

**SUPPORTING STATEMENT FOR THE INFORMATION  
COLLECTION REQUIREMENTS CONTAINED IN THE  
COOPERATIVE AGREEMENTS TO SUPPORT  
ESTABLISHMENT OF STATE-OPERATED HEALTH  
INSURANCE  
EXCHANGES  
OFFICE OF MANAGEMENT AND BUDGET  
(OMB CONTROL NO. 0938-1119)**

**A. Background**

Section 1311 of the Affordable Care Act provides for grants to States for the planning and establishment of American Health Benefit Exchanges (hereinafter referred to as “Marketplaces”). As of January 1, 2015, the Secretary disbursed over \$ 5.4 billion for three types of grants: 1) Planning grants; 2) Early Innovator grants for early development of information technology; and 3) Establishment grants to develop, implement and start-up Marketplaces. Opportunities for planning funding were made available to the 50 States, the District of Columbia, and the U.S. Territories of American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, Puerto Rico, and the U.S. Virgin Islands. During this planning phase, forty-nine States, the District of Columbia, and four Territories applied and were awarded grant funds. (The State of Alaska did not apply for either the original Planning grant made available in September 2010, or the second Planning grant made available in January 2011 exclusively to those States that did not apply for the first.)

Cooperative Agreements to Support Establishment of the Affordable Care Act’s Health Insurance Exchanges (“Establishment Grants”) were awarded to States to support activities for implementing integral functional requirements of health insurance Marketplaces within a State. Funding could be used for a State to: 1) Establish a State-based Marketplace; 2) Build systems necessary to effectively link to the Federally-facilitated Marketplace operating in its State; 3) Perform functions in a Partnership within a Federally-facilitated Marketplace, or 4) Transition from one type of Marketplace to another [e.g., from a Federally-facilitated Marketplace to a State-based Marketplace].

There were two levels of Establishment Grant awards for which States could apply. Level One Establishment grants were open to all eligible States/jurisdictions, whether they were participating in the Federally-facilitated Marketplace, including States participating in the State Partnership model within the Federally-facilitated Marketplace, or developing a State-based Marketplace. (For the purposes of this discussion, the District of Columbia is considered a State). Level One grant funding supported States as they developed one or more functionalities associated with an effective and efficient Marketplace operating in their State. Level One Establishment Cooperative Agreements provided one year of funding.

Level Two Establishment grants were open to States which were committed to establishing a State-based Marketplace. They were available for up to three years and are designed to provide funding to applicants that could demonstrate meeting the following eligibility criteria: 1) Have the necessary legal authority to establish and operate a Marketplace that complies with Federal requirements available at the time of application; 2) Have established a governance structure for the Marketplace; and 3) Submitted an initial plan discussing long-term operational costs of the Marketplace.

Under the Cooperative Agreement Grant program, States were afforded multiple opportunities to obtain funding to support progress toward the establishment of an effective Marketplace within their State. States might have initially applied for either a Level One or a Level Two Establishment grant. Level One and Level Two Establishment grantees could reapply for another Level One grant at a subsequent application deadline to carry out additional activities related to Marketplace establishment that were not previously funded. However, Level Two grantees could only receive one Level Two grant. States may transition between different Marketplace models and if they do, they were required to update their project plans and budgets accordingly.

As of January 1<sup>st</sup>, 2017, there were 19 active establishment grants awarded to 12 states. The final round of grant awards was completed in December of 2014 and included additional grants to District of Columbia, Idaho, Illinois, Maryland, Massachusetts, Mississippi, New Mexico, Rhode Island, Vermont, and Washington. All these were single-year awards and will terminate prior to December 31<sup>st</sup>, 2015. Additionally, Level One grants previously awarded in October 2014 can have 1-year project periods, so it is expected that they would report on their progress through September 30, 2015, with the possibility of their project period being extended until September 30, 2016 with a no-cost extension. Level Two grants awarded in October 2014 can have project periods for up to three years, so it is expected that they will be reporting on their progress to HHS through December 31, 2017, with the possibility of a no cost extension for one year.

As the State-Based Marketplaces have matured and moved from the developmental phases to full-operation, the reporting requirements for the states have been modified and streamlined to insure only information necessary to provide effective oversight of their operations by CMS is collected. This ICR modification reflects those program changes and includes:

- As no further applications will be accepted by CMS for establishment grants under the ACA, the burden estimates for the applications have been deleted and, as all state marketplaces have become operational, the requirement for the planning, design, and establishment reviews have been collapsed into a single implementation review.
- CMS has continued to refine the periodic reporting requirements for both State-Based Markets (SBM) and Small Business Health Options Programs (SHOP). To reduce unnecessary burden on those states operating only a SHOP exchange, the Quarterly, Monthly, and Weekly reports have been calculated based on appropriate Marketplace-specific formats.

