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Office of Management and Budget (OMB)

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Date:

Subject: Non-Substantive Change Request – Cooperative Agreements to Support Establishment of State-Operated Health Insurance Exchanges (OMB #0938-1119)

This memo requests approval of non-substantive changes to the approved information collection, Cooperative Agreements to Support Establishment of State-Operated Health Insurance Exchanges (OMB #0938-1119).

Background

Under 42 CFR §155.1200(b), State Based Marketplaces (SBMs) are required to report enrollment metrics to CMS of consumer activity related to Qualified Health Plans/Advance Premium Tax Credit (QHP/APTC), and, if applicable, Basic Health Plan (BHP). SBMs must provide this data at least annually and in the manner, format, and timeline specified by CMS. OMB originally approved the State Based Marketplace Data Collection Templates (the Templates) containing approximately 1,800 data metrics utilized for this purpose on September 29, 2011. Further revisions were also approved, with the latest version approved on May 16 2022 with an expiration of May 31, 2025.

SBMs utilize the Templates to report enrollment metrics weekly during Open Enrollment and on different cadences throughout the year, depending on Exchange activities. For 2023 and 2024, CMS expects the SBMs to report metrics included in the Templates (24 total) during Medicaid/CHIP Continuous Coverage Unwinding.[1]

Overview of Requested Changes

Since approval of the Templates, the 2023 Consolidated Appropriations Act, 2023 (P.L. 117-328) specified certain data requirements that are required from SBMs starting May 2023 through July 2024. The CAA requirements can be satisfied by using the current SBM templates, as originally planned. However, we are requesting some text changes to the metric definitions to align with language used in the CAA to limit any user confusion. The changes are:

- Specify for 9 metrics that the requested data would include those applications sent to the

[1] The 2023 Consolidated Appropriations Act, 2023 (P.L. 117-328) (CAA), ended the Medicaid/CHIP continuous enrollment condition established under section 6008 of the Families First Coronavirus Response Act on March 31, 2023, enabling states to terminate Medicaid enrollments for individuals who no longer meet Medicaid eligibility requirements on or after April 1, 2023 (redeterminations can begin prior to this date).

SBE “due to Medicaid/CHIP denial or termination”. The metrics impacted are: Total Plan Selections, Active Re-enrollees, Automatic Re-enrollees, Number of Submitted Applications, Consumers on Applications Submitted, Consumers Eligible for QHP, Number of Plan Selections with Financial Assistance, Total BHP Enrollees, and Consumers Eligible for BHP.

- Clarify that the metrics Number of Submitted Applications and Consumers on Applications Submitted would include both complete applications and transfers of incomplete applications from Medicaid/CHIP.

Burden Estimates

The approved annualized burden estimated that 18 SBMs would submit a series of enrollment metric reports using the Templates for a total of up to 1,800 metrics annually. There will not be any additional burden based on these non-substantial changes because any added burden would be assumed within the original estimate. It is anticipated that for 2023 and for 2024, during which the Medicaid/CHIP Continuous Coverage Unwinding will occur, 18 SBMs will submit reports using up to 800 metrics included in the Templates annually.

Time Sensitivities

Being able to make changes requested to the approved Templates will ensure that SBMs are prepared to report on critical activity during the end of the Medicaid/CHIP Continuous Coverage Unwinding, which will began as early as March 2023.