SUPPORTING STATEMENT
Clearance for Evaluation of Stakeholder Training and Program
Support CMS-10598/OMB-0938-1331

BACKGROUND

The Affordable Care Act (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). The Centers for Medicare & Medicaid Services (CMS) issued regulations for the establishment and practices of Marketplaces in States. 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.

The Consolidated Appropriations Act (CAA) of 2021 became law on December 27, 2020. It is a $1.4 trillion omnibus spending agreement that encompasses many different provisions. Two (2) acts within the law apply to the Centers for Medicare and Medicaid Services (CMS) Center for Consumer Information and Insurance Oversight (CCIIO): Title I, "No Surprises Act" and Title II, "Transparency" (NST). Beginning in 2022, new protections through the No Surprises Act are in place to shield millions of consumers from surprise medical bills.

CMS is strongly committed to providing training, outreach, and technical assistance to stakeholders participating in the Marketplace and/or programs mandated by the ACA or NST. In addition, CMS recognizes that the success of Marketplaces and associated programs relies on the cooperation and coordination of States, issuers, Assisters, self-insured health plans, third-party administrators (TPA) of self-insured health plans, agents and brokers, Providers/Facilities, 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 2024-December 2024: One (1) On-Site/virtual hybrid, 1-day Training, and two (2) half-day training virtual conferences; and 300 Webinars:

- Agent and Broker (AB) Webinars
- Agent Broker Marketplace Meetup Onsite Conference
- CCIIO Information Security Program Administering Entities (CISP-AE) Webinars
- Distributed Data Collection (DDC) Webinars
- Enrollment and Eligibility (ENR) Webinars

- Health Insurance Casework System (HICS) Resources Webinars
- HHS Notice of Benefits and Payment Parameters (NBPP) Webinars
- HHS Risk Adjustment Data Validation (HHS-RADV) Webinars
- HHS-RADV Issuer Engagement Virtual Conference
- Navigators and Certified Application Counselors (CAC) Webinars
- Prescription Drug Data Collection (RxDC) Webinars
- Qualified Health Plan (QHP) Series Webinars
- QHP Virtual Issuer Conference
- Risk Adjustment (RA) Webinars
- User Fees (UF) Webinars

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 Computer Based Training (CBT), webinars, and conferences ("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) Strategic Plan FY 2022-2026 (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 Computer Based Training (CBT), webinars, and conferences (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) Strategic Plan FY 2022-2026

The HHS Strategic Plan FY 2022-2026 included the following:

"Strategic Goal 1: Protect and Strengthen Equitable Access to High Quality and Affordable Healthcare; Strategic Objective 1.1: Increase choice, affordability, and enrollment in high-quality healthcare coverage." (U.S. Department of Health and Human Services, n.d.).

Within this objective, HHS states the desire to leverage knowledge and partnerships to increase enrollment in health insurance coverage. The webinars, conferences, and CBTs CMS conducts address this goal.

1.3 Center for Medicare and Medicaid Services (CMS) Strategic Plan (2024)

CMS echoes and expands on the HHS strategic goal in its strategic pillar to engage partners and the communities CMS serves throughout the policy making and implementation process. The webinars, conferences, and CBTs 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, n.d.).

1.4 HHS 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 and NST. This is also one of the goals of HHS. Therefore, evaluations are needed not only to meet GPRA requirements, but also to address the goals of HHS and CMS for the ACA and NST.

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. **Use of Information Technology**

The evaluation team uses electronic/online data collection instruments to collect survey responses for web-based training events. Electronic data collection is utilized for 100% of web-based training events. In-person events utilize a paper and electronic/online survey for onsite attendees, as well as an electronic/online survey for remote attendees. All hardcopy surveys are entered into the electronic survey software in preparation for data analysis. Electronic/online and paper surveys do not require a signature from the respondent(s).

4. **Duplication of Efforts**

There is no duplication of efforts or similar information.

5. **Small Businesses**

This collection of information is not expected to have a significant impact on small businesses and 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, conferences, and CBTs. 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 published in the Federal Register on September 30, 2024 (89 FR 79612).

A 30-day notice published on June 17, 2025 (90 Fr 25616). No comments were received.

No additional outside consultation was sought.

9. **Payment/Gift to Respondents**

There are currently no planned payments or gifts to respondents.

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 2,397 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, Computer Based Training (CBT), and Conference/onsite 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 1,250 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
Webinar	9,358	15 minutes per respondent	2,339.5 hours
Computer Based Training (CBT)	19	15 minutes per respondent	4.75 hours
On-Site Training (including remote participants)	211	15 minutes per respondent	52.75 hours

Subtotals	**9,588**	**15 minutes per respondent**	**2,397 hours**
Estimated Future Generic Information Collections	5,000	15 minutes per respondent	1,250 hours
Totals	**14,588**	**15 minutes per respondent**	**3,647 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 $103,574.80. 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. **Changes to Burden**

Changes to burden include the following:

- The User Group respondent category is no longer an active collection and resulted in a 3,073 decrease in respondents and 768-hour burden decrease.
- Webinar-based Q&A session collections are now combined with the Webinar respondent category.
- The One-day and Two-day On-Site Training respondent categories are now combined into one (1) category, On-Site Training (including remote participants).
- A Computer Based Training (CBT) respondent category has been added to address CBT survey collections.
- The Future Generic Collections burden has decreased from 20,000 hours to 1,250 hours due to a decrease from 80,000 to 5,000 estimated proposed respondents.

16. **Publication/ Tabulation Dates**

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

17. **Expiration Date**

ARDX would like to display the expiration date.

18. **Certification Statement**

On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.