- As the SBMs and SHOPS have matured and requests from other executive branch agencies have become more specific, CMS has determined the need for additional information during the open enrollment periods from the 18 states currently operating Individual and SHOP Marketplaces to enhance the agency’s understanding of the demographic makeup of the citizens enrolling in the various health plans and the affordability of those plans as well. This information is essential for ensuring basic transparency in the performance of Marketplaces and allowing consistent cross-state comparisons of the impacts of varying approaches to Marketplace implementation.
- Based on lessons learned collected from three years of SBM enrollment reporting and state feedback provided on the proposed Health Insurance Marketplace Enrollment Data Submission Template (Template), CMS identified additional changes to the Template to refine the periodic (weekly, monthly, and quarterly) reporting requirements for both SBMs and Small Business Health Options Program (SHOP) Marketplaces to reduce unnecessary burden.
- CMS has also refined the burden estimates for reporting grant-specific information so as to correctly allocate the burden based on the number of grants an individual state has been awarded. In the original ICR, the burden was allocated on a per-state basis. Over time, with the awarding of multiple grants, some states now have upwards of five grants while others are still reporting on a single grant.
- Along with these other changes, CMS has updated the labor rates used to calculate the financial burden of the information collections to the latest available rates from the Bureau of Labor Statistics which were released on March 31, 2017.

## **B. Justification**

### **1. Need and Legal Basis**

Section 1311(b) of the Affordable Care Act provides the opportunity for each State to establish an Exchange (now referred to as a Marketplace). Section 1311 of the Affordable Care Act provides for grants to States for the planning and establishment of these Marketplaces. Given the innovative nature of Marketplaces and the statutorily-prescribed relationship between the Secretary and States in their development and operation, it is 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.

The original PRA ICR (OMB Control No. 0938-1119) awarded in conjunction with the “The Cooperative Agreement to Support Establishment of the Affordable Care Act’s Health Insurance Exchanges (Funding Opportunity Number: IE-HBE-12-001),” was approved by OIRA on 09/29/2011. Further revisions were also approved and culminated with the approval of the latest version on 05/27/2015. CMS is requesting further modification to amend the Template to streamline and refine the periodic reporting requirements resulting in a net decrease of reporting metrics and burden.

## **2. Information Users**

Information collected pursuant to the reporting requirements for awardees will be used to evaluate the progress of States in developing and implementing Marketplaces, and determine how the Secretary can provide assistance to achieve the goals of the grant program and the Affordable Care Act.

## **3. Use of Information Technology**

The information collection requirements associated with these grants will primarily involve programmatic narrative, accompanying budget narrative and appropriate supporting documentation, and provision of performance outcome and operational data by grantees operating their Marketplaces. The grantees are not required to track or submit any personally identifiable data. It is expected that States will create data with readily available word processing and spreadsheet programs relying on source data from information systems developed from grant funding, and submit such information electronically. This should result in 100 percent of information being transmitted electronically.

### Government Paperwork Elimination Act (GPEA)

*Is this collection currently available for completion electronically?*

- Yes, awardees are required to send electronic reporting to HHS. Awardees report to HHS using the Microsoft Word or Excel application, in PDF format, or by a grant-oriented data collection mechanism.

*Does this collection require a signature from the respondent(s)?*

- No.

*If HHS had the capability of accepting electronic signature(s), could this collection be made available electronically?*

- Not Applicable

*If this collection isn't currently electronic but will be made electronic in the future, please give a date (month & year) as to when this will be available electronically and explain why it can't be done sooner.*

- Not applicable since all data collections are electronic.

*If this collection cannot be made electronic or if it isn't cost beneficial to make it electronic, please explain.*

- Not applicable since all data collections are electronic.

## **4. Duplication of Efforts**

Since this is a new program that was created through the Affordable Care Act, the information that is collected has never been collected before by the Federal government. Performance data for operational Marketplaces will be collected directly from the states

only when not available from other sources [e.g., such as transactional data submitted through the Federal Hub or third- party sources]. Information collected through the Establishment Review process is designed to inform, and reduce, the data collection burden connected with conditional and final approval of Marketplaces.

