

Supporting Statement – Payment Collections Operations Contingency Plan: Enrollment and Payment Data Template (CMS-10515/OMB control number: 0938-1217)

A. Background

The initial approved information collection request proposed to collect enrollment and payment data from Exchange issuers manually via a template. The subsequent previously approved information collection request updated our collection because of technology enhancements which significantly decreased the cost to collect data manually by 84 percent (from nearly \$1.8 million from 2018 to 2020, to approximately \$276,000 annually thereafter). This request will decrease the currently approved burden estimates due to reducing the number of respondents to align with experience operating the program over the past few years.

Beginning in 2014, the U.S. Department of Health and Human Services (HHS) used a manual payment process as a means of obtaining enrollment and payment information via an alternative collection tool—the Enrollment and Payment Data template—to be able to make advance payments of the premium tax credit (APTC) to and collect user fees from issuers on behalf of eligible enrollees. The manual payment process required Health Insurance Exchange issuers to self-report enrollment and payment amount requests on a monthly basis, along with adjustments to prior months' requests, through a manual submission process.

In January 2016, HHS implemented an automated payment approach, called policy-based payments (PBPs), to determine an issuer's APTC and user fees using enrollment and payment data in the Federally-facilitated Exchange (FFE). As of April 2016, all FFE and State-based Exchange using the Federal Platform (SBE-FP) issuers have fully transitioned to the PBP process. In January 2018, HHS implemented a different PBP approach for State-based Exchanges (SBEs). As of 2024, all issuers use a form of PBP. Issuers in States transitioning from FFEs or SBE-FPs to SBEs will need to send enrollment and payment data manually via a template for a few months as they work to transition to the SBE PBP process. Therefore, we are proposing to renew this data collection only for issuers in States that are transitioning to SBEs. Previously, we estimated that 50 issuers would be required to use this methodology to transmit information via a manual system (the Enrollment and Payment Data template). Based on recent experience operating the program, we now estimate that 25 issuers will use this template annually, so this revision will result in an estimated 50% overall reduction in burden for issuers.

B. Justification (Need and Legal Basis)

On March 23, 2010, the President signed into law H.R. 3590, the Patient Protection and Affordable Care Act (ACA), Public Law 111-148. This law establishes American Health Exchanges (Exchanges) where issuers may sell Qualified Health Plans (QHPs) and where consumers may receive subsidies based on income to purchase affordable health care. The ACA requires HHS to operate Exchanges in States that decline to establish their own. On October 1,

2013, HHS began operating Exchanges on behalf of enrollees in 35 States. As of January 1, 2024, 28 States utilize the FFE, 3 States operate as SBE-FPs, and 19 States have State Exchanges.

Under sections 1401, 1411, and 1412 of the ACA and 45 CFR part 155 subpart D, an Exchange makes an advance determination of tax credit eligibility for individuals who enroll in QHP coverage through the Exchange and seek financial assistance. Using information available at the time of enrollment, the Exchange determines whether the individual meets the income and other requirements for APTC and the amount of APTC that can be used to pay premiums. Advance payments are made periodically under section 1412 of the ACA to the issuer of the QHP in which the individual enrolls. Section 1402 of the ACA provides for the reduction of cost sharing for certain individuals enrolled in a QHP through an Exchange. The ACA directs issuers to reduce cost sharing for essential health benefits for individuals with household incomes between 100 and 400 percent of the Federal poverty level (FPL) who are enrolled in a silver-level QHP through an individual market Exchange and are eligible for APTC. As of October 2017, Congress has not appropriated money for cost-sharing reductions (CSRs), and HHS has discontinued making any payments for CSRs to issuers.

Until January 2016, HHS collected data required to meet these statutory requirements via the Enrollment and Payment Data template in which issuers submitted data. HHS now has an automated system (PBP) that does not require issuer data submission for FFE and SBE-FP issuers. We still, however, expect issuers in States transitioning to SBEs to send enrollment and payment data via this manual system to ensure their transition is complete.

2. Purpose and Use of Information Collection

The data collection will be used by the HHS to make payments to State Exchange issuers for the APTC program. The Enrollment and Payment Data template was used to make payments to FFE issuers in January 2014 and continued through December 2021. The Enrollment and Payment Data template will be used for issuers in transitioning SBEs for a few months during the initial transition year.

3. Use of Improved Information Technology and Burden Reduction

As stated above, HHS has introduced an automated system (PBP) for most issuers. For issuers in transitioning SBEs, all information collected in the Enrollment and Payment Data template will be submitted electronically via an electronic file transfer. HHS staff will analyze the data electronically and communicate with issuers and SBEs, if necessary, by email and telephone. As part of the Enrollment and Payment Data template, a financial authority contact of the issuer will certify that the information provided as of the submission date is complete and accurate to the best of their knowledge.

4. Efforts to Identify Duplication and Use of Similar Information

This is a program created under the ACA and the information is being collected by the Federal government when other collections options are not available.

5. Impact on Small Businesses or Other Small Entities

No impact on small businesses.

6. Consequences of Collecting the Information Less Frequently

HHS makes payments under the APTC program monthly. If HHS does not collect this information on a monthly basis, HHS will be unable to calculate monthly payments for issuers providing health insurance to enrollees in Exchange QHPs. For issuers in transitioning SBEs, this data collection will ensure that the PBP payments to issuers in SBEs are accurate as they undergo the transition.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

No special circumstances.

8. Federal Register Notice/Outside Consultation

A 60-day notice published in the Federal Register on December 11, 2024 (89 FR 99871). No additional outside consultation was sought.

