

Supporting Statement For Paperwork Reduction Act Submission: Health Care Reform Insurance Web Portal and Supporting Authority Contained in Sections 1103 and 10102 of The Patient Protection and Affordability Care Act, P.L. 111-148 (PPACA)

A. Background

In accordance with Sections 1103 and 10102 of The Patient Protection and Affordability Care Act, P.L. 111-148 (PPACA) the U.S. Department of Health and Human Services (DHHS) is tasked with developing and implementing an Internet website portal to assist consumers with identifying affordable and comprehensive health insurance coverage options that are available in their State.

CCIO is requesting approval to implement this information portal for the collection of information to assist consumers in making educated decisions on their health care options. This is an emergency request for a six month period until additional details are determined and a more comprehensive system is developed.

B. Justification

1. Need and Legal Basis

This information is mandated by Sections 1103 and 10102 of The Patient Protection and Affordability Care Act, P.L. 111-148. A copy of this mandate is provided in Appendix B.

2. Information Users

Once all of the information was collected from the states, State health benefits high risk pools, and insurance issuers (hereon referred to as issuers), this information was processed by contractors for display on the healthcare.gov website. The information that is provided helps the general public make educated decisions about their choice in organizations providing private health care insurance.

3. Use of Information Technology

CCIO has created a system where insurance issuers and their states log into the web portal using a custom user ID and password validation. The states were asked to provide information on issuers in their state and various websites (see Appendix C). The issuers have been downloading a basic information template to enter data then upload into the portal. Information to be collected can be found in Appendix D. Once issuers submit their data, they

receive an email notifying them of any errors, and that their submission was received. Resubmissions or corrections are processed, and the information is attested to and approved by issuers. The pricing and benefits data that will be collected can be found in Appendix E.

CCIO will be using drop down menus and error checks wherever possible to minimize burden. Once the data is submitted, the issuers can later log in to update information they provided instead of having to re-upload all plan/product information.

4. Duplication of Efforts

This information collection does not duplicate any other Federal effort.

5. Small Business

Small Businesses are not significantly affected by this collection.

6. Less Frequent Collection

CCIO is currently operating with a 45 day refresh schedule to obtain changes in plan benefits and pricing as well as comprehensive lists of products approved within a state for sale to the public. In the event that an issuer enhances their existing plans, proposes new plans, or deactivates plans, the organization would be required to update the information in the web portal using the edit function or uploading an updated template within an open window period.

If this collection were not conducted or were conducted less frequently than described above, there would be adverse consequences, including but not limited to, the following:

- CCIO would not be able to accurately or effectively educate the public on the private plan choices available to them.
- CCIO would not be able to effectively provide this information as required by statute.
- The public would not receive accurate, updated plan information via the website.

7. Special Circumstances

Dependent on the frequency with which an issuer enhances, eliminates, or adds options to their products, additional submissions may be necessary.

Information that is to be collected from State health benefits high risk pools (Appendix F) has been collected from NASCHIP at this time. Therefore there will be no burden on these entities within the first year of this collection.

8. Federal Register/Outside Consultation

The interim final rule that published on May 5, 2010 served as the emergency Federal Register notice for this information collection request (ICR). The Office of Management and Budget reviewed this ICR under emergency processing and approved the ICR on April 30, 2010.

Additionally, consultations with contractors have occurred to determine what is feasible for the release, and what information would be beneficial to the public during this time frame. Two training/feedback meeting have been held with states as well as meetings held with a group of state and NAIC representatives who have expressed an interest in improving the validity and accuracy verification of the data. Comments to the regulation and prior PRA have been analyzed, compiled, and incorporated into our approach even in the absence of a formal response. Certain feedback tools have been built into the healthcare.gov site to allow for consumer and other input on how the data is being presented. CCIIO also plans to ultimately collect feedback from the public to help drive future enhancements to the web portal that will allow more beneficial information to be displayed.

Participants in this effort include CCIIO staff, other HHS staff, representatives of the private plan industry, and various HHS contractors.