## **5. Small Businesses**

The information collection requirements of the Cooperative Agreement Grant Regulation do not have a significant impact on a substantial number of small entities.

## **6. Less Frequent Collection**

Close monitoring will be critical to ensuring that States receive prompt Federal guidance and technical assistance that is responsive to any State-specific issues that may arise, and that State activities meet statutory and other Federal requirements. In the absence of regularly reporting, there is a risk that States could invest resources and conduct activities that are not aligned with requirements. As such, HHS will be in close contact with awardees. Upon request by awardees, HHS may allow less frequent reporting due to burden on program activities.

## **7. Special Circumstances**

*Requiring respondents to report information to the agency more often than quarterly;*

During times of intensive activity of exchange development and grant expenditure, our need for oversight and states needs for technical assistance may increase. At those times, we may collect information more than quarterly. An example of this is during open enrollment periods for Marketplaces, weekly reporting of some metrics is required to gauge effectiveness and whether assistance is required.

*Requiring respondents to prepare a written response to a collection of information in fewer than 30 days after receipt of it;*

- CCIIO may wish to follow up with States in between reporting periods in order to ensure close collaboration on Marketplace development.

*Requiring respondents to submit more than an original and two copies of any document;*

- Not applicable. We will not require more copies than an original and two copies of any document.

*Requiring respondents to retain records, other than health, medical, government contract, grant- in-aid, or tax records for more than three years;*

- Not applicable.

*In connection with a statistical survey that is not designed to produce valid and reliable results that can be generalized to the universe of study*

*Requiring the use of a statistical data classification that has not been reviewed and approved*

by OMB;

- Not applicable. Statistical surveys CCIIO-wide to evaluate the consumer experience and quality are under development for future years. These surveys will be subject to all processes and review required by OMB.

*That includes 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*

- Not applicable. These information collections do not include a pledge of confidentiality.

*Requiring respondents to submit proprietary trade secret, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.*

- Not applicable. This is outside the scope of our reporting requirements.

## **8. Federal Register/Outside Consultation**

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 a 60-day notice in the Federal Register on 05-19-2017 (Vol. 82, 23007-23008), requesting public comment on its proposed modification of the information collection requirements specified in the Cooperative Agreements to Support Establishment of State-Operated Health Insurance Exchanges (OMB Control No. 0938-1119). One comment was received in response to the 60-day comment period which did not apply to the proposed collection of information.

CCIIO shared the amended template with the SBM and SHOP Marketplaces in early September 2016 and provided the Marketplaces the opportunity to provide comments. CCIIO received and incorporated feedback into the template, including a request from Minnesota and New York for separate reporting of Basic Health Program (BHP) enrollment, a clearer definition of 'same corporate entity', and clarification on the definition of the number of people who request financial assistance. Additional feedback received during the weekly SBM Metrics cluster calls pertained to providing Marketplaces resources (e.g. crosswalk of updates) and sufficient time to implement the new template into their systems.

## **9. Payments/Gifts to Respondents**

- Not applicable. We will not provide any payments or gifts.

## **10. Confidentiality**

- Not applicable. No assurance of confidentiality is provided to respondents. Further, HHS will not collect personally identifiable information from awardees as a part of this grant. All reporting will be of an aggregate nature.

## 11. Sensitive Questions

- Not applicable. Data collection will not include sensitive questions.

## 12. Burden Estimates (Hours & Wages)

As mentioned in the Background section of this request, all the states projected to operate their State-Based Markets (SBM) or Small Business Health Options Program (SHOP) have entered operation and no new grants will be awarded under existing grant programs. As a result, burden estimates for this revision include a significant reduction due to the removal of the grant applications, removal of the planning and design reporting, and a revision of the periodic reporting requirements. HHS has also updated the labor rates used for calculating the cost of completing the various collection instruments.

Each year of the grant, grantees must submit multiple reports focused on various aspects of their Marketplace’s effective use of the grant funding and status of their Marketplaces enrollment. Each data submission will be based on a reporting template (OMB Control No. 0938-1119) and various amplifying instructions. There are currently 12 states which are operating SBMs and six states operating SHOP-only exchanges. Those 11 states have a total of 18 active grants. The data collection reports are comprised of nine (9) templates that are submitted at various times throughout the grant lifecycle. All of the states that currently hold grants are conversant with the requirements for submitting these reports and have done so in the past. Consequently, the burden estimates for their completion have been reduced from the previous approved ICR to reflect the increased efficiency in their completion. In addition, this revision includes changes to the Weekly, Monthly, and Quarterly Periodic Reports reflecting amendments to the Template metrics and the SBM budget template. The Weekly and Monthly periodic reports have been consolidated and now reflect only key SBM Individual Market metrics. The quarterly periodic metrics are also streamlined resulting in a decreased burden to states. The burden associated with collecting the SBM three-year budget template was previously accounted for in the Supporting Statement for Blueprint Approval of Affordable State-based and State Partnership Insurance Exchanges (OMB 0938-1172) and is being included in this ICR. A summary of these reports is contained in the table on page 7 and specific requirements for each report and their burden calculations are contained on page 7-13.

