

SUPPORTING STATEMENT
Clearance for Evaluation of Stakeholder Training
Health Insurance Marketplace and Market Stabilization Programs
CMS-10598/OMB control number: 0938-1331

BACKGROUND

The Patient Protection and Affordable Care Act of 2010 (ACA) was enacted to assist millions of Americans in obtaining affordable health care services and to allow more employers to offer insurance coverage to their employees in a cost effective manner. Since the implementation of ACA in 2014, individuals and small businesses have been able to purchase private health insurance through competitive marketplaces called the “Health Insurance Marketplace” (Marketplace), also known as “Affordable Insurance Exchanges” or “Exchanges.” The Centers for Medicare & Medicaid Services (CMS) issued regulations for the establishment and practices of Marketplaces in States, as well as for the market stabilizing programs. The cooperation and coordination of States, health insurance issuers, the Federal Government and other key stakeholders is essential to the continued success of the Marketplace and associated market stabilization programs.

CMS is strongly committed to providing appropriate education and technical outreach to States, issuers, self-insured group health plans and third-party administrators (TPA) participating in the Marketplace and/or market stabilization programs mandated by the ACA. In addition, CMS recognizes that the success of Marketplaces and associated programs relies on the cooperation and coordination of States, issuers, self-insured health plans, third-party administrators (TPA) of self-insured health plans, health insurance agents and brokers, and other stakeholders. Therefore, CMS expects to design and conduct various consumer satisfaction and feedback surveys, usability tests, and focus groups. Current data collections include online and onsite training session evaluations.

The following Stakeholder Training events are planned for January 2020-December 2020: One (1) On-Site, 2-day Training and one (1) Onsite 1-day training; and 230 Webinars;

- Qualified Health Plan (QHP) Series Webinars
- Plan Management and State Coordination (PMSC) Webinars
- ACA HHS-Operated Risk Adjustment Data Validation Webinar Series
- Distributed Data Collection (DDC)-Issuers New to Setting Up EDGE Servers Series
- Distributed Data Collection (DDC)-EDGE Server Webinars
- Enrollment Webinars
- Federally Facilitated Marketplace (FFM) Plan Year Open Enrollment Overview and Kick-off for Agents and Brokers Webinar
- Enhanced Direct Enrollment (EDE) Webinars
- Agent and Broker (AB) Webinars
- Federally Facilitated Marketplace (FFM) User Fees

- Federally-facilitated Small Business Health Options Program (FF-SHOP) Webinars
- FM Series: FFM Policy-based Payments Process
- Health Insurance Marketplace Open Enrollment Operational Updates and Announcements for Agents and Brokers Webinars
- Marketplace Payment Process
- Payments Invoicing & Collections Process for Risk Corridors Issuers
- Open Enrollment: A Primer for Agents and Brokers Participating in the Federally-facilitated Marketplace (FFM)
- Reinsurance Payments

The above list displays examples of the types of topics and training events. Specific topics and associated data collection activities are subject to change.

A. JUSTIFICATION

1. Need and Legal Basis

Analysis of data from the evaluations of webinars, user groups and Q&A sessions (“events”) address Federal reporting requirements, and goals and objectives for the Affordable Care Act, including;

- The Government Performance and Results Act (GPRA) Modernization Act of 2010 (Office of Management and Budget, n.d.);
- The U.S. Department of Health and Human Services’ (HHS) goals for the Affordable Care Act (ACA, HHS, n.d.); and
- The Center for Medicare and Medicaid Services (CMS) goals for the ACA (2013).

The following provides additional details on these requirements.

1.1 Government Performance and Results Act (GPRA) Modernization Act of 2010

CMS (and all federal agencies) must address the GPRA Modernization Act of 2010 requirement:

“To require quarterly performance assessments of Government Programs for the purpose of assessing agency performance and improvement...” (Government Performance and Results Act (GPRA) Modernization Act of 2010, 111 U.S.C. § 2142, 2010, para. 1).

The evaluation of the CMS webinars, user groups and Q&A sessions (both online and onsite) via surveys addresses the GPRA Modernization Act of 2010 requirement to provide data to support documentation of an agency’s goals being met (Government Performance and Results Act (GPRA) Modernization Act of 2010, 111 U.S.C. § 2142, 2010).

1.2 U.S. Department of Health and Human Services' (HHS) (n.d.) Goals for the Affordable Care Act (ACA)

The HHS goals for the ACA are included in:

“Strategic Goal 1: Strengthen Health Care; Objective A: Make coverage more secure for those who have insurance, and extend affordable coverage to the uninsured, includes help to states to develop Health Insurance Marketplaces” (U.S. Department of Health and Human Services, n.d., para. 1-2).

Within this objective, HHS states the desire to reach out to stakeholders by providing guidance and support to encourage the participation of small businesses in affordable health care, and to work with those involved in enrolling them. The webinars, user groups and Q&A sessions CMS conducts address this goal.

1.3 Center for Medicare and Medicaid Services (CMS) Goals for the ACA (2013)

CMS echoes and expands on the HHS strategic goal in its goals to engage stakeholders and enable an open relationship with them; in turn, CMS added a goal that stakeholders will share ideas and information with CMS. The webinars, user groups and Q&A sessions address this need, as well as support CMS's goals to establish and support the Health Insurance Marketplaces, increase enrollment, improve financial accountability and reduce and manage risk (CMS, 2013).

