

Supporting Statement for Paperwork Reduction Act Submissions

CMS – Medicaid State Plan Preprint for Use by States When Implementing Section 6401 of the Patient Protection and Affordable Care Act under the Medicaid Program

CMS-10402, OMB 0938-New

A. BACKGROUND

CMS has developed a Medicaid State Plan Preprint for use by States and specific to support the March 25, 2011 mandate of the Provider Screening and Enrollment under Section 6401 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)(77) and (kk) of the Social Security Act, P.L. 111-148, Section 6401 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 6401(a) of the ACA, as amended by section 10603 of the ACA, amends section 1866(j)(2) of the Act to that requires the Secretary, in consultation with the Department of Health of Human Services' Office of the Inspector General (HHS OIG), to establish procedures under which screening is conducted with respect to providers of medical or other items or services and suppliers under Medicare, Medicaid, and CHIP. Section 1866(j)(2)(C) of the Act requires the Secretary to impose a fee on each institutional provider of medical or other items or services or supplier that would be used by the Secretary for program integrity efforts. Section 6401(b) of the ACA amends section 1902 of the Act to add paragraph (a)(77) and (kk), which requires States to comply with the process of screening providers and suppliers as established by the Secretary under 1866(j)(2) of the Act.

Because Section 6401 amends section 1902(a)(77) and (kk) 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 6401. 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 6401 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 July 15, 2011 (76 FR 41799). No comments were received.

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 Estimate

CMS estimates that there are 56 State Medicaid programs (including the District of Columbia and 5 territories) and that it will take approximately 15 minutes (.25 hr) for each State program to complete the Medicaid State Plan Preprint for Section 6401 with the requested information which in aggregate will take 14 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 cost to complete the APD template would be \$10.18 per program ($\$40.70 \times .25 \text{ hr}$) or \$570.08 total ($\$40.70 \times .25 \text{ hr} \times 56 \text{ programs}$).

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.