

Supporting Statement Part A
Basic Health Program Report for Health Insurance Exchange Premium
CMS-10510, OCN 0938-New

EMERGENCY PROCESSING: We are requesting emergency review under 5 CFR 1320(a)(2)(i) because public harm is reasonably likely to result if the regular clearance procedures are followed. More detailed information can be found in section A.7. of this Supporting Statement.

We are requesting OMB approval by January 6, 2014.

Background

In accordance with the BHP proposed rule published on September 25, 2013 (78 FR 59121; 0938-AR93), states can apply and be certified to operate a BHP as early as January 1, 2015. The BHP provides an alternative coverage program for certain low income individuals who would otherwise be eligible to obtain coverage through the Exchange. The parameters of the BHP program provide flexibility to states to better address potential disruptions in coverage and service delivery that low income people can face as their income fluctuates which can have a serious effect on their health status. This is a particularly important concern among people with chronic conditions and disabilities who are disproportionately low income and need continuity in their health care and other services. Among a state's key considerations in deciding whether to implement BHP is the amount of federal funding they would receive.

In accordance with Section 1331 of the Affordable Care Act (ACA), the Basic Health Program is federally funded by determining the amount of payments that the federal government would have made through premium tax credits (PTCs) and cost sharing reductions (CSRs) for people enrolled in BHP had they instead been enrolled in an Exchange.

In order to calculate these amounts for each state, CMS needs the reference premiums for the second lowest cost silver plans (SLCSPs) in each geographic area in a state, as SLCSPs are a basic unit in the calculation of PTCs and CSRs under the Exchanges. Relatedly, the reference premiums for these SLCSPs are critical components in the BHP payment methodology in order to estimate what PTCs and CSRs would have been paid. Similarly, CMS also needs to collect reference premiums for the lowest cost bronze plans to appropriately account for CSR calculations for American Indians and Alaskan Natives. Reference premiums are foundational inputs into the BHP payment methodology.

CMS has the necessary information to determine these reference premiums for states whose Exchanges are operated by the Federally Facilitated Exchange (FFE) or in Partnership with the FFE. Therefore this collection only pertains to the seventeen states who are operating State Based Exchanges (SBEs).

A. Justification

1. Need and Legal Basis

In accordance with Section 1331 of the Affordable Care Act (ACA), the Basic Health Program is federally funded by determining the amount of payments that the federal government would have made through premium tax credits (PTCs) and cost sharing reductions (CSRs) for people enrolled in BHP had they instead been enrolled in an Exchange.

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The BHP proposed regulation published on September 25, 2013, under Section 600.610(a) (2), provides that a state may be required to submit data in accordance with the published proposed payment notice in order for the Secretary to determine the state's payment rates. As such, we intend only to require SBE states to provide these data under this emergency approval if they want their rates published in the March 2014 BHP payment notice. The earliest possible date to publish BHP payment rates in 2104 is at the same time as publication of the BHP final rule, which is planned for March 2014. In order to publish these rates by March 2014, the latest possible date that CMS can receive reference premiums from SBE states is January 20, 2014.¹ We believe that states will be interested in submitting these data in time to include in the final BHP payment notice as it will help states consider implementing BHP effective January 1, 2015. If CMS were not permitted to accept and act on these data until the full (non-emergency) PRA process had been undertaken, BHP payment

¹ The January 15, 2014 due date has been revised to January 20, 2014. The January 15, 2014 date was selected when the proposed BHP notice was planned for display on January 6, 2014; this schedule would have provided three weeks, following OMB approval of the collection, for the premiums to be submitted to CMS. The January 15, 2014 premium submission due date was selected to provide time to prepare the incoming data and develop the BH payment rates for the final BHP notice, scheduled for release in March 2014. The actual display date of this premium collection is December 18, 2014. In an effort to keep the two week comment period for this collection and to also provide two full weeks for premium submissions to CMS, the due date has been modified to January 20, 2014.

rates could not be published in March 2014, and states might not be able to implement their programs as early as January 1, 2015. This would result in public harm because individuals would not receive the benefits of a state BHP during the period state implementation is delayed.