1.4 DHHS and CMS Goals

The data collected via online and in-person surveys assist CMS in determining the extent to which the goals of the training and support events have been met. In addition to closed-ended questions regarding satisfaction with the training event and agreement with statements addressing the success of the training events, respondents are asked not only for suggestions for improving the training events, but also for suggestions for additional training and support topics for future events. This allows CMS to receive interactive and open feedback from stakeholders, while providing information required by stakeholders to support the ACA. This is also one of the goals of DHHS. Therefore, evaluations are needed not only to meet GPRA requirements, but also to address the goals of DHHS and CMS for the ACA.

2. **Information Users**

CMS uses information from the data collection activities to determine the extent to which the goals of each training and support session were achieved and to help CMS make improvements for future training and support sessions. As stated above, the collected data helps CMS address its GPRA requirements, as well as CMS and HHS goals for support for, and open dialogue with, stakeholders.

3. **Improved Information Technology**

The evaluation team uses online data collection instruments to collect survey responses for web-based training events. In-person events utilize a paper and online survey for onsite attendees, as well as an online survey for remote attendees. All hardcopy surveys are entered into the electronic survey software in preparation for data analysis.

4. **Duplication**

There is no duplication of similar information.

5. **Small Business**

This collection of information is not expected to have a significant impact on small entities. Completion of all surveys is voluntary. Further, the evaluation survey questions have been designed to minimize burden on all respondents, including those representing small businesses.

6. **Less Frequent Collection**

CMS provides training and technical assistance primarily through weekly, bi-weekly, monthly, or quarterly webinars, user groups and Q&A sessions. In addition, CMS provides one-time web-based training and support sessions as needed. Evaluation instruments are sent to participants immediately after each session. Less frequent data collection would affect data quality due to respondent recall effect. Further, the research design allows for feedback across program areas.

7. **Special Circumstances**

There are no special circumstances that require deviation from these guidelines.

8. **Federal Register Notice/Prior Consultation**

A 60-day notice will publish in the Federal Register on August 21, 2021 (85 FR 51721). A 30-day notice published in the Federal Register on April 22, 2021 (86 FR 21322). No comments received.

No additional outside consultation was sought.

9. **Payment/Gift to Respondents**

There are currently no planned payments or gifts to respondents; however, payment or gifts may be offered in the future.

10. **Confidentiality**

Program submissions to CMS are public information, and there is no personal identifying information collected in the documents.

11. **Sensitive Questions**

There are no questions of a sensitive nature.

12. **Burden Estimate**

The annual estimated burden hours of 11,331 hours, as detailed in in Table 1, are based on prior experience conducting online and in-person satisfaction surveys for CMS for the same types of webinars, user groups and Q&A sessions referenced in this submission package. The estimated time per response is 15 minutes. The number of respondents is based on the number of previous respondents to the evaluation surveys, and the number of predicted sessions, as referenced above in the *Background Statement*.

Currently there are no additional surveys, questionnaires or evaluations under development. However, the office is requesting approval for an additional 20,000 hours to cover future, yet to be determined collections of information submitted under this generic approval. The estimated burden for potential future generic information collections in included in Table 1.

Table 1. Annual Estimated Burden Hours

| Category of Respondent | No. of Respondents | Participation Time | Total Estimated Burden Hours |
|--|---------------------------|---------------------------|-------------------------------------|
| Private Sector – Health Insurance Marketplace Stakeholders | | | |
| Webinar | 22,959 | 15 minutes per respondent | 5,740 hours |
| Webinar- | 20,740 | 15 minutes per respondent | 5,185 hour |
| Computer Based Training (CBT) | 1,250 | 15 minutes | 313 |

| Category of Respondent | No. of Respondents | Participation Time | Total Estimated Burden Hours |
|--|---------------------------|----------------------------------|-------------------------------------|
| | | per respondent | hours |
| On-Site Training (including remote participants) | 373 | 15 minutes per respondent | 93 hours |
| | | | |
| Subtotals | 45,322 | 15 minutes per respondent | 11,331 |
| Estimated Future Generic Information Collections | 80,000 | 15 minutes per respondent | 20,000 |
| Totals | 125,322 | 15 minutes per respondent | 31,331 hours |

13. **Capital Costs**

There are no capital costs associated with this information collection.

14. **Costs to Federal Government**

The estimated annual cost to the Federal government, including but not limited to the data collection activities described in this submission is \$165,793. All tasks related to the data collections will be performed by a contractor. Included are contractor costs associated with background research, requirements gathering, evaluation design, instrument design and pretest, systems development, data collection activities, analysis and reporting.

15. **Program/Burden Changes**

Burden hours have increased from 28,228 hours to 31,331 hours, which is based on the actual number of completed in-person and online evaluation surveys. The agency continues to assume an additional 20,000 burden hours for estimated future generic information collections.

16. **Publication and Tabulation Dates**

There are no plans to publish the information for statistical use.

17. **Expiration Date**

The OMB control number and expiration date will be displayed on all data collection instruments and supporting documents.