

Supporting Statement for Direct Enrollment Entities (CMS-10877/OMB control number: 0938- NEW)

A. Background

On March 23, 2010, the President signed into law the Patient Protection and Affordable Care Act (P.L. 111-148). On March 30, 2010, the Health Care and Education Reconciliation Act of 2010 (P.L.111-152) was signed into law. The two laws are collectively referred to as the Affordable Care Act (ACA). The ACA established new competitive private health insurance markets called Marketplaces, or Exchanges, which gave millions of Americans and small businesses access to qualified health plans (QHPs), including stand-alone dental plans (SADPs)—private health and dental insurance plans that have been certified as meeting certain standards.

This Information Collection Request (ICR) serves as the formal request for a new clearance associated with the Department of Health and Human Services (HHS) Program Integrity: Exchange, SHOP, and Eligibility Appeals Final Rule, Notice of Benefit and Payment Parameters for 2018 Final Rule (2018 Payment Notice), 2020 Final Rule (2020 Payment Notice), 2022 Final Rule (2022 Payment Notice), 2023 Final Rule (2023 Payment Notice), and the 2025 Proposed Rule (2025 Payment Notice). This ICR details the burden associated with direct enrollment (DE) requirements that affect DE Entities (i.e., web-brokers and QHP issuers) as finalized in the 2020 Payment Notice covered under regulations in 45 C.F.R. §§ 155.205, 155.220, 155.221, and 156.1230; agreements between the Centers for Medicare & Medicaid Services (CMS) and DE Entities; and applicable program guidance issued by CMS; and 2022 and 2023 Payment Notices at 45 C.F.R. §§155.220 and 155.221. These requirements relate to Web-broker Operational Readiness Reviews (ORR); DE Entity ORR; Web-broker display of QHP comparative information and disclaimer; Web-broker rationale for QHP recommendations and methodology of QHP display; and required Disclaimers.

B. Justification

1. Need and Legal Basis

Section 1321(a) of the ACA directs the Secretary of the Department of Health & Human Services (Secretary) to issue regulations to establish and operate health insurance Exchanges offering QHPs. Section 1312(e) of the ACA directs the Secretary to establish procedures under which a State may permit agents and brokers to enroll qualified individuals and qualified employers in QHPs through an Exchange, and to assist individuals in applying for advance payments of the premium tax credit (APTC) and cost-sharing reductions (CSR).

The following subsections outline the specific requirements for which HHS expects information collections to occur.

1.a. Web-broker Operational Readiness Review (ORR) Requirements (45 C.F.R.

§155.220(c)(6)): As finalized in the 2022 Payment Notice, §155.220(c)(6) requires that web-brokers demonstrate operational readiness and compliance with applicable requirements prior to their non-Exchange websites being used to complete an Exchange eligibility application or QHP

selection. The operational information, agreements, and security and privacy assessment documentation web-brokers are required to submit to demonstrate operational readiness and compliance with applicable requirements are described in subsections 1.a.i. and 1.a.ii. below.

1.a.i. Web-broker ORR Operational Information and Agreements: Sections 155.220(c)(6)(i) and (c)(6)(v) require web-brokers to submit the following operational information and agreements:

- Operational data, collected through the Operational and Oversight Information Collection instrument, including:
 - Licensure information,
 - Points of contact, and
 - Third-party relationships; and
- The Web-broker Agreement instrument (see Appendix A).

2.a.ii. Web-broker ORR Security and Privacy Assessment Documentation: Section 155.220(c)(6)(iv) requires web-brokers to submit the following security and privacy assessment documentation:

- Vulnerability scan results,
- Penetration testing results,
- The Security and Privacy Assessment Reports (SARs) template instrument (see Appendix B),
- Plans of Action and Milestones (POA&Ms) template instrument (see Appendix C), and
- System Security and Privacy Plans (SSPs) workbook instrument (see Appendix D).

1.b. DE Entity ORR Requirements (45 C.F.R. §155.221(b)(4)): As finalized in the 2022 Payment Notice, §155.221(b)(4) requires that DE Entities demonstrate operational readiness and compliance with applicable requirements prior to the DE Entity’s website being used to complete an Exchange eligibility application or a QHP selection. The documentation DE Entities are required to submit to demonstrate operational readiness and compliance with applicable requirements includes business audit documentation, agreements, and security and privacy audit documentation as described in subsections 1.b.i. and 1.b.ii. below. Consistent with the description in the Collection of Information Requirements section of the 2022 Payment Notice, while §155.221(b)(4) is applicable to all DE Entities, only DE Entities participating in the Enhanced Direct Enrollment (EDE) program are subject to this information collection.

1.b.i. DE Entity Business Audit Documentation and Agreements: Sections 155.221(b)(4)(i) and (b)(4)(v) require DE Entities to submit the following business audit documentation:

- Notices of intent to participate, including auditor information,
- Documentation packages (see Appendix E) including:
 - The Privacy Questionnaire instrument (see Appendix F),
 - Privacy policy statements, and
 - Terms of service.
- Business audit reports including:

- The Application Programming Interface (API) Functional Integration Toolkit (FIT) instrument (see Appendix G),
- The Application User Interface Toolkit instrument (see Appendix H),
- The Communications Toolkit instrument (see Appendix I),
- The Business Audit Instructions and Report Template instrument (see Appendix J), and
- The Eligibility Results Toolkit instruments (see Appendices K, L, and M for Phase 1, Phase 2, and Phase 3, respectively);
- The Entity-initiated Change Request Form instrument (see Appendix N); and
- The EDE Business Agreement instrument (see Appendix O).

1.b.ii. DE Entity Security and Privacy Audit Documentation: Section 155.221(b)(4) (ii) requires DE Entities to submit the following security and privacy audit documentation:

- The Security and Privacy Controls Assessment Test Plans (SAPs) template instrument (see Appendix P),
- The Security and Privacy Assessment Reports (SARs) template instrument (see Appendix B, as noted above),
- The Plans of Action & Milestones (POA&Ms) template instrument (see Appendix C, as noted above),
- Privacy Impact Assessments (PIAs),
- The System Security and Privacy Plans (SSPs) workbook instrument (see Appendix D, as noted above),
- Incident response plans,
- Vulnerability scan results, and
- Interconnection security agreement (ISA) instrument (see Appendix Q).

1.c. Web-broker Website Required QHP Comparative Information and Enrollment

Support Disclaimer (45 C.F.R. § 155.220(c)(3)(i)(A)): As finalized in the 2023 Payment Notice, § 155.220(c)(3)(i)(A) requires web-brokers to disclose and display the following QHP comparative information: 1) premium and cost-sharing information, 2) the summary of benefits and coverage, 3) identification of the plan’s metal level or whether it is a catastrophic plan, 4) results of the enrollee satisfaction survey, 5) quality ratings, and 6) the provider directory. In addition, to the extent that enrollment support for a QHP is not available using the web-broker’s website, the website must prominently display the following standardized disclaimer provided by HHS stating that enrollment support is available on the Exchange website and provide a web link to the Exchange website:

“[Name of Company] does not support enrollment in this Qualified Health Plan at this time. To enroll in this Qualified Health Plan, visit the Health Insurance Marketplace® website at HealthCare.gov.”