As specified in Paragraph A, “Background,” the majority of the grants will expire during calendar year 2016 with some being awarded an extension of their period of performance into 2017. As a result, numbers of respondents contained in the table below and other burden tables in this request are based on weighted averages of the expected responses for the three-year period of the request.

Estimated Annualized Burden Table

Forms	Type of Respondent	Number of Respondents	Number of Responses per Respondent	Estimated Burden hours per Response	Total Estimated Burden Hours

Semi Annual Report	State Government	15	1	90.0	1,350
Budget Report	State Government	18	12	10.0	2,160
Periodic Reports - Annual	State Government	18	1	30.0	540.0
Periodic Reports- Quarterly	State Government	18	4	23	1,656
SBM Individual Market Reports	State Government	12	18	29.4	6,350
SBM Three-year Budget Reports	State Government	17	1	16	272
Total - Annual					12,328
Total - Three Year					36,984

Each of the line items in the table above is detailed in the paragraphs below which include their purpose, cost, and frequency of the collection required. Labor rates used in those tables are based on the mean hourly wage, adjusted by a factor of 100 percent to include fringe benefits. We calculate total annual salary by multiplying total wage by a full-time, year-round working year of 2,080 hours. Source for the hourly rates is the May 2016 National Occupational Employment and Wage Estimates United States, available by following this link: <https://www.bls.gov/oes/special.requests/oesm16nat.zip>

A. Semi-Annual Progress Report

The purpose of the Semi-Annual Progress Report is to ensure that funds are used for authorized purposes, and to mitigate instances of fraud, waste, error, and abuse. The report is comprised of three sections and is due on January 30th and July 30th during the grant project period. The first section is the Cost Allocation section and is used to gain an overall understanding of the grantee’s specific cost allocation methodology as well as their estimated and actual spending habits regarding Consumer Engagement Costs. It also includes static grantee information such as DUNS number, mailing address, grant period, and the certifying official’s contact information. The second section is covers Program Performance and is used to track completion towards grant-specific goals. It is broken down into “Core Areas” and the grantees demonstrate how they are working towards the CCIIO approved goals within each of these core areas. The third section, referred to as the CCIIO-IT Profile provides general state information around uninsured populations, Medicaid populations, etc. This form can be copied by the state from one period to the next period.

**Annualized Cost Estimate for States completing the Semi-Annual Report**



Type of respondent	Number of Respondents	Number of Responses per Respondent	Average Burden Hours Per Response	Wage per Hour (incl 100% fringe)	Burden Costs
Senior-level manager to oversee efforts	15	1	8	\$117.40	\$14,088
Senior-level manager to conduct most writing	15	1	8	\$117.40	\$14,088
Mid-level policy analyst to support writing	15	1	16	\$78.20	\$18,768
Senior-level manager with insurance expertise	15	1	2	\$117.40	\$3,522
Mid-level policy analyst with insurance expertise	15	1	2	\$93.88	\$2,816
Senior-level manager from Medicaid agency	15	1	2	\$117.40	\$3,522
Mid-level policy analyst from Medicaid agency	15	1	2	\$93.88	\$2,816
Senior-level manager with health policy expertise	15	1	2	\$117.40	\$3,522
Mid-level policy analyst with health policy expertise	15	1	2	\$93.88	\$2,816
Administrative budget analyst	15	1	8	\$78.20	\$9,384
Budget analyst with insurance expertise	15	1	3	\$78.20	\$3,519
Budget analyst from Medicaid agency	15	1	3	\$78.20	\$3,519
Budget analyst with systems expertise	15	1	3	\$78.20	\$3,519
Senior-level financial manager with insurance expertise	15	1	2	\$134.34	\$4,030
Senior-level financial manager from Medicaid agency	15	1	2	\$134.34	\$4,030
Senior-level financial manager with health policy expertise	15	1	2	\$134.34	\$4,030
Senior-level manager with systems architecture expertise	15	1	6	\$140.14	\$12,613
Mid-level analyst with systems architecture expertise	15	1	4	\$81.80	\$4,908
Systems project manager	15	1	4	\$107.84	\$6,470
Administrative assistant	15	1	2	\$38.78	\$1,163
Lawyer	15	1	2	\$134.50	\$4,035
Lawyer	15	1	2	\$134.50	\$4,035
Budget analyst from outside core team	15	1	2	\$74.20	\$2,226
Agency head	15	1	1	\$122.06	\$1,831
Total - Annual			90		\$149,529
Total - Three Years					\$448,587

