

Supporting Statement for Paperwork Reduction Act Submissions
Integrated Care State Plan Pre-Print
CMS-10251, OMB 0938-1047

A. Background

CMS is supportive of programs that integrate and coordinate Medicaid and Medicare services for dual eligible beneficiaries. The State Plan Preprint for Integrated Care Programs was developed for States to use on a voluntary basis as a tool to demonstrate and explain the key features of the Integrated Care Programs.

This State Plan Preprint does not replace the need for States to operate under the appropriate statutory authorities and to be in compliance with both statutory and regulatory requirements. States will still need to follow the usual process for submitting waiver applications and contracts required under Federal law to the appropriate CMS Regional and Central Office components.

The Integrated Care Preprint is an optional tool for use by States to highlight the arrangements provided between a State and Medicare Advantage Special Needs Plans that are also providing Medicaid services. The Preprint also provides the opportunity for States to confirm that their integrated care model complies with both federal statutory and regulatory requirements.

B. Justification

1. Need and Legal Basis

At the CMS Administrator's request, CMS formed a workgroup comprised of Medicare and Medicaid staff, State Medicaid Agencies and other key stakeholders. From this effort came a suggestion that CMS develop a State Plan Preprint for Integrated Care Programs for States to use on a voluntary basis as a tool to demonstrate and explain the key features of their Integrated Care Programs. As a result, CMS obtained OMB approval to use this preprint in July 2008.

2. Information Users

State Medicaid Agencies may complete the preprint and CMS will review the information provided in order to determine if the State has properly completed and explained their integrated care arrangements and that the appropriate assurances have been met.

3. Use of Information Technology

The application process is facilitated through the use of emails, faxes and phone calls between the Regional Offices and the States. Once the preprint forms are completed, every effort is made to communicate via the use of information technology to complete the process.

4. Duplication of Efforts

There is no duplication of effort on how information is associated with this collection. The State only needs to complete the preprint once.

5. Small Businesses

The collection of this information is not applicable to small businesses.

6. Less Frequent Collection

Interested States would complete the preprint only once. Therefore, less frequent collection circumstances are not applicable.

7. Special Circumstances

There are no special circumstances or impediments.

8. Federal Register/Outside Consultation

The 60-day Federal Register notice published on February 18, 2011 (76 FR 9579). No comments were received.

9. Payments/Gifts to Respondents

There are no payments or gifts associated with this collection.

10. Confidentiality

There is no personal identifying information collected. All of the information is available to the public.

11. Sensitive Questions

There are no questions of a sensitive nature associated with this preprint.

12. Burden Estimates (Hours & Wages)

The burden associated with these requirements is the time and effort for a State to develop its State Plan Amendment to elect to provide integrated Medicare and Medicaid services.

For this submission we are estimating that possibly 10 States would elect to submit the preprint; however, all 56 States/Territories could elect to complete the Integrated Care Preprint so there could be more applications. CMS believes that 10 States is an appropriate estimate based on expressed State interest and the existence of integrated care programs.

Hours

We estimate that it would take one State 20 hours to complete the requirements. The total annual burden is estimate at 200 hours (10 States x 20 hours = 200 hours).

Cost

At 20 hours X \$50.00 per hour, the cost for one State would be \$1,000.00. The total cost is derived from the multiplying that figure by 10 States (\$1,000/state x 10 states = \$10,000 annual total).

13. Capital Costs

There are no capital costs.

14. Cost to Federal Government

The State Plan Integrated Care Preprint will be submitted to CMS Central and Regional Office health insurance specialist for review and approval. It is estimated to take a health insurance specialist – grade 13-step-1 about 2 hours to review the preprint per state submission at an hourly rate of \$42.66 for a total cost per reviewer of \$85.32. Since both the Region and Central Office staff will each review the same submission, the review of one submission will cost the Federal government about \$170.64 (\$85.32 x 2). It is estimated that about 10 States will submit the preprints. The total cost is derived by multiplying \$170.64 by 10 States. Therefore, the total estimated cost to the Federal government will be \$1,706.40.

15. Program/Burden Changes

There are no program changes. The decrease in burden is due to an adjustment. To date, no State has submitted the preprint; therefore, we adjust the annual number of responses from 30 to 10.

16. Publication/Tabulation Dates

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

17. Expiration Date

CMS does not oppose the display of the expiration date.

18. Certification Statement

There are no exceptions to the certification statement.

C. Collections of Information Employing Statistical Methods

The use of statistical methods does not apply to this preprint.