The mandatory standardized Enrollment Support Disclaimer must:

- Be prominently displayed on any website page where plan information for QHPs is displayed if the web-broker does not support enrollment in any such QHPs, so it is noticeable to the qualified individual (QI) or Agent/Broker assisting the QI;

- Be provided where the enrollment button (or other similar mechanism) would otherwise appear for a particular QHP, although we will consider a web-broker website in compliance if a visual cue is displayed where the enrollment button (or other similar mechanism) would otherwise appear for a particular QHP if the visual cue provides clear direction to the standardized disclaimer text on the same website page or otherwise displays the standardized disclaimer text (e.g., in a pop-up bubble that appears while hovering over the visual cue on the website);
- Use the exact language provided by HHS; and
- Include an operational link to the Health Insurance Marketplace® website (HealthCare.gov).

1.d. Web-broker Website Explanation of Rationale for QHP Recommendations and Methodology for Default Display (45 C.F.R. § 155.220(c)(3)(i)(M)): As finalized in the 2023 Payment Notice, § 155.220(c)(3)(i)(M) requires web-broker websites to prominently display a clear explanation of the rationale for QHP recommendations and the methodology for their default display of QHPs.

1.e. Standardized Disclaimer (45 C.F.R. §155.221(b)(2)): As finalized in the 2020 Payment Notice, 45 C.F.R. § 155.221(b)(2) requires non-Exchange web sites operated by DE Entities in Federally-facilitated Exchange (FFE) and State Exchange.¹ states to prominently display a standardized disclaimer in the form and manner provided by HHS. Its purpose will be to assist consumers in distinguishing between DE Entity website pages that display QHPs and those that display non-QHPs, and for which products APTC and CSRs are available. HHS expects the disclaimer text to contain the following information:

“You are now leaving the shopping experience for qualified health plans offered through the Marketplace. You must enroll in a qualified health plan offered through the Marketplace to receive financial assistance like tax credits that could reduce your costs (if eligible). You must complete a Marketplace eligibility application to determine if you are eligible for financial assistance or other programs like Medicaid.

Click here to return to the shopping experience for qualified health plans offered through the Marketplace. [Alternatively, “Go back” or a similar link or button could be utilized here in place of “Click here” to clearly indicate to the consumer they can return to viewing QHPs.]

Click here to view other options. [Alternatively, “Continue” or a similar link or button could be utilized here in place of “Click here” to clearly indicate to the consumer they can proceed with viewing other, non-QHP options.]

[Optional:] For more information, click here.

[This final statement is only required if an automatic redirect is utilized:] You will be automatically redirected to view other options in 30 seconds.”

This disclaimer must be displayed prominently on a DE Entity’s website when a consumer navigates away from any website page that markets or displays QHPs offered through the

¹ State Exchange(s) refers to State-based Exchanges that do not use the Federal platform.

Marketplace (i.e., on-Exchange QHPs) to any website page that markets or displays QHPs offered outside the Marketplace (i.e., off-Exchange QHPs) or non-QHPs. DE Entities are required to display this disclaimer on its own interstitial website page or on a pop-up window. The interstitial website page or pop-up window may be configured to automatically redirect to the page the consumer was navigating to in no less than 30 seconds. The interstitial website page or pop-up window must hyperlink the following text “Click here to return to the shopping experience for qualified health plans offered through the Marketplace” (or similar as described above) to return the consumer to the website page they were last on if that link is selected. Similarly, the interstitial website page or pop-up window must hyperlink the following text “Click here to view other options” (or similar as described above) to allow the consumer to advance to the next page before the automatic redirect (if implemented), if desired. Consistent with current practice for the other standardized disclaimers provided by HHS under 45 C.F.R. §§ 155.220 and 156.1230, HHS will provide further details about display parameters for this disclaimer in future guidance.

1.f. General non-FFE Disclaimer (45 C.F.R. §155.220(c)(3)(i)(G)): As finalized in the 2020 Payment Notice, per 45 C.F.R. § 155.220(c)(3)(i)(G), web-broker websites must prominently display a standardized disclaimer provided by HHS that includes a link to HealthCare.gov. Consistent with other disclaimers, HHS provides the required disclaimer text in FFE Enrollment Manual². The disclaimer must read:

“Attention: This website is operated by [Name of Company] and is not the Health Insurance Marketplace® website. In offering this website, [Name of Company] is required to comply with all applicable Federal law, including the standards established under 45 CFR 155.220(c) and (d) and standards established under 45 CFR 155.260 to protect the privacy and security of personally identifiable information. This website may not support enrollment in all Qualified Health Plans (QHPs) being offered in your state through the Health Insurance Marketplace® website. For enrollment support in all available QHP options in your state, go to the Health Insurance Marketplace® website at HealthCare.gov.

Also, you should visit the Health Insurance Marketplace® website at HealthCare.gov if:

- You want to select a catastrophic health plan. (**This only needs to be included if catastrophic plans are not offered by the web-broker.**)
- You want to enroll members of your household in separate QHPs. (**This only needs to be included if the web-broker does not allow multiple enrollment groups for its classic DE pathway; note that EDE Entities are required to support multiple enrollment groups.**)
- You want to enroll members of your household in dental coverage. [The plans offered here do not offer pediatric dental coverage and you want to choose a QHP offered by a different issuer that covers pediatric dental services or a separate dental plan with pediatric coverage.] (**This only needs to be included if the web-broker does not offer assistance with enrollment in adult dental coverage or pediatric dental coverage.**)

² See CMS. (2023, July 12). *Federally-facilitated Exchange (FFE) Enrollment Manual*. (Section 4.4.2, p. 54). <https://www.cms.gov/files/document/ffe-enrollment-manual-2023-5cr-071323.pdf>

[Name of web-broker’s website] offers the opportunity to enroll in either QHPs or off-Marketplace coverage. Please visit HealthCare.gov for information on the benefits of enrolling in a QHP. Off Marketplace coverage is not eligible for the cost savings offered for coverage through the Marketplaces.” **(This final paragraph must be displayed if the web-broker offers consumers assistance with off-Marketplace coverage options.)**

The web-broker DE Entity must observe the following requirements for displaying the General non-FFE Disclaimer:

- The Disclaimer must be prominently displayed on both the initial QI landing page and on the landing page displaying QHP options that appear before the applicant makes a decision to purchase coverage (QHP selection page).
- The Disclaimer must use the exact language provided by HHS.
- The Disclaimer must include a functioning web link to the Health Insurance Marketplace® website (HealthCare.gov).

1.g. Direct Enrollment Entity Separate Plan Display Requirements (45 C.F.R. § 155.221(b)(1)): As finalized in the 2022 Payment Notice, § 155.221(b)(1) requires that direct enrollment (DE) entities, inclusive of QHP issuers and web-brokers consistent with § 155.221(a), display and market QHPs offered through the Exchange, individual health insurance coverage offered outside the Exchange, and any other products (e.g., excepted benefits) on at least three separate website pages on the DE Entity’s website. This requirement has an exception described below in the discussion for § 155.221(c).