We note that we intend to allow states to provide these data as late as four months before they intend to begin providing coverage under a BHP program, which would require CMS to develop the state's BHP payment rates and have them published under a separate (but related) notice for the same year. After the initial year of BHP operation, the BHP proposed regulation published on September 25, 2013, under Section 600.610(a)(2)(b), states that the Secretary will determine and publish a final BHP payment methodology and BHP payment amounts annually in February. Accordingly, it is our intention to require that after year one of a state's BHP implementation, that state's reference premiums will be due every December, for the qualified health plans (QHPs) to be offered on the state's SBE beginning the following January. This will allow CMS to publish in an annual final BHP payment notice the new year's BHP payment rates, inclusive of every state operating a BHP. This will provide such states with information about the federal payments they will receive in the new year, which can inform their decision to continue to operate BHP and their annual contracting with BHP plans.

2. Information Users

CMS will use the reference premiums collected as inputs in the BHP federal payment calculations that represent the BHP payment methodology as proposed in the BHP payment notice released in December 2013. As required in Section 1331(d)(3)(iii), the Chief Actuary of CMS, in consultation with the Office of Taxation Analysis of the Department of Treasury, will certify whether the methodology used to make determinations about the federal payments to be paid to a state to meets the requirements of clause (ii) under this same subpart. CMS intends to update the methodology annually as needed and in accordance with the requirements of Section 1331(d)(3). CMS anticipates refinements to the methodology as experience is gained under the Exchanges and in the BHP programs. Every year, beginning in March 2014, a final BHP payment notice will be published providing the BHP payments rates by state. The rates will inform states' consideration of whether to implement the BHP program as they will be able to consider the federal funding they will receive. These rates will also be used to calculate the actual federal payments that will be made to states that implement BHP. The reference premiums collected and the rates that are generated will also support BHP program oversight and CMS understanding of the BHP program relative to other programs that include low income people such as Medicaid and the Exchanges.

3. Use of Information Technology

This information collection is relatively small and CMS expects to collect it in a standardized format in an Excel spreadsheet that would be submitted to a reference email box, Basic_Health_Program@cms.hhs.gov. We expect these data to be used 100 percent of the time in an electronic format.

In compliance with the requirements of the Government Paperwork Elimination Act (GPEA), the following information is provided.

- This is a new collection so it is currently not available for completion electronically.
- This collection requires a signature from the respondent(s) on a separate PDF form that will also be submitted with the Excel spreadsheet to Basic_Health_Program@cms.hhs.gov.
- Irrespective of whether CMS had the capability of accepting electronic signature(s), this new collection is being made available electronically as described.
- This new collection will be electronic beginning with the first collection on January 15, 2014. This collection is being made electronic which is cost beneficial to paper submission.

4. Duplication of Efforts

CMS has this information from states operating under the Federally Facilitated Exchange (FFE) or in partnership with the FFE. The record layouts that support the validation of tax credits to be paid under the Exchanges have been reviewed. Furthermore, discussions have ensued with business owners of these records to ensure that there is not sufficient federally available data to provide or determine the reference premiums for the second lowest cost silver plans (SLCSPs) and the lowest bronze plans offered under the SBEs. With one possible exception, these premiums cannot be found or determined with accuracy and certainty using SBE websites or other publically available information, which are appropriate and necessary conditions for making federal payments to states for their BHP programs.

The possible exception is the System for Electronic Rate and Form Filing (SERFF) owned and operated by the National Association of Insurance Commissioners, which contains rating information for some but not all SBE states. NAIC, after obtaining permission from the SBE, could possibly write the code necessary to generate a state's reference premiums and provide them directly to CMS, but it is our requirement for a state official to verify the accuracy of the data submitted. This step would require the NAIC to provide the results to the state before sending it to CMS in any event. To summarize, not all SBE states use SERFF, the process for negotiating these arrangements between CMS, NAIC and SBEs would be more time consuming and less efficient than collecting this information from directly from the states, and we do not believe that a January 15 due date could be met.

That is to say, this information collection does not duplicate any other effort and the information cannot be obtained from another source.

5. Small Businesses

This collection of information does not impact small businesses or other small entities (Item 5 of OMB Form 83-I).