CMS estimates that it will take approximately 90 hours per grantee to assemble, review, finalize and submit each semi-annual report to HHS. We believe that 23 personnel will be

required for the production and delivery of required semi-annual reports. The total annualized burden for 15 grantees to submit one report is **1,350 hours** and **\$149,529**.

B. Budget Report

Grantees are required to provide monthly reports detailing the expenditure of grant funding. The report includes identifying information for the grantee and grant, information on funds authorized, expended, and unobligated balances broken out by various categories, and details on state contracts/contractors funded under the grant.

Annualized Cost Estimate for All Respondents Completing Financial Report

Type of respondent	Number of Respondents	Number of Responses per Respondent	Average Burden Hours	Wage per Hour (incl 100% fringe)	Burden Costs
Senior-level manager to oversee efforts	18	12	2.0	\$117.40	\$50,717
Mid-level policy analyst to support writing	18	12	2.0	\$78.20	\$33,782
Budget analyst with insurance expertise	18	12	6.0	\$78.20	\$101,347
Total - Annual			10.0		\$185,846
Total - Three Years					\$557,538

We estimate that it will take approximately 10 hours per grantee to assemble, review, finalize and make available each budget report, and that grantees will make reports available quarterly. We estimate that three of the personnel involved in reporting would be involved in making progress reports public. The total annualized burden for 18 entities to post 12 progress reports each is **2,160 hours** and **\$185,846**.

C. Performance Metrics – Annual Reports

Annualized Cost Estimate for States to Complete Annual Periodic Reporting

States are required to collect data and report on a series of outcomes and performance measures, or “metrics.” These reports are pursuant to necessary oversight and monitoring by HHS, and ensure compliance with Marketplace responsibilities and adherence by states to the standards set forth in the grant process.

Type of respondent	Number of Respondents	Number of Responses per Respondent	Average Burden Hours Per Response	Wage per Hour (incl 100% fringe)	Burden Costs
Senior-level manager to oversee efforts	18	1	4	\$117.40	\$8,453

Type of respondent	Number of Respondents	Number of Responses per Respondent	Average Burden Hours Per Response	Wage per Hour (incl 100% fringe)	Burden Costs
Mid-level policy analyst with health policy expertise	18	1	16	\$93.88	\$27,037
Software Developer and Programmer	18	1	4	\$96.22	\$6,928
Administrative assistant	18	1	6	\$38.78	\$4,188
Total - Annual			30		\$46,606
Total - Three Years					\$139,819

We estimate that it will take approximately 30 hours per grantee to assemble, review, finalize and make available each report, and that grantees will make reports available once a year. We estimate that four personnel will be involved in developing and submitting this reporting. The total annualized burden for 18 entities to provide the report is **540 hours** and **\$46,606**.

D. Performance Metrics – Quarterly

Annualized Cost Estimate for States to Complete Quarterly Periodic Reporting

States are also required to report selected outcome measures on a quarterly basis outside of open enrollment periods. The purpose of this reporting is for CMS to ensure compliance with Marketplace responsibilities and adherence by states to the standards set forth in the grant process. These requirements only apply to the estimated 18 states that have progressed to operating a Marketplace.

Type of respondent	Number of Respondents	Number of Responses per Respondent	Average Burden Hours Per Response	Wage per Hour (incl 100% fringe)	Burden Costs
Senior-level manager to oversee efforts	18	4	2	\$117.40	\$16,906
Mid-level policy analyst with health policy expertise	18	4	11	\$93.88	\$74,353
Software Developer and Programmer	18	4	8	\$96.22	\$55,423
Administrative assistant	18	4	2	\$38.78	\$5,584
Total - Annual			23		\$152,266
Total - Three Years					\$456,797

We estimate that it will take approximately 23 hours per grantee to assemble, review, finalize and make available each report, and that grantees will make reports available four

times per year. We estimate that four of the personnel will be involved in developing and submitting this reporting. The total annualized burden for 18 entities to provide the four reports each is **1,656 hours** and **\$152,266**.