Section 155.221(b)(1) requires DE Entities to create—or modify—its website display to separate QHPs offered through the Exchange, individual health coverage, and other products. Each DE Entity’s QHP display is regulated separately under § 155.220(c) and associated provisions (for web-brokers) or 156.1230(a)(1)(ii) (for issuers). Accordingly, the burden associated with § 155.221(b)(1) is reflective of the labor necessary to separate the plan displays (if necessary) consistent with this requirement.

1.h. Direct Enrollment Entity Separate Plan Display Exceptions (45 C.F.R. § 155.221(c)(1)-(2)): As finalized in the 2022 Payment Notice, § 155.221(c)(1) permits DE Entities, inclusive of QHP issuers and web-brokers consistent with 45 C.F.R. § 155.221(a), an exception to the general requirements in 45 C.F.R. § 155.221(b)(1). This exception permits DE Entities to display QHPs through the Exchange and individual health insurance coverage offered outside the Exchange (including QHPs and non-QHPs other than excepted benefits) on the same website pages when assisting individuals who have received an offer of an individual coverage health reimbursement arrangement as described in 45 C.F.R. § 146.123(c). Section § 155.221(c)(2) permits DE Entities, inclusive of QHP issuers and web-brokers consistent with 45 C.F.R. § 155.221(a), an exception to the general requirements in 45 C.F.R. § 155.221(b)(1). This exception permits DE Entities to display Exchange-certified stand-alone dental plans offered outside the Exchange and non-certified stand-alone dental plans on the same website pages. Sections 155.221(c)(1) and (c)(2) allow, but do not require, DE Entities to create an alternative website display as an exception to the requirements in § 155.221(b)(1).

1.i. Direct Enrollment Entity Third-Party Entity Contractual Requirements (45 C.F.R. § 155.221(g)(3), (4), and (7)): As finalized in the HHS Notice of Benefit and Payment Parameters for 2020, 45 C.F.R. § 155.220(g) contains various requirements that DE Entities must include in an executed written agreement with a third-party entity. In particular, § 155.221(g)(3), (g)(4), and (g)(7) reflect standards required in the contract between a DE Entity and a third-party entity (an independent third-party auditor) related to the third-party entity's function in assessing the DE Entity's operations and its DE environment. Section 155.221(g)(3) requires that the contract stipulate the third-party entity will collect, store, and share with HHS all data related to the third-party entity's audit of the DE Entity until 10 years from the date of creation of the data. Furthermore, the third-party entity must comply with the privacy and security standards in 45 C.F.R. § 155.260.

Section 155.221(g)(4) requires that the contract between the DE Entity and the third-party entity require disclosure to HHS of any financial relationships between the third-party entity and individuals who own or are employed by a DE Entity for which the third-party entity is conducting an operational readiness review.

Section 155.221(g)(7) requires that the contract between the DE Entity and the third-party entity require that the third-party entity permit access by the Secretary and the Office of the Inspector General—or their designees—in connection with their right to evaluate through audit, inspection, or other means, the third-party entity's books, contracts, computers or other electronic systems related to the third-party entity's audit of the DE Entity's obligations until 10 years from the date of creation of a specific audit.

1.j. Qualified Health Plan Issuer Website Display Requirements for QHPs (45 C.F.R. § 156.1230(a)(1)(ii)): As finalized by HHS in the Program Integrity: Exchange, SHOP, and Eligibility Appeals final rule in 2013, 45 C.F.R. § 156.1230(a)(1)(ii) requires qualified health plan (QHP) issuers who assist a consumer with enrollment in a QHP in a manner that is considered through the Exchange to provide a website that displays all QHPs offered by the issuer with the data elements required in 45 C.F.R. § 155.205(b)(1)(i) through (viii).

1.k. Mandate for *HealthCare.gov* Changes to Be Reflected on DE Entity Issuer and Web-Broker Websites (45 C.F.R. §155.221(b)(6)): As discussed in the preamble of the proposed 2025 Payment Notice, CMS is proposing adding language to 45 CFR § 155.221 requiring changes adopted by *HealthCare.gov* be reflected on DE entity websites by requiring DE entity website conform to minimum standards or core technical specifications defined by HHS. Changes must be implemented with an advance notice period set by HHS, unless HHS approves a deviation in advance. We estimate that approximately three or fewer display changes will be required during each plan year. These display changes may range from relatively simple text-based updates to more complex user interface changes involving the website's backend display methodology or algorithms. We anticipate approximately two simple and one moderately complex display changes per plan year.

We recognize that system constraints may prevent web-broker and QHP issuers from mirroring the *HealthCare.gov* display. We would therefore continue to permit web-brokers and QHP issuers that use a direct enrollment pathway to facilitate enrollment through the Exchange to

submit a request to deviate from the display on *HealthCare.gov*, with prior approval from HHS. Any requests from web-brokers and QHP issuers seeking approval for an alternate display would be reviewed based on whether the same level of information and clarity is being provided under the requested deviation as is provided on *HealthCare.gov*.

1.l. Requirements for Web-brokers' Oversight of Agents and Brokers in State Exchanges (45 C.F.R §155.220(c)(4)(iii)): Section 155.220(c)(4) requires a web-broker to comply with several standards when the web-broker permits other agents and brokers to use its website to enroll a consumer through the FFE, pursuant to a contractual or other arrangement between the web-broker and the other agent or broker. As discussed in the preamble of the proposed 2025 Payment Notice, CMS is proposing adding language to 45 C.F.R §155.220 requiring that web-brokers operating in State Exchanges that provide a website to agents and brokers, through a contract or other arrangement, must implement similar standards to (i) and (ii) of this subsection, but by replacing "HHS" with "State Exchange" in subsections (i) and (ii).

Per the Supporting Statement for Information Collection Requirements for State Permissions for Enrollment in Qualified Health Plans in the Federally-Facilitated Exchange & Non-Exchange Entities(CMS-10650/OMB control number 0938-1349), Section 155.220(c)(4) requires a web-broker to comply with several standards when the web-broker permits other agents and brokers to use its website to enroll a consumer through the FFE, pursuant to a contractual or other arrangement between the web-broker and the other agent or broker. One of the standards requires the web-broker to provide to the FFE a list of agents or brokers who enter into such an arrangement, if requested by HHS. We understand that web-brokers who work with other agents and brokers typically obtain and manage information on each of their agents or brokers as part of an agent onboarding process. As a result, web-brokers already have the necessary data to list each of their agents or brokers that it contracts with under such arrangements. Pursuant to §155.220(c)(4)(i), web-brokers who permit other agents and brokers to use its website to enroll consumers in QHPs through the FFE must provide a list of those agents and brokers.

