Supporting Statement for Information Collection Requirements contained in the Recognized Accrediting Entities Data Collection

A. Background

On March 23, 2010, the President signed into law the Patient Protection and Affordable Care Act (P.L. 111-148). On March 30, 2010, the Health Care and Education Reconciliation Act of 2010 (P.L. 111-152) was signed into law. The two laws are collectively referred to as the Affordable Care Act. The Affordable Care Act implements various policies that will make health insurance coverage more accessible to consumers. New competitive private health insurance markets ("Exchanges") will give millions of Americans and small businesses access to affordable, quality insurance options. Exchanges will help individuals and small employers shop for, select, and enroll in private health plans that fit their needs at competitive prices. By providing a place for one-stop shopping, Exchanges will make purchasing health insurance easier and more transparent, and will put greater control and more choice in the hands of individuals and small businesses.

Section 1301 of the Affordable Care Act (ACA) requires that all qualified health plans (QHPs) be accredited by an accrediting entity that is recognized by the Secretary of Health and Human Services.

In order to recognize accrediting entities for the purposes of certification of QHPs, HHS will require the accrediting entities to submit documentation to HHS to demonstrate that they meet the conditions for recognition. HHS also requires that the accrediting entities provide certain data elements to the Exchanges once issuers authorize the release of their accreditation survey data to the Exchange. This satisfies the requirements at 45 CFR 156.275, which requires a QHP issuer to authorize the accrediting entity that accredits the QHP Issuer to release to the Exchange its most recent accreditation survey data.

B. Justification

1. Need and Legal Basis

The final rule that was released on July 20, 2012 (77 FR 42658) establishes a process for recognizing accrediting entities for the purposes of implementing section 1311(c)(1)(D)(i) of the Affordable Care Act. In order for a health plan to be certified as a QHP and operate in an

Exchange, it must be accredited by an accrediting entity that has been recognized by the Secretary of Health and Human Services. The final rule establishes the first phase of a two-phased process for recognition of accrediting entities. In phase one , the National Committee for Quality Assurance (NCQA) and URAC have been recognized as accrediting entities on an interim basis, subject to fulfilling the documentation requirements in § 156.275(c)(4). This information collection is necessary to ensure that the recognized accrediting entities meet the proposed conditions. In addition, the final rule requires that the accrediting entities provide accreditation survey data elements, including accreditation status, accreditation score, accreditation expiration date, clinical quality measure results and adult and child CAHPS measure survey results to the Exchanges once these data are released by the issuers. Issuers will need to provide their Health Insurance Oversight System (HIOS) issuer identifier to the accrediting entities so that their accreditation data can be linked to other issuer data in the Exchange system. Further, recognized accrediting entities must provide to HHS any proposed changes or updates to the accreditation standards and requirements, processes, and measure specifications for performance measures with 60 days notice prior to public notification. This collection, which is approved by OCN: 0938-1176), is necessary in order for Exchanges to verify that the QHPs being offered in their Exchange meet the accreditation requirement and are high quality plans.

HHS is now amending the phase one recognition process, in proposed rule CMS-9980-P, to include an application process to apply for recognition to accredit QHP issuers for the purposes of certification. Since the process requires the same documentation and information collection from potential accrediting entities who would apply, this revision of a currently approved collection is being submitted to increase the number of respondents and the respective burden due to an estimated two additional accrediting entities submitting information for consideration of recognition.

We estimate the following timeline for documentation and data sharing over the three years of the collection. In 2012, NCQA and URAC will submit documentation to be recognized. In 2013, two new entities will submit documentation to be recognized. NCQA and URAC will submit data to the Exchange and documentation on changes to accreditation standards. In 2014, all four recognized entities will submit data to the Exchange and documentation on changes to accreditation standards

2. Information Users

The information will be used by:

1. HHS to ensure that the accrediting entities meet the conditions for recognition of accrediting entities established in the final rule; and

2. Exchanges to verify that QHP issuers meet the accreditation requirement for certification and to ensure that the QHPs are high quality plans.

3. Use of Information Technology

The accrediting entities have the opportunity to submit their documentation to HHS electronically as well as to electronically transmit the accreditation survey data elements to the Exchange. Issuers should be able to electronically submit their HIOS ID to the accrediting entities.

4. Duplication of Efforts

There is no duplication of efforts.

5. Small Businesses

No small businesses will be impacted by this collection of information. Accrediting entities are the only entities impacted and do not meet the criteria to qualify as small businesses.