6. Less Frequent Collection

Section 1331(d)(3)(a)(i) requires an annual determination of the amount that the Secretary would have paid equal to 95 percent of the PTCs and CSRs for BHP enrollees had they been enrolled in the Exchanges. The premiums for qualified health plans offered under the Exchanges are expected to change annually. Therefore, to accurately calculate the BHP payment amounts for a given year the reference premiums associated with the second lowest cost silver plans and the lowest cost bronze plans must be collected each year from SBEs. That is to say, the BHP payment rates and actual payment amounts would be inaccurate if these data were not collected on annual basis.

7. Special Circumstances

There is a special circumstance requiring this information collection to require respondents to prepare a written response to a collection of information in fewer than 30 days after receipt of it. The Centers for Medicare & Medicaid Services (CMS) obtained emergency approval to development of federal payment rates for the BHP to avoid public harm that could reasonably occur if the normal, non-emergency clearance procedures are followed.

More specifically, without PRA emergency approval, CMS would need to delay by approximately 4 months the release of BHP federal payment rates beyond the March 2014 timeframe that was published in the BHP proposed regulation released on September 25, 2013. Instead, CMS would release rates in early summer 2014 to accommodate the normal PRA approval process. Rates are needed in March 2014 to support state decisions to implement BHP on January 1, 2015, and to provide the necessary time for states to do their planning, contracting with issuers and to conduct open enrollment. Providing rates in the summer 2014 will likely postpone interested states' decisions and their implementation dates by as much as a year. This could result in as many as 1.3 million² low income people not having access to BHP in early 2015, thereby prohibiting them from availing continuity of providers and health care that BHP is intended to provide. That is, BHP is a bridge program for low income people who today move in and out of health programs as their eligibility changes based on fluctuations in income and other factors, and such movements disrupt their access to providers and to services they need. This delay in access to BHP benefits would likely cause public harm.

In accordance with Section 1331 of ACA, the BHP is federally funded by determining the amount of payments that the federal government would have made through premium tax credits (PTCs) and cost sharing reductions (CSRs) for people enrolled in BHP had they instead been enrolled in an Exchange. In order to calculate these amounts for each state, CMS needs the reference premiums for the second lowest cost silver plans (SLCSPs) in each geographic area in a state, as SLCSPs are a basic unit in the calculation of PTCs and CSRs under the Exchanges. Relatedly, the reference premiums for these SLCSPs are critical components in the BHP payment methodology in order to estimate what PTCs and CSRs would have been paid. Similarly, CMS also needs to collect reference premiums for the lowest cost bronze plans to appropriately account for CSR calculations for American Indians

² The enrollment numbers were taken from the Office of the Actuary Health Reform Model (OHRM), for the states who have expressed interest in the BHP program to CMS. Those states are CA, DC, MA, MN, NY, OR, RI, WA.

and Alaskan Natives. CMS recently determined that it does not have sufficient data from State Based Exchanges (SBEs) to determine the reference premiums for their SLCSPs and lowest cost bronze plans. Reference premiums are foundational inputs into the BHP payment methodology.

The burden associated with this collection is low and noncontroversial. The seventeen SBEs already have these data, as they are needed to determine the SLCSPs and lowest cost bronze plans and to calculate their PTCs and CSRs. (CMS has this information for the remaining thirty-three states that are either Federally Facilitated Exchanges (FFE) or State-Partners with the FFEs.) Furthermore, the BHP proposed regulation published on September 25, 2013, under Section 600.610(a)(2), states that a state may be required to submit data in accordance with the published proposed payment notice in order for the Secretary to determine the State's payment rates. As such, we are only intending to require SBEs to provide these data under this emergency approval and in December, 2014 if they want their rates published in the March 2014 BHP payment notice. We believe that states will be interested in submitting these data in time to include BHP rates in the final BHP payment notice as it will help states consider implementing BHP effective January 1, 2015.

There are no special circumstances requiring this information collection to do any of the following:

- Have respondents conduct this collection more often than quarterly;
- Have respondents submit more than the original electronic copy of the instrument and signature page;
- Require respondents to retain records, other than health, medical, government contract, grant-in-aid, or tax records for more than three years;
- Be connected with any statistical survey, including one that is not designed to produce valid and reliable results that can be generalized to the universe of study;
- Require the use of a statistical data classification that has not been reviewed and approved by OMB;
- Include a pledge of confidentiality that is not supported by authority established in statute or regulation that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or
- Require respondents to submit proprietary trade secret, or other confidential information.