1.m. Direct enrollment entity application assister requirements (45 C.F.R §155.221(d)): As discussed in the preamble of the proposed 2025 Payment Notice, CMS is proposing to modify 45 C.F.R §155.221(d) to implement minimum standards to allow State Exchanges to create Direct Enrollment program requirements related to the use of application assisters. To the extent permitted under state law for State Exchanges, a [direct enrollment entity](#) may permit [direct enrollment entity](#) application assisters, as defined at [§ 155.20](#), to assist individuals in the [individual market](#) with applying for a determination or redetermination of eligibility for coverage through the [Exchange](#) and for insurance affordability programs, provided that such [direct enrollment entity](#) ensures that each of its [direct enrollment entity application assisters](#) meets the requirements in [§ 155.415\(b\)](#).

1.n. Application to State Exchanges (45 C.F.R §155.220(n)): As discussed in the preamble of the proposed 2025 Payment Notice, CMS is proposing adding language to 45 C.F.R §155.220 requiring that a web-broker that assists or enrolls consumers in coverage in a manner that constitutes enrollment through a State Exchange, for both its individual Marketplace or SHOP, or assists consumers with submission of applications for advance payments of the premium tax credit and cost-sharing reductions through a State Exchange, must comply with the following

Federally-facilitated Exchange standards in § 155.220, including (c)(3)(i)(A), (c)(3)(i)(G), and (c)(3)(i)(I), including any additional State-specific standards under paragraphs (n)(1), and the State Exchange’s operational readiness standards under paragraph (n)(2).

Regarding (n)(1), State Exchanges may add State-specific information to the standardized disclaimers and information under I(3)(i)(A), (c)(3)(i)(G), and (c)(3)(i)(I) that do not conflict with the HHS-provided standardized language.

Regarding (n)(2), State Exchanges may establish the form and manner for web-brokers to demonstrate operational readiness, which may include, but not be limited to, submission or completion, in the form and manner specified by the State Exchange, items as noted in § § 155.220(n)(2)(i)-(v).

1.o. Application to State Exchanges that do not use the Federal platform (45 C.F.R §155.221(j)): As discussed in the preamble of the proposed 2025 Payment Notice, CMS is proposing adding language to 45 C.F.R §155.221 requiring that a direct enrollment entity that enrolls qualified individuals in coverage in a manner that constitutes enrollment through a State Exchange, for both its individual Marketplace or SHOP, or assists consumers with submission of applications for advance payments of the premium tax credit and cost-sharing reductions through a State Exchange, must comply with the following Federally-facilitated Exchange standards in § 155.221, including (b)(1), (b)(2), (b)(3), and (d), including any state-specific standards under paragraph (j)(1), the State Exchange’s operational readiness standards under paragraph (j)(2), and the State Exchange’s website display change standards under paragraph (j)(3).

Regarding (j)(1), State Exchanges may add State-specific information to the standardized disclaimers described in (b)(2) that do not conflict with the HHS-provided standardized language.

Regarding (j)(2), State Exchanges may establish the form and manner for DE entities to demonstrate operational readiness, which may include, but not be limited to, submission or completion, the form and manner specified by the State Exchange, business audit documentation or security and privacy audit documentation, as noted in § 155.221(j)(2)(i) and (ii).

Regarding (j)(3), State Exchanges must establish a requirement for DE entities operating in states with State Exchanges to prominently display and reflect changes to the State Exchange website on their non-Exchange website for the purposes of assisting consumers with plan shopping and enrollment in a manner that constitutes enrollment through the Exchange. State Exchange must establish their own processes for communicating minimum standards or core technical specifications, setting the advance notice period, and reviewing any deviation requests.

1.p. Requirement for Web-brokers to Prominently Display Consumer Eligibility Results for Advance Payments of the Premium Tax Credit and Cost-sharing (45 C.F.R §155.220(c)(3)(i)(I)): As finalized in the 2018 Payment Notice final rule, CMS requires that web-brokers prominently display information provided by HHS pertaining to a consumer’s eligibility for advance payments of the premium tax credit or cost-sharing reductions.

2. Information Users

HHS will use the information provided via the information collections, as described in subsections 1.a. through 1.p. above, to review and approve prospective web-brokers and DE Entities and evaluate the ongoing compliance of participating web-brokers and DE Entities.

Consumers using web-broker and issuer websites to shop for QHPs will use the comparative information, plan displays, and standardized disclaimers displayed on web-broker and issuer websites, as described in subsections 1.c. through 1.i., 1.k., and 1.p. above, to compare QHPs and identify enrollment options.

3. Use of Information Technology

This requirement only impacts processes that are already 100% electronically based.

4. Duplication of Efforts

This information collection does not duplicate any other Federal effort.

5. Small Businesses

This information collection will not have a significant impact on small business.

6. Less Frequent Collection

The frequency of this requirement is already at the minimum level necessary to meet statutory needs.

7. Special Circumstances

There are no special circumstances.

8. Federal Register/Outside Consultation

A Notice of Proposed Rulemaking (2025 Payment Notice – CMS-9895) will publish on November 9, 2023 (88 FR XXXXX).

No additional outside consultation was sought.

9. Payments/Gifts to Respondents

No payments and/or gifts will be provided to respondents.

10. Confidentiality

To the extent of the applicable law and HHS policies, we will maintain respondent privacy with

respect to the information collected.

11. Sensitive Questions

There are no sensitive questions included in this information collection effort.

12. Burden Estimates (Hours & Wages)

Average labor costs (including 100 percent fringe benefits) used to estimate the costs are calculated using data available from the Bureau of Labor Statistics (BLS), Occupational Employment Statistics, May 2022 <https://www.bls.gov/oes/tables.htm>.

Table 1: Adjusted Hourly Wages Used in Burden Estimates

Occupational Title	Occupational Code	Median Hourly Wage (\$/hour)	Fringe Benefits & Overhead (100%) (\$/hour)	Adjusted Hourly Wage (\$/hour)
Business Operations Specialist	13-1000	\$36.56	\$36.56	\$73.12
Web and Digital Interface Designer	15-1255	\$40.02	\$40.02	\$80.04
Auditor	13-2011	\$37.50	\$37.50	\$75.00
Compliance Officer	13-1041	\$34.47	\$34.47	\$68.94
Computer Programmer	15-1251	\$47.02	\$47.02	\$94.04
General and Operations (Senior) Manager	11-1021	\$47.16	\$47.16	\$94.32

The following sections of this document contain estimates of burden imposed by the associated information collection requirements.

Web-broker ORR Requirements (45 C.F.R §155.220(c)(6)): We estimate that it will take up to 2 hours at an hourly cost of \$73.12 for a Business Operations Specialist to complete and submit the operational data and web-broker agreement described in §155.220(c)(6)(i) and (c)(6)(v) to HHS each year. We estimate that it will take up to 17 hours at an hourly cost of \$73.12 for a Business Operations Specialist to complete and submit the security and privacy assessment documentation identified in §155.220(c)(6)(iv) to HHS each year. The total burden for each web-broker will be approximately 19 hours, with an equivalent cost of \$1,389.28. Based on current web-broker year-to-date participation and potential market size, we estimate that 20 web-brokers will participate. We estimate that this data collection has a cumulative annual burden of 380 hours with a cost of \$27,785.60.

