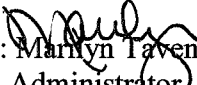


DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201



DATE: December 17, 2013

TO: Howard Shelanski
Administrator, OIRA

FROM: 
Marilyn Tavenner
Administrator

SUBJECT: Request for Emergency Clearance of the Paperwork Reduction Act Package for Payment Collections Operations Contingency Plan

Emergency Justification

The Centers for Medicare & Medicaid Services (CMS) is requesting that an information collection request to support the Payment Collections Operations Contingency Plan be processed under the emergency clearance process associated with 5 CFR 1320.13(a)(2)(i) and the Paperwork Reduction Act of 1995 (PRA). Public harm is reasonably likely to occur if the normal, non-emergency clearance procedures are followed.

CMS seeks an emergency PRA collection to collect enrollment and payment data from health insurance issuers. This collection would be effectuated via a Microsoft Excel-based spreadsheet because the IT systems designed for this function are not yet complete. If CMS is unable to collect this information in a timely fashion, issuers participating in the Marketplaces will not be able to receive advance payments of the premium tax credit and cost-sharing reductions for enrollees who qualify for financial assistance. The vehicle for this collection of enrollment and payment information is new, and issuers will manually enter data into spreadsheets and submit this information to CMS. Not only is the vehicle for enrollment and payment data new, but also we would not be collecting this data under normal operations and therefore we did not seek a PRA for this collection.

Specifically, CMS will collect enrollment by QHP issuer and estimated payment amounts for enrollees in those plans. CMS will use this information to aggregate payments to issuers operating under the same Tax Identification Numbers. CMS had intended to present this information to issuers via an electronic "834" enrollment report generated from Marketplace

data; however, because the information systems designed for this process are not yet complete, issuers will now enter and estimate amounts based on their own data, and will then submit this information to CMS.

- Data submitted via the template will include:
 - QHP issuer and plan identification information
 - aggregate premium amounts
 - aggregate APTC and advance CSR payment amounts
 - aggregate enrollment group and enrollee counts

Background

Under sections 1401, 1411, and 1412 of the Affordable Care Act and 45 CFR part 155 subpart D, an Exchange makes an advance determination of tax credit eligibility for individuals who enroll in QHP coverage through the Exchange and seek financial assistance. Using information available at the time of enrollment, the Exchange determines whether the individual meets the income and other requirements for advance payments and the amount of the advance payments that can be used to pay premiums. Advance payments are made periodically under section 1412 of the Affordable Care Act to the issuer of the QHP in which the individual enrolls.

Section 1402 of the Affordable Care Act provides for the reduction of cost sharing for certain individuals enrolled in a QHP through an Exchange, and section 1412 of the Affordable Care Act provides for the advance payment of these reductions to issuers. The statute directs issuers to reduce cost sharing for essential health benefits for individuals with household incomes between 100 and 400 percent of the Federal poverty level (FPL) who are enrolled in a silver level QHP through an individual market Exchange and are eligible for advance payments of the premium tax credit.

Requested Timeline

December 17, 2013

- Submit ICR to OMB.

December 18, 2013

- Request OMB approval of ICR.

December TBD

- Target date for publishing the emergency *Federal Register* notice for this collection.
- Start of 30-day public comment period on this emergency.

December TBD

- End of public comment period.
- CMS will respond to public comments (if applicable).