

April 14, 2014

MEMORANDUM FOR: REVIEWER of 1220-0164

FROM: Philip Doyle
Assistant Commissioner
Office of Compensation Levels and Trends
Bureau of Labor Statistics

SUBJECT: Non-substantive Change Request for the
National Compensation Survey (NCS)

Clearance is being sought for the Bureau of Labor Statistics' (BLS) National Compensation Survey (NCS) program for NCS feasibility testing of potential employer health insurance impacts of the Patient Protection and Affordable Care Act of 2010 (PPACA.) Information on this testing was included in Part A, Section 12 of the most recent Office of Management and Budget (OMB) Clearance for NCS which was approved on May 1, 2012. As was stated in the clearance; "Over the next three years, some specific tests that may be conducted ... to test potential changes to the types of health insurance data NCS collects as a result of the implementation of the Affordable Care Act."

This request covers FY 2014 feasibility testing for what NCS calls the PPACA Employers Feasibility Test in which NCS will ask 200 existing private industry sample establishments additional questions about the provisions and premiums of existing health plans and employer plans for coverage changes.

NCS requested 1139 respondent burden hours for feasibility testing. The NCS program used 750 hours for the ORS feasibility tests in FY 2014. This leaves 389 hours still available for feasibility testing. This PPACA Employer Feasibility Test of 200 existing NCS private industry establishments is estimated to require approximately 33 respondent burden hours.

FY 2014 PPACA feasibility testing respondent burden hours and test survey's sample sizes (1 establishment = 10 minutes of respondent burden)		
Test	Private burden hours all establishments	Total burden hours all establishments
Feasibility test	33 hours 20 minutes	33 hours 20 minutes

PPACA Employers Feasibility Test of FY 2014

NCS will ask 200 existing private industry NCS survey sample establishments additional questions to test the availability of PPACA data on health insurance benefits and coverage. Most of the questions are to be answered; “yes/no/not determinable.” Any or all of these questions may not apply to health benefits of the selected establishments. The feasibility test will test both the availability of this PPACA related health benefit data and the questions themselves. Data for this test will be collected from June 1 to August 15, 2014.

Questions of these 200 private industry establishments in NCS will be asked on the existence of health benefits and grandfather health plan status. **Attachment A** contains the questions and data elements for this feasibility test.

If you have any questions about this non-substantive change request, please contact Paul Carney at 202-691-5180 or e-mail at Carney_P@bls.gov or Philip Doyle at 202-691-6200 or e-mail at Doyle_P@bls.gov.

Attachments – Appendix A

Appendix A:

National Compensation Survey
PPACA feasibility test data collection
April 14, 2014

Questions 1- 3 are asked at the establishment level:

1. Do you currently provide health care benefits to some or all workers? (May be known by field economist before interview.) (Y/N/ND)
If answer is “No”, skip to Question 8.
2. Have any of your existing health care plans been grandfathered, as defined under the Affordable Care Act, which means you’re able to continue them without major changes? (Y/N/ND)
3. Do employee premiums for ANY of your existing health care plans vary by:
Whether or not the employee smokes? (Y/N/ND)
Participation in a wellness program? (Y/N/ND)
Employee age? (Y/N/ND)
Other? (Y/N/ND)

Questions 4 - 7 are asked at the plan level:

4. Which plan is the most popular, meaning which has the most participants? (Y/N/ND)

Most Prevalent Plan Name: _____

If the respondent cannot provide information at the plan level (N/ND), skip to Question 8.

B. (If Question 3 had any ‘Y’ answers, ask B.) And does your plan with the most participants also vary its premiums based on factors such as smoking, participation in a wellness program, age, and so on? (Y/N/ND)

If yes, go to Question 5.

If no or ND, skip to question 6.

5. A. **If the most prevalent plan varies employee premiums based on ANY of the elements in Question 3, collect the following premiums. If not, skip to Question 6.**

1. Identify lowest premium for single coverage. Identify the combination of elements (smoking, wellness, age, other) that results in the lowest employee premium for single coverage.

Amount (or ND): _____

2. Identify lowest premium for family coverage. Identify the combination of elements that results in the lowest employee premium for family coverage.

Amount (or ND): _____

B. **If the most prevalent plan varies employee premiums based on smoking and/or age, collect the following premiums. If not, skip to Question 6.**

1. Identify premium for family coverage for a 40-year old smoker:

Amount (or ND): _____

2. Identify premium for family coverage for a 40-year old *non-smoker*:

Amount (or ND): _____

6. Has your most prevalent plan been designated at a metal level under the Affordable Care Act, for example, platinum, gold, silver, or bronze? (Y/N/ND)
(If yes) What is the metal level? _____

7. Do you know the actuarial value of your most prevalent plan? (Y/N/ND)
(If yes) What is it? _____

Questions 8 - 10 are asked at the establishment level:

8. A. The Affordable Care Act offers a tax credit to small employers to help them cover the cost of providing health benefits. Are you currently eligible for this tax credit?

- Yes (ask B)
- No (ask C)
- ND (Ask: Is there someone else who might have this information?)

- B. (If 'yes,' eligible in 2013) How much was the tax credit? Amount: _____
(If amount ND: Is there someone else who might have this information?)
- C. (If no) Will you be eligible for a tax credit in the future? (Y/N/ND)
9. Do you anticipate within the next two years obtaining health care plans through a federal or state exchange or marketplace, sometimes referred to as a SHOP, which is an abbreviation for *Small Business Health Options Program*? (Y/N/ND)
10. Are you planning any changes to health care benefits as a result of the Affordable Care Act? Please describe. (open-ended narrative)