Pursuant to §155.220(c)(6)(i) and (c)(6)(v), web-brokers are required to submit operational data and a web-broker agreement to HHS each year. In addition, under §155.220(c)(6)(iv) web-brokers are required to complete and submit security and privacy assessment documentation to HHS each year. Table 2 below displays the burden for web-brokers relating to these regulatory provisions.

Table 2: Burden to Web-Brokers to Fulfill ORR Requirements

Labor Category	Number of Respondents	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Burden Hours	Total Burden Costs (per Respondent)	Total Burden Costs (All Respondents)
Business Operations Specialist	20	\$73.12	19	\$1,389.28	\$27,785.60

DE Entity ORR Requirements (45 C.F.R. §155.221(b)(4)): We estimate that it will take up to 72 hours at an hourly cost of \$75.00 for an EDE Entity’s Auditor to complete and submit a business audit report to HHS each year, including testing results, as described in §155.221(b)(4)(i)(C). The total burden for each EDE Entity will be approximately 72 hours, with an equivalent cost of \$5,400.00. Based on current year-to-date EDE Entity participation and potential market size, we estimate that 4 EDE Entities will participate in a manner that would trigger this information collection. We estimate that it will take up to 122 hours at an hourly cost of \$75.00 for an EDE Entity’s Auditor to complete and submit a security and privacy audit package to HHS each year, as described in §155.221(b)(4)(ii). The total burden for each EDE Entity will be approximately 122 hours, with an equivalent cost of \$9,150.00. Based on current year-to-date EDE Entity participation and potential market size, we estimate that 14 EDE Entities will participate in a manner that would trigger this information collection. We estimate that it will take up to 9 hours at an hourly cost of \$73.12 for a Business Operations Specialist to complete and submit a typical EDE documentation package and related information (including agreements) to HHS each year, as described in §155.221(b)(4)(i)(A), (b)(4)(i)(B), and (b)(4)(v). The total burden for each EDE Entity will be approximately 9 hours, with an equivalent cost of \$658.08. Based on current EDE year-to-date participation and potential market size, we estimate that 77 EDE Entities will participate in a manner that would trigger this information collection. We estimate that this data collection has a cumulative annual burden of 2,689 hours with an annual cost of \$200,372.16.

Pursuant to §155.221(b)(4)(i) and (b)(4)(v), to fulfill ORR requirements DE Entities are required to submit business audit documentation annually to HHS. In addition, under §155.221(b)(4)(ii) DE Entities are required to submit security and privacy audit documentation annually to HHS. Table 3 below displays the burden for DE Entities relating to these regulatory provisions.

Table 3: Burden to DE Entities to Fulfill ORR Requirements

Labor Category	Number of Respondents	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Burden Hours	Total Burden Costs (per Respondent)	Total Burden Costs (All Respondents)
Auditor ³	4	\$75.00	72	\$5,400.00	\$21,600.00
Auditor ⁴	14	\$75.00	122	\$9,150.00	\$128,100
Business Operations Specialist	77	\$73.12	9	\$658.08	\$50,672.16
Total - Annual			2,689		\$200,372.16

Web-broker Website Required QHP Comparative Information and Enrollment Support Disclaimer (45 C.F.R. § 155.220(c)(3)(i)(A)): We estimate that it will take up to 5 hours at an hourly cost of \$80.04 for a Web and Digital Interface Designer to prominently display a standardized disclaimer provided by HHS stating that enrollment support is available on the Exchange website and provide a web link to the Exchange website where enrollment support for a QHP is not available using the web-broker’s non-Exchange website as finalized at §155.220(c)(3)(i)(A). We estimate that it will take up to 20 hours at an hourly cost of \$80.04 for a Web and Digital Interface Designer to integrate with the appropriate data sources, if necessary, and display the required QHP comparative information in a web-broker’s QHP selection process as finalized at § 155.220(c)(3)(i)(A)(1)-(6). We anticipate that most web-brokers have already integrated with the appropriate data sources and will not need to make significant annual updates; therefore, the true annual burden may be significantly less than estimated here. The total burden for each web-broker will be approximately 25 hours, with an equivalent cost of \$2,001.00. Based on current web-broker year-to-date participation and potential market size, we estimate that 20 web-brokers will participate. We estimate that this data collection has a cumulative annual burden of 500 hours with a cost of \$40,020.00.

³ The information appearing in this row reflects the estimated burden associated with an EDE Entity’s Auditor completing and submitting a business audit report to HHS each year, including testing results, as described in §155.221(b)(4)(i)(C).

⁴ The information appearing in this row reflects the estimated burden associated with an EDE Entity’s Auditor completing and submitting a security and privacy audit package to HHS each year, as described in §155.221(b)(4)(ii).

Table 4 below displays the burden for web-brokers relating to these regulatory provisions.

Table 4: Burden to Web-brokers to Fulfill QHP Comparative Information and Enrollment Support Disclaimer Requirement

Labor Category	Number of Respondents	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Burden Hours	Total Burden Costs (per Respondent)	Total Burden Costs (All Respondents)
Web and Digital Interface Designer	20	\$80.04	25	\$2,001.00	\$40,020.00

Web-broker Website Explanation of Rationale for QHP Recommendations and Methodology for Default Display (45 C.F.R. § 155.220(c)(3)(i)(M)): We estimate that it will take up to 5 hours at an hourly cost of \$80.04 for a Web and Digital Interface Designer to prominently display a clear explanation of the rationale for explicit QHP recommendations and the methodology for the default display of QHPs on their websites as finalized at §155.220(c)(3)(i)(M). The total burden for each web-broker will be approximately 5 hours, with an equivalent cost of \$400.20. Based on current web-broker year-to-date participation and potential market size, we estimate that 20 web-brokers will participate. We estimate that this data collection has a cumulative annual burden of 100 hours with a cost of \$8,004.00.

Table 5 below displays the burden for web-brokers relating to these regulatory provisions.

Table 5: Burden to Web-brokers to Fulfill Website Explanation of Rationale for QHP Recommendations and Methodology for Default Display Requirement

Labor Category	Number of Respondents	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Burden Hours	Total Burden Costs (per Respondent)	Total Burden Costs (All Respondents)
Web and Digital Interface Designer	20	\$80.04	5	\$400.20	\$8,004.00

Standardized Disclaimer (45 C.F.R. § 155.221(b)(2)): We estimate that it will take up to 3 hours at an hourly cost of \$73.12 for a Business Operations Specialist to implement the standardized disclaimer to assist consumers in distinguishing between DE Entity website pages that display QHPs and those that display non-QHPs and associated website functionalities). The total burden for each DE Entity will be approximately 3 hours, with an equivalent cost of \$219.36. It will also require the labor of a Web and Digital Interface Designer for 4 hours at an hourly cost of \$80.04 to modify the website). The total burden for each DE Entity will be approximately 4 hours, with an equivalent cost of \$320.16. Based on current year-to-date participation and potential market size, we estimate that 100 DE Entities will participate. We estimate that this data collection has an annual burden of 700 hours with a cost of \$53,952.00.

Table 6 below displays the burden for DE Entities relating to these regulatory provisions.