6. Less Frequent Collection

If the data are not collected, HHS would not be equipped to ensure that the accrediting entities meet the conditions for recognition of accrediting entities established in the final rule. In addition, if the data were not collected Exchanges would not have the opportunity to verify that QHP issuers meet the accreditation requirement for certification and to ensure that the QHPs are high quality plans.

7. Special Circumstances

There are no special circumstances associated with this data collection.

8. Federal Register/Outside Consultation

This is a new collection. As required by the Paperwork Reduction Act of 1995 (44 U.S.C.2506 (c)(2)(A)), the Center for Consumer Information and Insurance Oversight (CCIIO) published this information collection request concurrently with publication of the

notice of proposed rulemaking (NPRM) 77 FR 33133 on June 5, 2012 and requested public comment by August 1, 2012, on the information collection requirements specified in the *Data Collection to Support Standards Related to Essential Health Benefits; Recognition of Entities for the Accreditation of Qualified Health Plans; Accreditation Requirement in the Federally-facilitated Exchange PRA*. No public comments were received regarding this ICR. In addition, both recognized accrediting entities who submitted comments on the NPRM did not state anything regarding the information collection burden and requirements.

9. Payments/Gifts to Respondents

No payments or gifts were made to any respondents.

10. Confidentiality

None of the information being collected is proprietary or personally identifiable information.

11. Sensitive Questions

No sensitive questions are asked in this data collection.

12. Burden Estimates (Hours & Wages)

Burden on Accrediting Entities

The burden is on NCQA and URAC and an estimated two additional accrediting entities to submit documentation to HHS and also to provide data from the accreditation survey to the Exchange.

As stated in section 156.275(c)(4), HHS requires that recognized accrediting entities provide documentation on their current accreditation standards and requirements, processes and measure specifications for performance measures to demonstrate that each entity meets the proposed conditions for recognition. As required by section 156.275(c)(4)(ii), recognized accrediting entities will also need to submit any proposed changes or updates to the accreditation standards and requirements, processes, and measure specifications 60 days prior to implementation. HHS expects that these proposed changes would happen annually. The burden associated with meeting this requirement includes the time and effort needed by the accrediting entity to compile the documentation and submit the information electronically to HHS. The only associated costs

are labor costs.

In addition, as required by 156.275(c)(5), HHS is requiring that the accrediting entities submit accreditation survey data elements to the Exchanges. The burden associated with meeting this requirement includes the time and effort to collect the HIOS ID from issuers, organize the data to fill the templates provided by every Exchange (we are assuming 51 State-based Exchanges) and submitting the data to every Exchange on a monthly basis as these data are updated.

TABLE 1: Accrediting Entity Burden Associated with Compilation, Submission, and Data Sharing of Required Information

Data Element	# of Employees Needed	Cost of Reporting	Burden Hours	Cost of Reporting (per response)	# of Responses per Respondent (per year)	Total Burden Hours (per year)	Total Burden Costs (per year)
Documentation							
Compilation/ Submission of documentation in response to 156.275(c)(4)(i) and (ii)	1	$55.00	2	$110.00	1	2	$110.00
SUBTOTAL			2	$110.00	1	2	$110.00
Data Sharing							
Collect HIOS ID from Issuers	1	$55.00	17	$940.00	1	17	$940.00
Organize Data Feed to Exchange	1	$55.00	255	$14,025	1	255	$14,025
Submit Data to Exchange	1	$55.00	51	$2,805	12	612	$33,660
SUBTOTAL			323	$17,770	14	884	$48,625

Below is the total estimate of the annual burden across the four accrediting entities that are estimated to be subject to the reporting requirements.

TABLE 2: Total Estimated Annual Burden Cost for Accrediting Entities Associated with Compilation, Submission, and Data Sharing of Required Information

Data Element	# of Respondents	Total Number of Responses (all Respondents	Total Number of Hours	Total Burden Cost (average per year)
Documentation	4	4	8	$440.00
Data Sharing	4	56	3,536	$194,500
TOTAL		60	3,544	$ 194,940

13. Capital Costs

There are no anticipated capital costs associated with this data collection.

14. Cost to Federal Government

There are no additional costs to the Federal government.

15. Changes to Burden

This is a revision to a currently approved collection to increase the number of respondents from two to four accrediting entities. The burden hours and burden costs of reporting per individual accrediting entity remains unchanged. The total number of average annual burden hours has increased to 3,544 from 1,772.

16. Publication/Tabulation Dates

There is no publication associated with this data collection.

17. Expiration Date

The expiration date will be displayed.

18. Certification Statement

There are no exceptions to the certification statement identified in Item 19, "Certification for Paperwork Reduction Act Submissions," of OMB Form 83-I.