8. Federal Register/Outside Consultation

A request for OMB emergency approval of this collection has been made. The emergency notice published in the Federal Register on December 23, 2013 (78 FR 77469).

This information collection is being released as a companion to the proposed BHP payment notice entitled Basic Health Program: Proposed Federal Funding Methodology for Program Year 2015 [CMS-2380-PN]. This payment notice describes the BHP payment methodology, the data sources and state data considerations. The section in the payment notice is on state data considerations. It describes the need for SBE states to submit reference premiums for

second lowest cost silver plans and lowest cost bronze plans. We propose releasing this payment notice and this information collection on December 18, 2013. Comments on this notice would not come back until after OMB emergency approval assuming our request is granted.

Through the emergency approval process, we are proposing to provide a two week period to comment on this collection, from December 18, 2013 to January 2, 2014, which if subsequently approved by OMB by January 6, 2014, would provide two weeks for SBE states to provide the reference premium data by January 20, 2014.

Prior to the publication of this notice and information collection, CMS held webinars on a monthly basis through a learning collaborative on BHP, and interested states participated. (CMS continues to have these monthly calls.) Possible approaches to the BHP payment methodology and data that would be needed have been among the topics discussed. We asked specific questions about the timing, whether the data are readily available, and if there are concerns about burden or sensitivities to consider. The states that provided feedback stated the information is readily available and did not express any concerns regarding our inquiries. They did have questions about the definitions of the reference premiums we might apply to the information collection, that is, what are the age groups, what would happen if there is more than one reference premium in a service area, would we intend to differentiate between premiums for non-tobacco smokers and tobacco smokers. We answered the questions and they seemed satisfied.

After extensive review and analysis of methodological options, CMS proposed and identified BHP's payment methodology and data needs. CMS, led by the Office of the Actuary, has consulted extensively with the CMS Center for Consumer Information and Oversight, which is the office responsible for the PTC and CSR payment methods; a CMS contractor, the Urban Institute; and the Office of Taxation Analysis of the Department of Treasury. These consultations have been on the development of the BHP payment methodology, the data sources needed and the availability of federal and publically available data to support the BHP calculations. In addition, CMS consulted with the Internal Revenue Service on the availability federal data sources, and it was also in agreement. Furthermore all of these parties agreed that SBEs would have these data readily available, that collection of this information represented a very low burden, and that states would want to provide it in order to understand what would be their federal payments.

9. Payments/Gifts to Respondents

No provision is being made for payment or gift to respondents, other than remuneration of contractors or grantees.

10. Confidentiality

This information collection does not include confidential information and no assurances are made to SBEs to keep these data confidential.

11. Sensitive Questions

There are no questions in this information collection of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that we commonly considered private.

12. Burden Estimates (Hours & Wages)

The total number of respondents is seventeen, which is the number of State Based Exchanges (SBEs). Each respondent provides annually their reference premiums for the second lowest cost silver plans (SLCSP) and lowest cost bronze plans (LCBP). The activities necessary to provide this information collection include: programming for and populating the collection spreadsheet, validating the data pull, reviewing and attesting to the collection by a state official, and sending the collection to the CMS resource email box. As indicated above, this information is readily available in the SBEs as the information is needed to calculate the premium tax credits (PTCs) and the cost sharing reductions (CSRs) as CMS requires for an Exchange to be run by the state. Therefore, it is not expected that hourly and cost burdens would range widely across SBE states. To calculate the costs for each reporting activity, a GS level was identified commensurate with the level of GS that normally handles such an activity. The hourly wage associated with each GS level was selected from the Office of Personal Management’s Federal Employment Hourly Rate Table, General Schedule, for 2012. Each hourly wage was adjusted to provide a 35 percent overhead rate. As presented in Table #1 below, the total hourly and cost burdens for reporting per response are 3.75 hours and \$185.11. Because there is only an annual report, the per response and per respondent values are the same. The total annual hourly and cost burdens across all respondents is 63.75 hours and \$3146.90.