Table 6: Burden to DE Entities to Implement the Standardized Disclaimer Requirement

Labor Category	Number of Respondents	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Burden Hours	Total Burden Costs (per Respondent)	Total Burden Costs (All Respondents)
Business Operations Specialist	100	\$73.12	3	\$219.36	\$21,936.00
Web and Digital Interface Designer	100	\$80.04	4	\$320.16	\$32,016.00
Total - Annual			700		\$53,952.00

General non-FFE Disclaimer (45 C.F.R. § 155.220(c)(3)(i)(G)): We estimate that it will take up to 3 hours at an hourly cost of \$73.12 for a Business Operations Specialist to implement the standardized general non-FFE disclaimer that includes a link to HealthCare.gov and associated website functionalities. The total burden for each web-broker will be approximately 3 hours, with an equivalent cost of \$219.36. It will also require the labor of a Web and Digital Interface Designer for 4 hours at an hourly cost of \$80.04 to modify the website. The total burden for each web-broker will be approximately 4 hours, with an equivalent cost of \$320.16. Based on current year-to-date participation and potential market size, we estimate that 20 DE Entities will participate. We estimate that this data collection has an annual burden of 140 hours with a cost of \$10,790.40.

Table 7 below displays the burden for web-brokers relating to these regulatory provisions.

Table 7: Burden to Web-brokers to Implement the General non-FFE Disclaimer Requirement

Labor Category	Number of Respondents	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Burden Hours	Total Burden Costs (per Respondent)	Total Burden Costs (All Respondents)
Business Operations Specialist	20	\$73.12	3	\$219.36	\$4,387.20
Web and Digital Interface Designer	20	\$80.04	4	\$320.16	\$6,403.20
Total - Annual			140		\$10,790.40

Separate Plan Display Requirement (45 C.F.R. § 155.221(b)(1)): We estimate that it will take up to 20 hours at an hourly cost of \$80.04 for a Web and Digital Interface Designer to create a separate plan display for each type of coverage consistent with this requirement as finalized at §155.221(c)(1) and §155.221(c)(2). The total burden for each DE Entity will be approximately 20 hours with an equivalent cost of \$1,600.80. Based on current DE Entity year-to-date participation and potential market size, we estimate that 40 DE Entities will create a separate plan display consistent with this requirement. We estimate that this data collection has a cumulative annual burden of 800 hours with a cost of \$64,032.00.

Table 8 below displays the burden for DE Entities relating to these regulatory provisions.

Table 8: Burden to DE Entities to Implement Separate Plan Display Requirement

Labor Category	Number of Respondents	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Burden Hours	Total Burden Costs (per Respondent)	Total Burden Costs (All Respondents)
Web and Digital Interface Designer	40	\$80.04	20	\$1,600.80	\$64,032.00

Direct Enrollment Entity Separate Plan Display Exception Requirement (45 C.F.R. § 155.221(c)(1)-(2)): We estimate that it will take up to 20 hours at an hourly cost of \$80.04 for a Web and Digital Interface Designer to create a separate plan display based on these exceptions finalized at §155.221(c)(1) and §155.221(c)(2). The total burden for each DE Entity will be approximately 20 hours, with an equivalent cost of \$1,600.80. Based on current DE Entity year-to-date participation and potential market size, we estimate that 20 DE Entities will participate. We estimate that this data collection has a cumulative annual burden of 400 hours with a cost of \$32,016.00.

Table 9 below displays the burden for DE Entities relating to these regulatory provisions.

Table 9: Burden to DE Entities to Implement Separate Plan Display Exceptions

Labor Category	Number of Respondents	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Burden Hours	Total Burden Costs (per Respondent)	Total Burden Costs (All Respondents)
Web and Digital Interface Designer	20	\$80.04	20	\$1,600.80	\$32,016.00

Direct Enrollment Entity Third-Party Entity Contractual Requirements (45 C.F.R. § 155.221(g)(3), (4), and (7)): We estimate that it will take up to 20 hours at an hourly cost of \$75.00 for an Auditor to maintain documentation consistent with these requirements finalized in § 155.221(g). The total burden associated with each DE Entity will be approximately 20 hours, with an equivalent cost of \$1,500.00. Based on current DE Entity year-to-date participation and potential market size, we estimate that 25 DE Entities will participate. We estimate that this data collection has a cumulative annual burden of 500 hours with a cost of \$37,500.00.

Table 10 below displays the burden for DE Entities relating to these regulatory provisions.

Table 10: Burden to DE Entities to Implement Third-Party Entity Contractual Requirements

Labor Category	Number of Respondents	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Burden Hours	Total Burden Costs (per Respondent)	Total Burden Costs (All Respondents)
Auditor	25	\$75.00	20	\$1,500.00	\$37,500.00

Qualified Health Plan Issuer Website Display Requirements for QHPs (45 C.F.R. § 156.1230(a)(1)(ii)): We estimate that it will take up to 20 hours at an hourly cost of \$80.04 for a Web and Digital Interface Designer to implement the QHP display requirements as finalized at § 156.1230 (a)(1)(ii). The total burden for each issuer will be approximately 20 hours, with an equivalent cost of \$1,600.80. Based on current issuer participation in direct enrollment and potential market size, we estimate that 75 issuers will participate. We estimate that this data collection has a cumulative annual burden of 1,500 hours with a cost of \$120,060.00.

Table 11 below displays the burden for issuers relating to these regulatory provisions.

Table 11: Burden to Issuers to Implement Website Display Requirements for QHPs

Labor Category	Number of Respondents	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Burden Hours	Total Burden Costs (per Respondent)	Total Burden Costs (All Respondents)
Web and Digital Interface Designer	75	\$80.04	20	\$1,600.80	\$120,060.00

Mandate for HealthCare.gov Changes to Be Reflected on DE Entity Issuer and Web-Broker Websites (45 C.F.R §155.221(b)(6)): We estimate that approximately three or fewer display changes will be required during each plan year. We estimate that a total of 100 web-brokers and QHP issuers participating in direct enrollment would be required to comply with these requirements. These display changes may range from relatively simple text-based updates to more complex choice architecture UI changes. We anticipate approximately two simple and one moderately complex display changes per plan year. We estimate that it would take a web developer/digital interface designer 30 hours annually, at an average hourly cost of \$80.04 per hour, to implement these changes, at a total annual cost of \$2,401.20 per entity. We therefore estimate a total annual burden of 3,000 hours at a cost of \$240,120.00 for all applicable web-brokers and QHP issuers.

We estimate that 25 of the above web-brokers and QHP issuers would submit a request to deviate from the display adopted by HealthCare.gov. We estimate it would take a compliance officer approximately 3 hours annually, at a rate of \$68.94 per hour, to complete the request to deviate from the display on HealthCare.gov as well as the justification for the request, at a total annual cost of \$206.82 per entity. We therefore estimate the total annual burden of 75 hours at a cost of \$5,170.50 for all web-brokers and issuers submitting a request to deviate beginning in 2025.

We estimate that this data collection has a cumulative annual burden of 3,075 hours with an annual cost of \$245,290.50.

Table 12 below displays the burden for DE Entity web-brokers and QHP issuers relating to these proposed regulatory provisions.

