program/Burden Changes

The information collection request proposes updated burden and cost estimates to reflect more recent data, for example, the number of Medicare Advantage and Prescription Drug Plan contracts and the number of enrollments processed in 2022. The increase in overall burden and cost estimates is associated with an increase in the total number of MA and PDP enrollments as well as an increase in hourly wage estimates for employees involved in the enrollment process.

We are updating this collection of information request to account for changes to our currently approved form to include the addition of sexual orientation and gender identity categories, and the data CD accessible format option. The addition of sexual orientation and gender identity data, and the data CD accessible format option, which is to be included and submitted to CMS as part of the enrollment transaction, does not impose additional plan burden.

We are also correcting 1-800-MEDICARE Spanish language assistance information on the cover page, which is not required to be included with the enrollment form. On page 2, we are clarifying the Post Office Box instruction in the permanent residence street address field to match the cover page instructions for individuals experiencing homelessness whose Post Office Box may be considered a permanent residence street address. On page 3, we are updating the heading to "All fields in this section are optional" because the data elements in Section 2 are longer than one page. These updates to the enrollment form instructions do not propose additional plan burden.

We are also adding a box for individuals who help the beneficiary complete the enrollment form. This has been a longstanding requirement codified in §§ 422.60(c) and 423.32(b). Similar versions of this box have been included on past iterations of the enrollment form. This box is for individuals (for example, SHIP counselors, agents, and brokers) to indicate if they help the beneficiary fill out the enrollment form and their relationship to the beneficiary. Agent/brokers will also provide their National Producer Number (NPN). This update does not propose additional plan burden.

16. Publication/Tabulation

Currently, there are no plans to publish or tabulate the information collected.

17. Expiration Date

CMS will display the expiration date on the model enrollment form.

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.