Table #1 Reporting Activity	# Hours per Response	GS level- Step : Hourly Wage x 35 % per Response	# Hours per Year per Respondent	Cost per Year per Respondent	# Hours per Year across All Respondents	Cost per Year across All Respondents
Program for / populate table	2.5	GS12-1 : \$38.99	2.5	\$38.99	42.5	\$662.80
Validate data pull	0.5	GS14-1 : \$54.78	0.5	\$54.78	8.5	\$931.31
Review / Attestation by state official	0.5	GS 15-1 : \$64.45	0.5	\$64.45	8.5	\$1095.63
Send	0.25	GS 9-1 :	0.25	\$26.89	4.25	\$457.16

collection		\$26.89				
Total Reporting	3.75		3.75	\$185.11	63.75	\$3146.90

In addition to reporting, we assume a nominal amount of time for record keeping which would require developing BHP data folders and saving the spreadsheet to those folders according to the state's procedures for handling information reportable to CMS that does not contain personal information. It is not expected that hourly and cost burdens would range widely across SBE states. As presented in Table #2 below, the total hourly and cost burdens for record keeping per response are 0.25 hours and \$26.89. Because there is only an annual report, the per response and per respondent values are the same. The total annual hourly and cost burdens across all respondents is 4.25 hours and \$457.16.

Table #2 Record Keeping Activity	# Hours per Response	GS level-Step : Hourly Wage x 35 % per Response	# Hours per Year per Respondent	Cost per Year per Respondent	# Hours per Year across All Respondents	Cost per Year across All Respondents
Develop BHP data folder & save	0.25	GS9-1 : \$26.89	0.25	\$26.89	4.25	\$457.16

Combining the hour and cost burdens for reporting and record keeping provides the total burden on respondents for this information collection as presented in Table #3. The total annual hourly and cost burdens across all respondents is 68 hours and \$3604.06.

Table #3 Record Keeping Activity	# Hours per Response	GS level-Step : Hourly Wage x 35 % per Response	# Hours per Year per Respondent	Cost per Year per Respondent	# Hours per Year across All Respondents	Cost per Year across All Respondents
Total Reporting from Table #1	3.75		3.75	\$185.11	63.75	\$3146.90
Develop BHP data folder & save from	0.25		0.25	\$26.89	4.25	\$457.16

Table #2						
Total Total Burden	4.0		4.0	\$212.00	68.00	\$3604.06

13. Capital Costs

There are no capital and start-up costs, nor operation, maintenance and purchase of services costs associated with this collection as these reference premiums are readily available to SBEs, as they are necessarily inputs for SBE states to calculate PTCs for people enrolled in their Exchanges who qualify for tax credits.

14. Cost to Federal Government

Section 1331 of the Affordable Care Act which describes the Basic Health Program (BHP) and how it will be funded by the federal government does not include a provision for the federal government to cover a state's administrative costs for BHP. However, the federal government is incurring annualized cost to develop the collection tool, provide technical assistance to SBE states on the collection tool and data submission, and to retrieve the collection and conduct a federal verification. To calculate the annualized cost, a GS level was identified commensurate with the level of GS that normally handles these activities. The hourly wage associated with each GS level was selected from the Office of Personal Management's Federal Employment Hourly Rate Table, General Schedule, for 2012. Each hourly wage was adjusted to provide a 35 percent overhead rate. Because the collection tool is only developed once, and we anticipate receiving these data from SBE states once per year, each of these costs are only incurred once annually. As presented in Table #4 below, the total annualized cost to the federal government for this information collection is \$1305.09

Table #4 Federal Activity	# Hours	GS level-Step : Hourly Wage x 35 % per Response	Annualized Cost
Develop collection tool	16	GS15-1 : \$64.45	\$1031.18
Technical assistance to states	1	GS14-1 : \$54.78	\$54.78
Retrieval /verification	4	GS 14-1 : \$54.78	\$219.13
Total Annualized Cost	21		\$1305.09

15. Changes to Burden

This is a new information collection.

16. Publication/Tabulation Dates

The proposed BHP payment notice describes input by input the factors that will go into the BHP payment rate and payment amount calculations and the analytic techniques to derive several of these factors.

In summary, we would use the subset of reference premiums provided by the SBEs and from the federally available FFE rating data (e.g., for several ages, not all ages; for non-tobacco and tobacco use) for every county, and develop ‘adjusted reference premiums’ by applying each state’s age curve and coverage rules as well as a premium trend factor and a population health factor. These adjusted reference premiums would be inputs among other factors to simulate the values of the PTCs and CSRs that BHP enrollees would have received if they had enrolled in QHPs offered through an Exchange. In general, we propose in the notice to rely on values for factors in the payment methodology specified in statute or other regulations as available, and we propose to develop values for other factors not otherwise specified in statute, or previously calculated in other regulations, such as the population health status and the income reconciliation factor to simulate the values of the PTCs and CSRs.