9. Payments/Gifts to Respondents

There are no payments/gifts to respondents.

10. Confidentiality

To the extent provided by law, we will maintain respondent privacy with respect to the information being collected.

11. Sensitive Questions

There are no sensitive questions included in this collection effort.

12. Burden Estimates (Hours & Wages)

There are two data collections to be conducted during the time period covered by this PRA package. The templates and instructions used during this period are the same as those which have been used in the prior data collections. The numbers of firms effected, and the number of plans are based on close approximations of the empirically observed reports. Cost estimates to issuers are still estimates, and reflect our generalized understanding of the most common effort required.

The estimated hour burden for the web portal is 6,820 total burden hours, or 10.5 hours per organization to fill out the basic information, benefits, cost sharing, and premium rate information. State data under the requirement has already been collected; during the period covered by this PRA, there is no burden on State governments.

Insurance Issuers:

- 650 Organizations

Burden Calculations:

Basic Information (Health Information Oversight System)

- 1,300 responses (1 response contains information for all individual or small group products per organization)
- 24 minutes to download information template and complete basic questions***
- 520 hours for industry to complete the requested information for basic questions [520 = (1300*24)/60]

Benefits, cost sharing, and premium rate information

- Each data collection has included approximately 400 issuers, and included under 450 submissions.
- 900 submissions over the next 6 months [900 = 450*2]
- 1,800 hours for submission prep and record processing [1,800=900 submissions * 1.5 hours]
- 3,600 hours for background work to support the forms benefits, cost sharing, and premium rate information [3,600 = (900*.5 percent need background work*8 hours]
- 450 hours additional burden for industry to review update data [450 = 900 * .5 percent only updating * 1 hour]
- 450 hours for attestation (900 * .5 hours)
- 6,300 total hours for industry to collect, update and attest the web portal's two next data collections [6,300= 1,800 + 3,600 + 450+450]

An estimate of the annualized cost to the industry in burden hours for the completion of the basic, benefits, cost sharing, and premium rate information is approximately **\$474,800.00** = $([\$33,800.00 = 520 * \$65] + [\$117,000.00 = 1,800 * \$65] + [\$234,000 = 3,600 * \$65] + [\$45,000 = 450 * \$100] + [\$45,000.00 = 450 * \$100])^{**}$.

State Burden

- 50 states
- 11 hours to train, review regulation, and analyze
- 10 minutes to download information template and compete basic questions
- 550 hours for the States to train, review, and analyze
- 8.3 hours for States to complete questions [8.3 = (50*10)/60]
- 558.3 total hours for States to train, review, analyze, and complete questions

No data collections are scheduled to occur during the time period covered by this PRA.

Key:

*** Source: Hours based on best approximations from known data collections. Cost estimation from knowledge of collections in HPMS for organizations who support Medicare includes overhead estimation. Estimation from knowledge of current collections on.

13. Capital Costs

There is no capital costs needed for this collection effort.

14. Cost to Federal Government

The initial burden to the Federal Government for the development and implementation of the collection of basic, pricing, and benefits information of issuers on the web portal is **\$8,849,719.62**. The calculations for CCIO employees' hourly salary was obtained from the OPM website: http://www.opm.gov/oca/10tables/html/dcb_h.asp.

Software Development and Hosting	\$7,500,000
Medicaid/CHIP data collection	\$1,200,000
Managing and Coordinating Contracts	
3 GS – 13: 3 x \$42.66 x 416	\$53,240.00
Analysis and QA	
4 GS – 13:4 x \$42.66 x 416	\$70,986.00
Overhead Costs	
84,978.72 * 30%	\$25,493.62
Total Cost to Government	\$8,849,719.62

15. Changes to Burden

This is a new information collection request thus there are no changes to burden.

16. Publication/Tabulation Dates

The information from issuers is scheduled for collection the week of May 16, and projected to be repeated early in August 2011.

17. Expiration Date

CCIO has no objections to displaying the expiration date.

18. Certification Statement

There are no exceptions to the certification statement.