Application to Use Burden/Hours from Generic PRA Clearance:
Medicaid and CHIP State Plan, Waiver, and Program Submissions
(CMS-10398, OMB 0938-1148)

Information Collection #24 Medicaid Accountability – Upper Payment Limits ICF/ID, Clinic Services, Medicaid Qualified Practitioner Services and Other Inpatient & Outpatient Facility Provider

September 30, 2013

Center for Medicaid and CHIP Services (CMCS)
Centers for Medicare & Medicaid Services (CMS)

A. Background

The Centers for Medicare & Medicaid Services (CMS) work in partnership with States to implement Medicaid and the Children's Health Insurance Program (CHIP). Together these programs provide health coverage to millions of Americans. Medicaid and CHIP are based in Federal statute, associated regulations and policy guidance, and the approved State plan documents that serve as a contract between CMS and States about how Medicaid and CHIP will be operated in that State. CMS works collaboratively with States in the ongoing management of programs and policies, and CMS continues to develop implementing guidance and templates for States to use to elect new options available as a result of the Affordable Care Act or to comply with new statutory provisions. CMS also continues to work with States through other methods to further the goals of health reform, including program waivers and demonstrations, and other technical assistance initiatives. CMS issued a State Medicaid Director's letter on March 18, 2013 (SMDL #13-003) that discusses these responsibilities and a new annual submission requirements for Medicaid upper payment limits.

B. Description of Information Collection

Starting in 2013, we required states to submit annual upper payment limit (UPL) demonstrations on an annual basis. Previously this information was collected or updated only when a state was proposing an amendment to a reimbursement methodology in its Medicaid state plan. Specifically, in 2013, we required that states submit UPL demonstrations for inpatient hospital services, outpatient hospital services, nursing facilities. In 2014, state are required to submit annual UPL demonstrations for the services listed above and clinics, physician services (for states that reimburse targeted physician supplemental payments), intermediate care facilities for the developmentally disabled (ICF/DD), psychiatric residential treatment facilities (PRTFs) and institutes for mental disease (IMDs). These annual demonstrations will include provider specific reporting on all payments made to the providers, including supplemental payments.

Through this process, states are also asked as part of the submission to identify the source of non-federal funding for the payments described in the UPL. This is consistent with overall requirements to identify sources of non-federal funding set forth in section 1903(d)(1) of the Social Security Act. Such information will allow CMS and the state to have a better understanding of the variables surrounding rate levels, supplemental payments and total providers participating in the programs and the funding supporting each of the payments described in the UPL demonstration.

C. Deviations from Generic Request

No deviations are requested.

D. Burden Hour Deduction

The total approved burden ceiling of the generic ICR is 86,240 hours, and CMS previously requested to use 39,316 hours, leaving our burden ceiling at 46,924 hours. CMS estimates that each State will complete the collection of data and submission to CMS within 40 hours. There is a potential universe of 56 respondents, so the total burden deducted from the total for this request is 2,240 hours.

E. Timeline

CMS hopes to deploy this collection in October 2013.

The following attachment is provided for this information collection:

I. Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID) Services Narrative Instructions
II. Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID) UPL Guidance
III. Clinic Services Narrative Instructions
IV. Clinic Upper Payment Limit (UPL) Guidance
V. Medicaid Qualified Practitioner Services – Methodologies for Enhanced Payment Made to Physicians and Practitioners Associated with Academic Medical Centers and Safety Net Hospitals and Upper Payment Calculation
VI. Qualified Medicaid Practitioner Enhanced Payment and Average Commercial Rate (ACR) Supplemental Payment Demonstration Guidance
VII. Other Inpatient and Outpatient Facility Narrative Instruction
VIII. Other Inpatient and Outpatient Facility Provider Narrative Instruction
IX. Funding Questions