Section 1331(d)(3)(A)(ii) of the Affordable Care Act specifies that the payment determination “shall take into account all relevant factors necessary to determine the value of the premium tax credits and cost-sharing reductions that would have been provided to eligible individuals ... including the age and income of the enrollee, whether the enrollment is for self-only or family coverage, geographic differences in average spending for health care across rating areas, the health status of the enrollee for purposes of determining risk adjustment payments and reinsurance payments that would have been made if the enrollee had enrolled in a qualified health plan through an Exchange, and whether any reconciliation of the credit or cost-sharing reductions would have occurred if the enrollee had been so enrolled.” The proposed payment methodology takes each of these factors into account.

We propose that the total federal BHP payment amount would be based on multiple “rate cells” in each state. Each “rate cell” would represent a unique combination of age range, geographic area, coverage category (for example, self-only or two-adult coverage through BHP), household size, and income range as a percentage of FPL. Thus, there would be distinct rate cells for individuals in each coverage category within a particular age range who reside in a specific geographic rating area and are in households of the same size and income range. These BHP payment rates would be published on a CMS public website; we are considering posting rates under \\CO-ADSHARE\SHARE\SHARE\OA\MMCEG\BHP\StateData.

We propose that a state implementing BHP provide us an estimate of the number of BHP enrollees it projects will enroll in the upcoming BHP program year, by applicable rate cell, prior to the first quarter of program operations. Upon our approval of such estimates, they would be used to calculate the prospective payment for the first and subsequent quarters of program operation until the state has provided us actual enrollment data. This data would be required to calculate the final BHP payment amount, and make any necessary reconciliation adjustments to the prior quarters’ prospective payment amounts due to differences between projected and actual enrollment. Subsequent quarterly deposits to the state’s trust fund would

be based on the most recent actual BHP enrollment data submitted to us by the state. Procedures will ensure that federal payments to a state reflect actual BHP enrollment during a year, within each applicable category, and prospectively determined federal payment rates for each category of BHP enrollment, with such categories defined in terms of age range, geographic area, coverage status, household size, and income range, as explained above. CMS intends for the estimated and actual enrollment data collection to be included in a separate information collection, and these data would be first due in the Fall 2014 and provided on a quarterly basis thereafter.

Below is the time schedule for the entire project, including beginning and ending dates of the collection of information, completion of report, publication dates, and other actions.

November 26, 2013

- Submit Emergency Justification to OMB.

December 3, 2013

- Request OMB approval of Emergency Justification.

December 17, 2013

- Target date for submitting FR notices (this collection's emergency notice and the proposed BHP payment notice) to the OFR.

December 18, 2013

- Target date for OFR posting the proposed BHP payment notice for public inspection.
- Target date for OFR posting this collection's emergency notice for public inspection.
- Target date for submitting the ICR to OMB.
- Start of two week public comment period.

December 23, 2013

- Target date for publishing the proposed BHP payment notice in the FR.
- Target date for publishing this collection's emergency notice in the FR.

January 2, 2014

- End of two week public comment period.
- CMS will respond to public comments (if applicable).
- Start of OMB review period.

January 6, 2014

- Requested OMB approval date.
- Approved collection is posted.

January 20, 2014

- Reference premiums due from SBEs who want their state's BHP payment rates published with the final BHP payment notice in March 2014.

March 2014

- Target date for publishing the final BHP regulation.
- Target date for publishing the final BHP payment notice.
- Target data for BHP payment rates to be published on CMS website.

October 1, 2014

- Open enrollment begins for BHP programs with an effective date of January 1, 2015.
- Target date for first BHP enrollment estimates due from all BHP states with an effective date of January 1, 2015.

November - December 2014

- Target date for when actual first quarter BHP payment amounts are provided to BHP states with an effective date of January 1, 2015.
- Federal money transferred to a BHP state's trust fund account

17. Expiration Date

CMS would like an exemption from displaying the expiration date as these forms are used on a continuing basis. To include an expiration date would result in having to discard a potentially large number of forms.

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.