



March 6, 2023

Centers for Medicare and Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244-1850

Re: Annual Notice of Change (ANOC) and Evidence of Coverage (EOC) for Applicable Integrated Plans in States that Require Integrated Materials

Submitted Electronically: <http://www.reginfo.gov/public/do/PRAMain>

Dear Sir/Madam,

UnitedHealthcare (UHC) is responding to the Information Collection Request (ICR) for the Annual Notice of Change and Evidence of Coverage for Applicable Integrated Plans in States that Require Integrated Materials. The ICR was published by the Centers for Medicare & Medicaid Services (CMS) in the Federal Register on February 3, 2023. UHC is dedicated to helping people live healthier lives and making the health system work better for everyone by simplifying the health care experience, meeting consumer health and wellness needs, and sustaining trusted relationships with care providers. UHC offers the full spectrum of health benefit programs for individuals, employers, and Medicare and Medicaid beneficiaries, and contracts directly with more than 1.3 million physicians and care professionals, and 6,500 hospitals and other care facilities nationwide.

### **General Comments**

Previously, stakeholders requested confirmation whether the option to use new EOC and ANOC models only applies to exclusively aligned HIDE SNPs and exclusively aligned FIDE SNPs or if it applies to other types of D-SNPs as well. Additionally, stakeholders asked for guidance on when the states must declare that they opt to use the new models instead of the standard D-SNP EOC/ANOC models. Finally, stakeholders asked for CMS's timeline in communicating the states that require the use of these integrated models to MA organizations and in releasing the final models for use. CMS responded that these models are for use only by D-SNPs designated by CMS as applicable integrated plans (AIPs) in states that require them, CMS is reaching out to those states directly, and the state will inform D-SNPs if they plan to require the use of these models. CMS replied that they, along with the states, will work to finalize models and the states will provide them to plans as soon as possible.

UHC recommends that CMS provide states with a deadline in providing the models to MA organizations so they can obtain timely state approvals and meet the CMS-required fulfillment deadlines.

Further, stakeholders previously requested that final models be provided no later than early May, and that final approvals be provided by the states by August 1, to allow sufficient time for development, quality review, translations, and print production to meet the September 30 (ANOC mailing) and October 15 (online posting) deliverables. In response, CMS stated that they will work to provide models as soon as possible.

UHC requests that models be released in early May to give enough time for state review and approval. UHC also request state approvals by July 1 to meet CMS required fulfillment dates.

## **EOC Comments**

During the 60-day comment period, stakeholders asked whether there would be an approval process for state changes to the integrated plan materials, and CMS replied that the state will include state-specific information in the model prior to providing the models to MA organizations and that models will be subject to review by the state.

As mentioned above, UHC requests that models be released in early May to give enough time for state review and approval. We request state approvals by July 1 to meet CMS required fulfillment dates.

During the 60-day comment period, UHC asked CMS if there are different definitions used for the same term when comparing the Integrated model to the DSNP model. CMS stated that plans must refer to the instructions in the model as to how terms can be modified and that plans should not replace terms used in this model with terms from other models.

For consistency, UHC recommends that CMS adopt definitions that can be used across both AIP plans and non-AIP plans when practicable. For example, adopt one definition for Ambulatory Surgical Center:

Integrated Model Definition: Ambulatory Surgical Center: A facility that provides outpatient surgery to patients who do not need hospital care and who are not expected to need more than 24 hours of care.

D-SNP EOC model Definition: Ambulatory Surgical Center: An Ambulatory Surgical Center is an entity that operates exclusively for the purpose of furnishing outpatient surgical services to patients not requiring hospitalization and whose expected stay in the center does not exceed 24 hours.

Sincerely,



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