Table 12: Burden to DE Entity Web-brokers and QHP Issuers to Implement Mandate for HealthCare.gov Changes to Be Reflected on DE Entity Issuer and Web-Broker Websites

Labor Category	Number of Respondents	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Burden Hours	Total Burden Costs (per Respondent)	Total Burden Costs (All Respondents)
Web and Digital Interface Designer	100	\$80.04	30	\$2,401.20	\$240,120.00
Compliance Officer	25	\$68.94	3	\$206.82	\$5,170.50
Total - Annual			3,075		\$245,290.50

Requirements for Web-brokers Operating in State Exchanges (45 C.F.R §155.220(c)(4)(iii):

We estimate that it will take up to 48 hours at an hourly cost of \$94.04 for a computer programmer to perform the necessary programming, and 4 hours at an hourly cost of \$94.32 for a senior manager to develop a listing of affiliated third-party agents and brokers. Assuming that approximately 24 web-brokers across five state Exchanges elect to access the State Exchange’s application programming interface and that each allows third-party agents to access their websites, we estimate that this provision would increase the annual burden of 1,248 hours with a cost estimate of \$117,388.80.

Table 13 below displays the burden for web-brokers to provide this list of contracted agents and brokers to the State Exchange.

Table 13: Burden to Web-Brokers to Provide the State Exchange a List of Agents or Brokers

Labor Category	Number of Respondents	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Burden Hours	Total Burden Costs (per Respondent)	Total Burden Costs (All Respondents)
Computer Programmer	24	\$94.04	48	\$4,513.92	\$108,334.08
Senior Manager	24	\$94.32	4	\$377.28	\$9,054.72
Total - Annual			1,248		\$117,388.80

Direct Enrollment Entity application assister requirements (45 C.F.R §155.221(d)): We estimate that up to 1,000 application assisters will operate in each state that opts to use direct enrollment and allows application assisters to use direct enrollment pathways. Accordingly, we anticipate that 5,000 application assisters across an estimated five states will participate. We estimate the burden for 20 direct enrollment entities operating across the five states to comply with this requirement at 3 hours per assister for a total burden of 15,000 hours for a compliance officer at an hourly wage of \$68.94 for a total cost of \$51,705.00 per entity. We estimate the total burden costs for all respondents to be \$1,034,100.

Table 14 displays the burden for Direct Enrollment entities relating to this proposed regulatory provision.

Table 14: Burden to DE Entities to Implement Application Assister Requirements

Labor Category	Number of Respondents	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Burden Hours	Total Burden Costs (per Respondent)	Total Burden Costs (All Respondents)
Compliance Officer	20	\$68.94	750	\$51,705.00	\$1,034,100.00

Application to State Exchanges (45 C.F.R §155.220(n)): We estimate that relevant costs may be estimated based on current Federal costs. As such we estimate the total burden for web-brokers to prominently display the required QHP comparative information and enrollment support disclaimer, general non-FFE disclaimer, and the consumer eligibility results for advance payments of the premium tax credit and cost-sharing; and to submit the web-broker ORR requirements across an estimated five states that will participate in State Exchanges will be \$473,020.00. This estimate includes costs for a Business Operations Specialist to complete and submit the operational data and web-broker agreement, and to implement the standardized general non-FE disclaimer. It also includes costs for a Web and Digital Interface Designer to display the standardized disclaimers, QHP comparative information, and consumer eligibility results for APTC and/or CSR. Refer to the burden estimates described in section 12 pertaining to the Federal costs associated with sections 1.a., 1.c., 1.f., and 1.p. for a detailed discussion of the anticipated costs for web-brokers to implement these policies (see also Table 2, Table 4, Table 7, and Table 17).

Table 15 below displays the burden for web-brokers relating to these proposed regulatory provisions.

Table 15: Burden to Web-brokers to Implement Application to State Exchanges

Labor Category	Number of Respondents	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Burden Hours^a	Total Burden Costs (per Respondent)	Total Burden Costs (All Respondents)
Business Operations Specialist	20	\$73.12	95	\$6,946.40	\$138,928.00
Web and Digital Interface Designer	20	\$80.04	125	\$10,005.00	\$200,100.00

Labor Category	Number of Respondents	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Burden Hours^a	Total Burden Costs (per Respondent)	Total Burden Costs (All Respondents)
Business Operations Specialist	20	\$73.12	15	\$1,096.80	\$21,936.00
Web and Digital Interface Designer	20	\$80.04	20	\$1,600.80	\$32,016.00
Web and Digital Interface Designer	20	\$80.04	50	\$4,002.00	\$80,040.00
Total - Annual			6,100		\$473,020.00

^a Burden hours in this column are a result of multiplying by 5 the estimated burden hours for the “Web and Digital Interface Designer” and/or “Business Operations Specialist” roles as they appear in Tables 2, 4, 7, and 17. The hours for these roles in those tables are multiplied by 5 because Table 15 is estimating burden associated with 5 state exchanges.

Application to State Exchanges (45 C.F.R §155.221(j)): We estimate that relevant costs may be estimated based on current Federal costs. As such we estimate the total burden for DE entities operating in State Exchanges to implement the following: separate plan display requirements, prominently display the standardized disclaimer, submit the ORR requirements, reflect website changes adopted by *Healthcare.gov*, and application assister requirements will be 111,320 hours with a cost of \$7,988,733.30. This estimate includes costs associated with the following:

- Auditor submission of ORR documentation
- Business Operations Specialist submission of an EDE documentation package and implementation of the standardized disclaimer
- Web and Digital Interface Designer modification of the website to display the standardized disclaimer, creation of a separate plan display of each type of coverage, and implementation of website display changes communicated by CMS
- Compliance Officer submission of requests to deviate from the display on *HealthCare.gov* and implementation of the application assister minimum standards

Refer to the burden estimates described in section 12 pertaining to the Federal costs associated with sections 1.b., 1.e., 1.g., 1.k. and 1.m for a detailed discussion of the anticipated costs for web-brokers to implement these policies. (See also Table 3, Table 6, Table 8, Table 12, and Table 14).

Table 16 below displays the burden for DE Entities relating to these proposed regulatory provisions.

Table 16: Burden to DE Entities to Implement Application to State Exchanges

Labor Category	Number of Respondents	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Burden Hours^a	Total Burden Costs (per Respondent)	Total Burden Costs (All Respondents)
Auditor	4	\$75.00	360	\$27,000.00	\$108,000.00

Auditor	14	\$75.00	610	\$45,750.00	\$640,500.00
---------	----	---------	-----	-------------	--------------

Labor Category	Number of Respondents	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Burden Hours ^a	Total Burden Costs (per Respondent)	Total Burden Costs (All Respondents)
Business Operations Specialist	77	\$73.12	45	\$3,290.40	\$253,360.80
Business Operations Specialist	100	\$73.12	15	\$1,096.80	\$109,680.00
Web and Digital Interface Designer	100	\$80.04	20	\$1600.80	\$160,080.00
Web and Digital Interface Designer	40	\$80.04	100	\$8,004.00	\$320,160.00
Web and Digital Interface Designer	100	\$80.04	150	\$12,006.00	\$1,200,600.00
Compliance Officer	25	\$68.94	15	\$1,034.10	\$25,852.50
Compliance Officer	20	\$68.94	3,750	\$258,525.00	\$5,170,500.00
Total - Annual			111,320		\$7,988,733.30

^a Burden hours in this column are a result of multiplying by 5 the estimated burden hours for the “Web and Digital Interface Designer”, “Business Operations Specialist”, “Auditor”, and/or “Compliance Officer” roles as they appear in Tables 3, 6, 8, 12, and 14. The hours for these roles in those tables are multiplied by 5 because Table 16 is estimating burden associated with 5 state exchanges.

