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, Pub. L. 111-148 (2010)

A. Background

In accordance with Sections 1103 and 10102 of The Patient Protection and Affordability Care Act, Pub. L. 111-148 (2010) (ACA) the U.S. Department of Health and Human Services (HHS) 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. Consistent with minimizing burden and providing consistency in data collection, the Center for Consumer Information and Insurance Oversight (CCIIO), the HealthCare.gov collection updates its requirements as regulatory developments occur. There were two developments since the last approved collection requiring changes to the Paperwork Reduction Act (PRA) package.

The Departments of Health and Human Services, Labor and the Treasury (the Departments) published a final regulation implementing the Section 2715 consumer disclosure provisions of the ACA. 77 Fed. Reg. 8668 (Feb. 14, 2012) (to be codified at 45 C.F.R. §147.200). These final regulations set forth the requirements for plans and issuers to provide the Summary of Benefits and Coverage (SBC) and the uniform glossary of medical and insurance terms. Under these regulations, plans and issuers must provide information about covered services, cost sharing, limitations and exceptions on coverage, coverage examples, and other disclosures in the SBC. The final regulations also clarify the timing and format for providing these documents.

CCIIO is requesting approval to implement this provision for the collection of information to assist consumers in making educated decisions on their health care options. This collection was initially approved under Office of Management and Budget (OMB) control number 0938-1086. Various elements discussed within this package have already been through comment periods and have been authorized for collection under OMB control number 0938-1146. These elements are included here so that the public can identify how the efforts are integrated and get a consistent view of the collection.

B. Justification

1. Need and Legal Basis

This information is mandated by Sections 1103 and 10102 of the ACA. A copy of this mandate is provided in Appendix B. Additionally, the collection covers information required for

implementation of Section 1302 of the ACA and Section 2715 of the ACA regarding transparency and the provision of SBC.

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. Information collected quarterly from insurance issuers is used to populate the Plan Finder application to show individuals their options, to provide some profile information, and to coordinate the data collection with Oversight collections to reduce the burden on issuers and the Federal Government. Collecting consistent with the SBC standards allows consumers to access this information in a consistent manner.

3. Use of Information Technology

CCIIO 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 E). The issuers have been downloading a basic information template to enter data then upload into the portal. Information to be collected on issuers and products can be found in Appendix C. The pricing and benefits data that will be collected can be found in Appendix D. The templates and instructions presented in support of this PRA package as Appendix G are those developed for the prior data collections.

CCIIO 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. In anticipation of implementation of the ACA Section 2715 requirement for specific standards of reporting information to consumers, we have attempted to align our data collection with the structure for a SBC as recommended by the National Association of Insurance Commissioners (NAIC). The specifics are delineated in Appendix D.

5. Small Business

Small Businesses are not significantly affected by this collection.

6. Less Frequent Collection

CCIIO has been operating with an approximately 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.

In response to the desire to decrease burden as much as possible, it is anticipated that we will adjust our collection period to quarterly. Through the use of effective dates and periodic windows of opportunity for changes, we anticipate that we can decrease the overall burden for the data collection significantly.

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 the National Association of State Comprehensive Health Insurance Plans (NASCHIP) at this time. Administrators have been voluntarily entering changes as they develop, so no general call for the collection of data from these groups is currently contemplated. Information from State Insurance Commissioners was collected in 2010, and no current plans exist to continue that collection during the period covered by this document. The reserved right to request this information continues, however, as the nature of these markets is highly changeable.

8. Federal Register/Outside Consultation

The interim final rule that published on May 5, 2010 served as the emergency Federal Register notice for the initial information collection request (ICR) associated with this effort. 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 meetings 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. Weekly calls have been held during collection periods to get feedback from those responsible for submitting data. These calls have averaged over 100 industry representatives, and have led to a number of clarifications and enhancements. 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. HealthCare.gov collects issuer opinions regarding confidentiality of any new data elements for review by the Freedom of Information Act (FOIA) office at the Center for Medicare and Medicaid Services (CMS). Certain fields have been determined as confidential on the basis of this review and are redacted from public files.

11. Sensitive Questions

There are no sensitive questions included in this collection effort.

12. Burden Estimates (Hours & Wages)

The estimated hour burden on issuers for the PlanFinder data collection in the first year is estimated as 90,400 total burden hours, or 113 hours per organization. This estimate is based on an assumed average of 450 individual plan issuers and 700 small group plan issuers (800 total) per each of the four quarterly collections. It includes 30 hours per organization for training and communication. Additionally, for each of the issuers it includes 11 hours of preparation time, one hour of login and upload time, two hours of troubleshooting and data review and one half hour for attestation per organization per quarterly refresh.

Insurance Issuers:

Issuers	Submissions	Hours	Total	Xs	Annual Hours	Per Hour	Total Cost	Explanation
800		30	24000	1	24000	$100	$2,400,000	Training and communication
	450	11	4950	4	19800	$65	$1,287,000	Submission Preparation - Individual
	700	11	7700	4	30800	$65	$2,002,000	Submission Preparation - Small Group
	450	1	450	4	1800	$65	$117,000	Data entry - Individual
	700	1	700	4	2800	$65	$182,000	Data entry - Small Group
	450	2	900	4	3600	$65	$234,000	Troubleshoot - Individual
	700	2	1400	4	5600	$65	$364,000	Troubleshoot - Small Group
	450	0.5	225	4	900	$100	$90,000	Attest - Individual
	700	0.5	350	4	1400	$100	$140,000	Attest - Small Group
							$6,816,000	Total

State Burden
The estimated hour burden on the States for the PlanFinder is informed by the fact that they have already submitted the data once and only need to update. The overall hours estimate is 575, or 11.5 per Department of Insurance. This is premised on 2 hours of training and communication, 8 hours for data collection, and one half hour of submission.

States	Submissions	Hours	Total	Xs	Annual Hours	Per Hour	Total Cost	Explanation
50		2	100	1	100	$100	$10,000	Training
	50	8	400	1	400	$65	$26,000	Data Collection
	50	0.5	25	1	25	$65	$1,625	Submission
					525		$37,625	

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 **$15,161,494**. The calculations for CCIIO employees' hourly salary was obtained from the OPM website: http://www.opm.gov/oca/10tables/html/dcb_h.asp.

Software Development and Hosting	$15,000,000
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%	$37,267.80
Total Cost to Government	$15,161,494

15. Changes to Burden

The included burden estimates are premised on the opinion that costs for the current collection materials will not change dramatically, and does not include a reduction in cost associated with

anticipated system changes taken by issuers. A one hour addition has been made to the submission time to include the new elements associated with the SBC.

16. Publication/Tabulation Dates

The collection of detailed information from issuers to post on HealthCare.gov PlanFinder is anticipated under this request for collection in August/September 2012, with quarterly repetition.

17. Expiration Date

CCIIO has no objections to displaying the expiration date.

18. Certification Statement

There are no exceptions to the certification statement.