

CMS Form Number: CMS-10320  
OMB Control Number: 0938-1086  
Expiration Date: XX/20XX

## **Appendix D: Data Collection**

In order to minimize the burden on issuers of reporting similar information in different formats as well as to maximize the involvement of all players in the data display decisions, we will be collecting information consistent with both qualified health plans and the Federally-facilitated Exchange within one consolidated set of templates. The requirements and data elements of this collection can be found within the Establishment of Qualified Health Plans and American Health Benefit Exchanges PRA (**OMB Control No. 0938-1157**). Information to be collected can be found in the following Appendices: Plans and Benefits and Service Area, Appendices G and J; Rating Tables and Issuer Business Rules Data, Appendices I and K.

Information to be collected on issuers and products can be found in Appendix C of this current Health Care Reform Insurance Web Portal Requirements PRA (**OMB Control Number 0938-1086**).

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1086. The time required to complete this information collection is estimated to be XX hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

DO NOT MAIL APPLICATIONS TO THIS ADDRESS. Mailing your application to this address will significantly delay application processing.