Requirement for Web-brokers to Prominently Display Consumer Eligibility Results for Advance Payments of the Premium Tax Credit and Cost-sharing Reductions (45 C.F.R. § 155.220(c)(3)(i)(I)): We estimate that it will take an average of up to 10 hours at an hourly cost of \$80.04 for a Web and Digital Interface Designer to develop a prominent display of the consumer eligibility results for advance payments of the premium tax credit or cost-sharing reduction based on the requirements in 45 C.F.R. § 155.220(c)(3)(i)(I). The total burden for each web-broker will be approximately 10 hours, with an equivalent cost of approximately \$800.40. Based on current DE Entity year-to-date participation and potential market size, we estimate that 20 web-brokers will participate. We estimate that this data collection has a cumulative annual burden of 200 hours with a cost of \$16,008.00.

Table 17 below displays the burden for web-brokers relating to these regulatory provisions.

Table 17: Burden for Web-brokers to Prominently Display Consumer Eligibility Results for Advance Payments of the Premium Tax Credit and Cost-sharing Reductions

Labor Category	Number of Respondents	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Burden Hours	Total Burden Costs (per Respondent)	Total Burden Costs (All Respondents)
----------------	-----------------------	---	--------------	-------------------------------------	--------------------------------------

Web and Digital Interface Designer	20	\$80.04	10	\$800.40	\$16,008.00
------------------------------------	----	---------	----	----------	-------------

The aggregate annual cost across all respondents is \$10,469,072.76 and total annual burden of 144,652 hours. Table 18 below provides a summary of the estimates within this package.

Table 18: Summary of Total Burden

Table Number: Name	CFR Section	Burden Hours	Burden Cost
Table 2: Burden to Web-Brokers to Fulfill ORR Requirements	45 CFR §§ 155.220(c)(6)(i), (v), and (iv)	380	\$27,785.60
Table 3: Burden to DE Entities to Fulfill ORR Requirements	45 CFR §§ 155.221(b)(4)(i), (ii), and (v)	2,689	\$200,372.16
Table 4: Burden to Web-brokers to Fulfill QHP Comparative Information and Enrollment Support Disclaimer Requirement	45 CFR § 155.220(c)(3)(i)(A)	500	\$40,020.00
Table 5: Burden to Web-brokers to Fulfill Website Explanation of Rationale for QHP Recommendations and Methodology for Default Display Requirement	45 CFR §155.220(c)(3)(i)(M)	100	\$8,004.00
Table 6: Burden to DE Entities to Implement the Standardized Disclaimer Requirement	45 C.F.R. § 155.221(b)(2)	700	\$53,952.00
Table 7: Burden to Web-brokers to Implement the General non-FFE Disclaimer Requirement	45 C.F.R. § 155.220(c)(3)(i)(G)	140	\$10,790.40
Table 8: Burden to DE Entities to Implement Separate Plan Display Requirement	45 C.F.R. § 155.221(b)(1), §155.221(c)(1)-(2)	800	\$64,032.00
Table 9: Burden to DE Entities to Implement Separate Plan Display Exceptions	45 C.F.R. § 155.221(c)(1)-(2)	400	\$32,016.00
Table 10: Burden to DE Entities to Implement Third-Party Entity Contractual Requirements	45 C.F.R. § 155.221(g)(3), (4), and (7)	500	\$37,500.00
Table 11: Burden to Issuers to Implement Website Display Requirements for QHPs	45 C.F.R. § 156.1230(a)(1)(ii)	1,500	\$120,060.00

Table Number: Name	CFR Section	Burden Hours	Burden Cost
Table 12: Burden to DE Entity Web-brokers and QHP Issuers to Implement Mandate for HealthCare.gov Changes to Be Reflected on DE Entity Issuer and Web-Broker Websites	45 C.F.R § 155.221(b)(6)	3,075	\$245,290.50
Table 13: Burden to Web-Brokers to Provide the State Exchange a List of Agents or Brokers	45 C.F.R §155.220(c)(4)(iii)	1,248	\$117,388.80
Table 14: Burden to DE Entities to Implement Application Assister Requirements	45 C.F.R §155.221(d)	15,000	\$1,034,100.00
Table 15: Burden to Web-brokers to Implement Application to State Exchanges	45 C.F.R §155.220(n)	6,100	\$473,020.00
Table 16: Burden to DE Entities to Implement Application to State Exchanges	45 C.F.R §155.221(j)	111,320	\$7,988,733.30
Table 17: Burden to Web-brokers to Prominently Display Consumer Eligibility Results for Advance Payments of the Premium Tax Credit and Cost-sharing Reductions	45 C.F.R. § 155.220(c)(3)(i)(I)	200	\$16,008.00
Total - Annual		144,652	\$10,469,072.76

13. Capital Costs

There are no anticipated capital costs associated with this information collection.

14. Cost to Federal Government

The burden to the Federal government for continuing the established systems and policies associated with this information collection is \$ 27,714.00. The data for CCIIO employees' hourly salaries was obtained from the OPM website: https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2023/DCB_h.pdf. The assumptions used are for: (1) two GS-13 (step 5) employees working at an hourly rate of \$60.83 plus 100% fringe benefits for an hourly loaded rate of \$121.66 each for initial documentation review, and (2) one GS-15 (step 5) employee working at an hourly rate of \$84.55 plus 100% fringe benefits for an hourly loaded rate of \$169.10. Additionally, costs to the Federal government include

\$1,029,189.97 in costs for contractor support for activities in this ICR. Total estimated cost to the Federal government associated with this ICR is \$1,056,823.97.

Table 20. Administrative Burden Costs for the Federal Government Associated with the Direct Enrollment Entities Data Collection

Task	Estimated Cost
Initial Documentation Review	
2 GS-13: 2 x \$121.66 ¹ x 100 hours each	\$24,332
Managerial Review and Oversight	
1 GS-15: 1 x \$169.10 ² x 20 hours	\$ 3,382
Federal Contracts and Contractors Ongoing Reviews and Oversight for 1a- 1k	\$1,029,189.97
Total Cost to Government	\$1,056,903.97

¹ Hourly basic rate + 100% fringe benefit rate.

² Hourly basic rate + 100% fringe benefit rate.

15. Changes to Burden

There are no changes to the burden as this is a new information collection.

16. Publication/Tabulation Dates

Results of the collection will not be made public.

17. Expiration Date

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