

March 9, 2011

SUBJECT: Request for Emergency Clearance of the Paperwork Reduction Act Package for the CMS Healthcare.gov Insurance Planfinder data collection authorized under Health Care Reform Insurance Web Portal Requirements 45 CFR Part 159

The Centers for Medicare and Medicaid Services (CMS) is requesting that a Paperwork Reduction Act (PRA) package for continued operation of the healthcare.gov web site be processed under the emergency clearance process. **The current PRA approval has expired, and in the absence of emergency approval, our best case scenario is that the Plan Finder section of Healthcare.gov will be shut down from June 2nd through September 2011.** Applying the best case scenario for standard review results in no data collection until Mid-August. Under the *standard* time frames put forward by OSORA for Information Collection approval, the most likely date for renewed collections would be around September 26th, for a refresh of the web site to happen around October 26, 2011. Any delays beyond what the standard schedule anticipates would push our refresh date into November.

Insurers expect that information displayed on healthcare.gov about the plans they sell – what they are, what they cost and cover – will be current. Insurers constantly retire plans, introduce new plans, and change premiums. Due to the expiration of the current PRA, CMS will need to cancel the next scheduled refresh (for April 20, 2011). In the absence of additional collection, data will begin to become outdated and misleading. As such, the data will need to be removed. Our anticipated date for this action is June 2nd, 2011. The site will need to remain down until up to date information is once again available. In short, the Plan Finder will be inoperable for the duration of the summer.

Approval of this request is essential in order to continue reflecting accurate information be provided to consumers as required under the A.C.A, and is justified under 5 CFR 1320.13(a)(2)(iii). Current traffic to the site indicates that over 400,000 consumers are currently viewing this data monthly.

Project Background

The Patient Protection and Affordable Care Act (the Affordable Care Act) was enacted on March 23, 2010. Section 1103(a), as amended by section 10102(b) of the same act, requires the establishment of an internet website (hereinafter referred to healthcare.gov) through which individuals and small businesses can obtain information about the insurance coverage options that may be available to them in their State. The Department of Health and Human Services (HHS) issued an interim final rule effective May 10, 2010 in order to implement this mandate. This interim final rule adopts the categories of information that will be collected and displayed as web portal content, and the data we will require from issuers and request from States, associations, and high risk pools in order to create this content.

A PRA package was processed under emergency clearance in order to meet the statutory required date of July 1, 2010 for implementation of the web site, with limited information. Additionally, a contractor was engaged for implementation of the fuller version of the information required by the legislation in time for an October 1, 2010 implementation, and data has continued to be collected under that PRA package which has now expired as of February 28, 2011.

Rationale for Current Emergency Request

Continuous data collection is essential in order to meet the provisions of the law. Private health insurance products are both introduced and removed from the market throughout the course of the year. Cost structures and base rates undergo constant revision, as do enrollment and applicant information which can guide consumers' in making informed decisions. As our PRA has expired, we have no authority to collect any data from insurers. Insurers have been vigilant in their review of the data and have generally specified their preference for increased opportunities to keep the data fresh. In the absence of emergency authorization, the standard schedule for PRA clearance will result in approval around September 26, 2011. Each refresh, approximately one third of issuers appear to deem changes to their plans significant enough to require revision. In the absence of attestation of data accuracy, we have determined that the data would need to be withdrawn as of June of this year. Additionally, standard practices developed through the data collection would be disrupted, and our relationships with issuers, their representatives and with consumers would undergo significant strain.

Summary of Changes to the PRA package

We propose minimal changes to the PRA package submitted for emergency review. Two minor substantive changes would be incorporated: issuers would be required to indicate whether they allow for domestic partners and same sex partners to be covered under their insurance plans. This is being included to address requests from consumer representatives. A second minor change would be to specify the collection of annual limits for insurance coverage. This was initially considered to be provisional due to requirements under the law, but practice has demonstrated that varying interpretations of the law and the application of "grandfathering" has made collection of this information important for consumers.

We request your support in reviewing our access forms under the emergency PRA procedures so we may obtain and process external entities requests for access to the Eligibility inquiry. If you have any questions, please feel free to our project team lead:

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