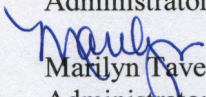


DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201



DATE: October 31, 2014

TO: Howard Shelanski
Administrator, OIRA

FROM: 
Marilyn Tavenner
Administrator

SUBJECT: Request for Emergency Clearance of Revisions to the Information Collection Requirements Contained in the Cooperative Agreements to Support Establishment of State-Operated Health Insurance Under the Paperwork Reduction Act

Emergency Justification

The Centers for Medicare & Medicaid Services (CMS) is requesting revisions to the “*Grants to States for the planning and establishment of Exchanges*” information collection request (ICR) to be processed under the emergency clearance process in accordance with 5 CFR 1320.13(a)(2)(i). Public harm is reasonably likely to ensue if the normal clearance procedures are followed. Existing collections gather information from the grant awardee to ensure the CMS is able to conduct their statutory oversight responsibilities. The revision is necessary to obtain more accurate and consistent enrollment data during the upcoming Open Enrollment Period which begins November 15, 2014. The immediate need for this revision is due to the State-Based Marketplaces (SBM) maturing business processes and the requirement for more precise reporting of comparison data between the first and second years of ACA implementation. Of particular concern is the need to capture certain demographic data and information on new versus re-enrolled individuals in accordance with uniform definitions so as not to produce misleading results. A delay in finalizing this ICR will result in key data being unavailable to CMS during the 2014 Open Enrollment Period. CMS will not be able to use the data to provide technical and policy mid-course corrections to the State Exchanges during the Open Enrollment Period.

Background:

Section 1311 of the Affordable Care Act provides for grants to States for the planning and establishment of Marketplaces. Given the innovative nature of Marketplaces and the statutorily-prescribed relationship between the Secretary and States in their development and operation, it has been critical that the Secretary work closely with States to provide necessary guidance and technical assistance to ensure that States can meet the prescribed timelines, federal requirements, and goals of the statute. These grants are funded through the Health Insurance Marketplaces Cooperative Agreement to Support Establishment of the Affordable Care Act’s Health Insurance Exchanges (Funding Opportunity Number: IE-HBE-12-001). A critical part of this guidance and assistance is the collection of precise information to measure the performance of the individual exchanges.

CMS has determined the need for additional information during the 2015 open enrollment periods from the 14 operational SBMs (including Washington DC) to enhance the agency's understanding of the demographic makeup of the citizens enrolling in the various health plans as well as the affordability of those plans. This additional information will also allow CMS to provide increased public visibility into the effectiveness, viability, and impact of the Marketplaces. They are essential for ensuring basic transparency in the performance of Marketplaces and allow consistent cross-state comparisons of the impacts of varying approaches to Marketplace implementation.

The revised data collection instrument has been developed in coordination with the states, based on an understanding of their current data collection efforts and capabilities. The tool will enable us to: 1) distinguish new enrollees from renewals; 2) capture language preference (Spanish, other language, or no preference) to assist in targetting potentially underserved individuals; 3) obtain a better understanding of enrollment activity by certain demographic breakdowns to better target our activities through more refined cross-tabulations of data by age and gender, by age and Metal Level, and by financial assistance status (with/without) and Metal Level; 4) distinguish Special Enrollment Period activity for the 2014 coverage year during the period that overlaps with the first 2.5 months of Open Enrollment [November 15-December 31] in order to avoid contamination of 2015 data, to assess the extent of Special Enrollment activity during the last phase of 2014 activity; 5) identify stand-alone dental plans to better measure the extent to which individuals are enrolling in these products in order to provide input into ASPE's monthly report to the public; 6) codify providing enrollment data for all issuers in the individual marketplaces, if available, compared to the template that asks only for the top three in the individual marketplaces [These data, if available, have been provided to us as a write-in to the previous template on a voluntary basis.].

Timeline

November 5, 2014

- Target publication date for emergency 7-day Federal Register (FR) notice.
- Draft PRA package posted to CMS PRA web site
- PRA package formally submitted to OMB

November 12, 2014

- End of 7-day public comment period

November 12, 2014

- Start of OMB review period

November 14, 2014

- Requested date of OMB approval

CMS POC

Dena Puskin
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