

## Terms of Approval Implementation: OMB CONTROL NUMBER 0938-1086

In order to address the terms of approval notice provided in the Notice Of OMB Action, we note that CMS has taken substantive steps to address the three issues identified.

Appropriate methods for protecting confidential business information:

In accordance with this term, CMS conducted meetings with both AHIP and BCBSA to determine industry's general concerns regarding data confidentiality. In response, CMS decided to formally follow the 12600 process related to FOIA legislation. All issuers submitting data were provided an email indicating what data would be released and withheld in addition to a spreadsheet indicating the parts of their submissions included in the data release. FOIA has made a number of determinations, and continues to review several elements requiring additional market research. Issuers have been informed of these determinations, and the response has been positive. An automated means to submit comment via Excel templates has been incorporated into the new data collection portal.

The overall utility and burden associated with the collection of data elements that are not displayed on the website;

CMS reviewed public comments as well as comments received in technical meetings, and determined that a number of variables could be eliminated from the collection. One entire template of questions seeking corporate level information was eliminated. These eliminated elements include company overview, foundation date, number of employees, description of coverage area, awards and recognition, and subsidiaries and affiliates.

Additionally, the number of eligibility and rating questions for the individual market was reduced from 32 to 16. Questions eliminated outright include:

- "Is student status considered for eligibility?"
- "Do children get smoker rates?"
- "Is US citizenship required for plan membership?"
- "Does the applicant have to reside within the state for a certain period of time before coverage will be extended?"
- "If yes, does one smoker in family mean all family members get smoker rate?"
- "How do you define your service area?"
- "How often do rate updates typically occur?"
- "Is there a source (other than rate files) to verify the rate results (rating engine disk, Web site, test cases)?"
- "Will you obtain and pay for medical records?"
- "Please identify any other non-health related questions (not listed in this document) that are used to determine eligibility? "

- “Issuers in different states may apply a variety of specific non-medical conditions for membership. ...Please identify where such categorical determinations exist.”

Other questions were consolidated. In some cases, such as citizenship requirements, authority to collect is retained as the determination of need may change based on additional feedback from issuers upon conclusion of this implementation.

Possible methods for reducing administrative burden associated with the collection.

Numerous changes have been undertaken to reduce the administrative burden associated with the collection. Information regarding potential changes was obtained through technical working group meetings, as well as one on one meetings with industry group representatives. From these discussions, a number of improvements were identified and implemented.

First, an approach was defined through discussion with AHIP and BCBSA to allow for the collection of small group information at a product level, eliminating a significant amount of the information required at the more specific portal plan level. This approach asks for ranges of cost sharing options rather than the identification of each combination of benefits on offer. Additionally, the approach uses a measure of average cost per enrollee for the product as opposed to the collection of base rate calculations for each possible plan.

System improvements were implemented to allow for pre-population of product and issuer identifiers for templates, reducing the burden on issuers of tracking these fields and of correcting errors generated through more manual entry. This also decreased redundant data elements by connecting to fields such as issuer name to further reduce burden.

Improvements were made to templates to allow for copying and pasting entered information, significantly decreasing the time necessary to key-in information.

XML and CSV standards were identified and communicated to issuers to allow for more automated reporting based on issuer system implementations. This allows for automated generation of submitted data.

Improvements were made to the system for processing regional rating geographies such that issuers can identify the zip codes of a region and simply link products and plans to a defined region. This should decrease the need of issuers to re-enter zip codes of coverage/rating areas for each product or plan.