E. Performance Metrics – SBM Individual Market

States are required to report select Performance Metrics on a weekly basis during Open Enrollment periods (including four weeks following the end of the open enrollment period) and once a month for the two months immediately preceding and following the Open Enrollment period. These measures relate to volume and effectiveness of Marketplace call centers, web portals, enrollment processes, outreach and education efforts, and enrollee demographics. The purpose of this reporting is for HHS to ensure compliance with Marketplace responsibilities and adherence by states to the standards set forth in the grant process. The reporting frequency is increased to weekly during the open enrollment period in order to more closely track those measures which have the most potential to adversely impact beneficiaries and their ability to enroll in insurance plans. These requirements only apply to the estimated 18 states that have operating a State-based Individual Marketplaces.

Annualized Cost Estimate for States to Complete SBM Individual Market Reporting

Type of respondent	Number of Respondents	Number of Responses per Respondent	Average Burden Hours Per Response	Wage per Hour (incl 100% fringe)	Burden Costs
Senior-level manager to oversee efforts	12	18	2	\$117.40	\$76,075
Mid-level policy analyst with	12	18	16.7	\$93.88	\$507,966
Software Developer and	12	18	7.1	\$96.22	\$221,344
Administrative assistant	12	18	3.6	\$38.78	\$45,233
Total - Annual			29.4		\$850,619
Total - Three Years					\$2,441,856

We estimate that it will approximately 29.4 hours per grantee to assemble, review, finalize and make available each report, and that grantees will make reports available 18 times. We estimate that four personnel will be involved in the developing and submitting this reporting. The total annualized burden for 12 entities to provide the 18 reports is **6,350 hours** and **\$850,619**.

F. SBM Three-year Budget Report

States are required to provide semi-annual budget reports detailing Marketplace expenditures and revenue. The report includes identifying information such as the effectuated enrollment per plan for the individual and SHOP Marketplaces; type of revenue; and general, marketing and outreach, call center, information technology platform expenditures. These requirements only apply to the estimated 17 states that have progressed to operating a State-based Marketplace.

Annualized Cost Estimate for All Respondents Completing SBM Three-year Budget Report

Type of respondent	Number of Respondents	Number of Responses per Respondent	Average Burden Hours	Wage per Hour (incl 100% fringe)	Burden Costs
Senior-level manager to oversee efforts	17	1	2.0	\$117.40	\$3,992
Mid-level policy analyst to support writing	17	1	6.0	\$78.20	\$7,976
Budget analyst with insurance expertise	17	1	8.0	\$78.20	\$10,635
Total - Annual			16.0		\$22,603
Total - Three Years					\$67,810

We estimate that it will take approximately 16 hours per grantee to assemble, review, finalize and make available each report annually. We estimate that three personnel will be involved in the developing and submitting this reporting. The total annualized burden for 17 entities to provide the one report is **272 hours** and **\$22,603**.

### **13. Capital Costs**

We do not anticipate applicants incurring any start-up costs. All organizations involved in this reporting are existing entities and are currently conducting this reporting.

### **14. Cost to Federal Government**

Review and approval by CMS employees of the various reports required of states in this collection request is **\$121,350.50**. It requires the combined labor of GS-13 and GS-11 in the Washington DC area to complete processing of the reports.

Based on the 2017 GS pay schedule, a GS-13, Step 1 earns \$94,796 annually and a GS-11, Step 1 earns \$66,510 annually. To derive hourly estimates, HHS divided annual compensation estimates by 2,080, the number of hours in the Federal work year. HHS then multiplied hourly rates by a standard government benefits multiplication factor of 2.

**Total annual cost to the federal government is estimated at \$121,350.50.**

### **15. Changes to Burden**

This revision removes the workplan, public report, and implementation review reporting requirements. It also amends the number of respondents for the semi-annual and budget reports to reflect the current number of active grantees. Updates to reporting metrics for the SBM Individual Market (formerly known as Weekly and Monthly Periodic) reports results in a net decrease of 192 metrics. The changes to the Quarterly Periodic reports results in a net decrease of 332 metrics. The addition of the SBM three-year budget report adds 272 hours to this package. Thus, there is a total net reduction of 18,403 hours.

## **16. *Publication/Tabulation Dates***

The Department will not publish the information collected under this application.

## **17. *Expiration Date***

The OMB control number and expiration date will display on the first page (top right-hand corner) of each instrument.