



July 23, 2025

Centers for Medicare & Medicaid Services  
Office of Strategic Operations and Regulatory Affairs  
Division of Regulations Development  
Attention: Document Identifier/OMB Control Number: 0938-1296  
Room C4-26-05  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850

Submitted Electronically: [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain)

**Re: Medicare Advantage Model of Care Submission Requirements**

Dear Sir/Madam:

UnitedHealthcare (UHC) is responding to the Information Collection Request (ICR) for the Centers for Medicare & Medicaid Services (CMS) Medicare Advantage Model of Care (MOC) Submission Requirements. The ICR was published by CMS in the Federal Register on June 23, 2025 (90 FR 26591).

UHC offers a full range of health benefits, enabling affordable coverage, simplifying the health care experience and delivering access to high-quality care. UHC is the health benefits business of UnitedHealth Group, a health care and well-being company working to help build a modern, high-performing health system through improved access, affordability, outcomes and experiences. We are committed to a future where every person has access to high-quality, affordable health care and a modern, high-performing health system that reduces disparities, improves outcomes, and lessens the burden of disease.

Medicare Advantage Organization (MAOs) need to start data collection and incorporating the defined and requested data requirements at least six months prior to the MOCs submission in February. If these new requirements are added to the Calendar Year (CY) 2027 MOC submission period as described, MAOs will need to start their process next month in August 2025. This will provide MAOs insufficient time to modify their MOCs if CMS identifies any further adjustments during this 30-day comment collection period. Therefore, UHC recommends a modified timeframe with a CY 2028 plan year effective date at the earliest to provide MAOs with adequate development time after these requirements are finalized.

With respect to the new MOC Element 1A (Describe the eligibility categories and criteria for the D-SNP), UHC recommends CMS clarify that Element 1A refers to the current eligibility categories and criteria in place at the time of MOC submission. In February, many D-SNPs do not have the eligibility categories and criteria for the next plan year, as state Medicaid agency contracts (SMAC) and bids for the next plan year are still months from being finalized. We also recommend CMS provide guidance on how a new D-SNP should complete the new MOC Element 1A when there would be no current eligibility categories and criteria to describe, as the SMAC and bid for the following plan year will not be complete.

Thank you for your thoughtful consideration of our comments. Should you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jennifer Martin', with a horizontal line extending to the right.

Jennifer Martin  
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