9. Explanation of Any Payment/Gift to Respondents

Respondents will not receive any payments or gifts as a condition of complying with this information collection request.

10. Assurance of Confidentiality Provided to Respondents

No personal information is being collected. While the enrollment and payment processing systems would have collected enrollee-level information, this contingency process collects information aggregated by QHP issuer. All information will be kept private to the extent allowed by applicable laws/regulations.

11. Justification for Sensitive Questions

No sensitive information will be collected.

12. Estimates of Annualized Burden Hours (Total Hours & Wages)

Salaries for the positions cited in the labor category of the burden charts were taken from the May 2023 National Occupational Employment and Wage Estimates from the Bureau of Labor Statistics (BLS) (https://www.bls.gov/oes/current/oes_nat.htm). Average (median) wage rates include a 100 percent increase to account for fringe benefits and overhead.

SBE issuers that use the manual payment process will continue to report data via the same Enrollment and Payment Data template. Because the template has already been built, we do not

include estimates of the burden associated with developing it. Additionally, as of October 2017, because of the discontinuation of CSR payments from HHS to issuers, the cost-sharing field in the dataset is no longer required to be submitted and may be left blank. As HHS works with SBE issuers to transition to the automated PBP process, we anticipate that it will take SBE issuers 6 months to test their automated systems. We estimate this data collection will take 10 hours each month (by a payment operations research analyst at an hourly wage of \$80.42) to enter current data for each month during which the contingency payment process is in place and submit this data to HHS. We broadly estimate that 25 SBE QHP issuers will submit the Enrollment and Payment Data template each year. We assume that the Enrollment and Payment Data template will be used for 6 months, resulting in a burden of 60 hours and \$4,825.20 per SBE QHP issuer, or an aggregate burden of 1,500 hours and \$120,630 for all SBE QHP issuers each year.

Along with the Enrollment and Payment Data template, a financial authority contact of the issuer (i.e., CEO, CFO, or other authorized designee) submits a form electronically to HHS certifying that the information provided as of the submission date is complete and accurate to the best of their knowledge and will be the primary basis for the calculation of the payment amount. The financial authority contact indicates the HIOS IDs for which the certification applies. We estimate that it will take a CEO or other designee approximately 10 minutes (or approximately 0.17 hours) at an hourly wage rate of \$198.74 to complete this certification for each month that data is submitted through the template. While a financial authority contact may complete one certification that applies to multiple HIOS IDs, we believe that most financial authority contacts will complete one form (within the workbook) that covers only one HIOS ID, such that approximately 6 certification forms will be submitted for 25 SBE QHP issuers each annually through the Enrollment and Payment Data template. Therefore, we estimate an aggregate burden of 1 hour and \$198.74 each month as a result of this payment data certification requirement. We estimate an overall annual burden of 25 hours at an equivalent cost of \$4,968.50 for all QHP issuers as a result of this requirement.

12A. Estimated Annualized Burden Hours

Microsoft Excel-based Template	Type of Respondent	Number of Respondents	Number of Responses per Respondent	Average Burden Hours per Response	Total Burden Hours
Monthly data reports	SBE QHP issuer	25	6	10	1,500
Monthly data submission accuracy certification	SBE QHP issuer	25	6	0.17	25
Total					1,525

12B. Cost Estimate for All Respondents Completing the Template

Type of Respondent	Number of Respondents	Number of Responses per Respondent	Average Burden Hours	Wage per Hour (including 100% fringe benefits and overhead)	Total Labor Costs
Operations Research Analyst	25	6	10	\$80.42	\$120,630
Chief Executive or Designated Financial Authority	25	6	0.17	\$198.74	\$4,968.50
Total					\$125,598.50

13. Estimates of Other Total Annual Cost Burden to Respondents or Recordkeepers / Capital Costs

There are no additional recordkeeping or capital costs.

14. Annualized Cost to Federal Government

The calculations for CCHIO employees’ hourly salaries were obtained from the OPM website, with an additional 100 percent added to account for fringe benefits and overhead.

Task	Estimated Cost
Data Processing, Managerial Review, and Oversight	
2 GS-12: 2 x \$95.06 x 20 hours	\$3,802.40
1 GS-15: 1 x \$157.12 x 4 hours	\$628.48
Total Costs to Government	\$4,430.88

15. Explanation for Program Changes or Adjustments

The burden hours have decreased by 1,501 hours (3,051 hours to 1,500 hours). In January 2016, HHS implemented an automated payment approach (PBP) to determine an issuer’s advance payment using enrollment and payment data in the FFE. As of April 2016, all FFE and SBE-FP issuers have fully transitioned to the PBP process. In the previous version of this

supporting statement, we estimated 50 issuers would be required to use a manual methodology to transmit enrollment and payment data in transitioning SBEs, but based on program experience over the past few years, we now estimate that only 25 issuers will be required to use the manual method (the Enrollment and Payment Data template) annually to transmit information via a manual system. Additionally, issuers will not be required to establish new systems to complete their enrollment and payment forms because their systems have already been established by the State Exchange and the forms are not changing. Furthermore, as of October 2017, because of the discontinuation of CSR payments from HHS to issuers, the cost-sharing field in the dataset is no longer required to be submitted and may be left blank. Finally, we expect this burden estimate to apply annually as FFE and SBE-FP States transition to SBEs.

16. Publication/Tabulation Dates

The Enrollment and Payment Data templates will not be made public. However, summary-level enrollment data is published at the following link:
<https://www.cms.gov/marketplace/resources/data>.

17. Expiration Date

The expiration date will be displayed on the first page (top right-hand corner) of each instrument. There are no changes to the data instruments.

18. Certification Statement

There are no objections to the certification statement.