

Supporting Statement

CMS – Medicaid State Plan Preprint for Use by States When Implementing Section 6505 of the Patient Protection and Affordable Care Act under the Medicaid Program CMS-10367 (OMB 0938-NEW)

A. BACKGROUND

CMS has developed a Medicaid State Plan Preprint for use by States and specific to support the January 1, 2011 mandate of the Prohibition on Payments Outside of the United States under Section 6505 of the Patient Protection and Affordable Care Act under Title VI, Subtitle F of the Additional Medicaid Program Integrity Provisions. The Medicaid State Plan Preprint follows the format and requested information from prior preprints provided to the States by CMS and provides a placeholder and assurance of compliance to section 1902(a) of the Social Security Act (the Act). The Medicaid State Plan Preprint has been designed for the collection of the following information:

1. State / Territory Name
2. A field for States to check to indicate compliance to Section 1902(a)(80) of the Social Security Act, P.L. 111-148, Section 6505 of the Patient Protection and Affordable Care Act.
3. Approval Date and Effective Date fields to be completed by CMS upon review of the Medicaid State Plan Preprint

B. JUSTIFICATION

1. Need and Legal Basis

Section 6505 of the Patient Protection and Affordable Care Act amends section 1902(a) of the Social Security Act (the Act). As amended, it requires that States shall not provide any payments for items or services provided under the State plan or under a waiver to any financial institution or entity located outside of the United States. This section of the Affordable Care Act is effective January 1, 2011 unless the Secretary determines implementation requires State legislation, other than legislation appropriating funds, in order for the plan to meet the additional requirements of the section.

Because Section 6505 amends section 1902(a) State Plans for Medical Assistance Requirements, the Office of General Counsel through guidance, is requiring that States use the Medicaid State Plan Preprint to assure CMS compliance with the law.

2. Purpose and users of the information

The purpose of the law is for States to assure to CMS compliance to Section 6505. The template also serves a purpose as an insert to the States' State Plan and will be used for reference and

guidance purposes in the future. The users of the information will be CMS staff who provide review and approvals of the State plan and the staff of the States who would refer to the State plan on an as needed basis in order to manage and operate their Medicaid programs under Title XIX of the Social Security Act.

3. *Improved Information Techniques*

This collection is mandatory per requirements from the Office of General Counsel.

4. *Duplication and Similar Information*

There is no duplicative information collection instrument or process.

5. *Small Business*

This collection applies to States not small businesses.

6. *Less Frequent Collections*

This collection is mandatory, states must comply with Section 6505 of the Affordable Care Act. States can submit a State Plan template once; no further collection is required.

7. *Special Circumstances*

There are no special circumstances associated with this collection.

8. *Federal Register Notice/Outside Consultation*

The 60-day Federal Register notice published on December 23, 2010 (75 FR 80820). No comments were received and there were no outside consultations.

9. *Payment/Gift to Respondents*

There will be no payments/gifts to respondents.

10. *Confidentiality*

CMS will comply with all Privacy Act, Freedom of Information laws and regulations that apply to this collection. Privileged or confidential commercial or financial information is protected from public disclosure by Federal law 5 U.S.C. 522(b)(4) and Executive Order 12600.

11. *Sensitive Questions*

There are no sensitive questions associated with this collection.

12. *Burden Estimates*

CMS estimates that there are 56 State Medicaid programs (including the District of Columbia and 5 territories) and that it will take approximately 5 minutes (0.083 hr) for each State program to complete the Medicaid State Plan Preprint for Section 6505 with the requested information which in aggregate will take 4.7 (0.083 hr x 56) total hours to complete.

CMS reviewed 2009 National Labor Statistics and speculates that the job role of Management Analyst (13-1111) with a mean hourly wage estimate rate of \$40.70 would be completing the data for the Medicaid State Plan Preprint. Based on these estimates, the total cost to complete the APD template would be \$189 (0.083 hr x \$40.70/hr x 56 programs).

13. *Cost to Respondents (Capital)*

There are no capital costs associated with this collection.

14. *Cost to Federal Government*

There is no additional cost to the Federal government.

15. *Changes in Burden/Program Changes*

This is a new information collection.

16. *Publication/Tabulation*

N/A

17. *Expiration Date*

This collection does not lend itself to the displaying of an expiration date.

18. *Certification Statement*

There are no exceptions to the certification statement.

C. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

This collection of information does not employ statistical methods.