

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 #26 Medicaid Adult Core Set Measures Reporting Template in
CARTS**

October 21, 2013

Center for Medicaid and CHIP Services (CMCS)

Centers for Medicare & Medicaid Services (CMS)

States currently have no PRA-approved vehicle to submit data on the Medicaid Adult Core Set measures for federal fiscal year 2014, so we are requesting approval of this collection as soon as possible to provide states with sufficient time to familiarize themselves with the reporting template and to submit the needed data.

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.

B. Description of Information Collection

The Affordable Care Act (Section 1139B) required the Secretary of the Department of Health and Human Services (HHS) to identify and publish an initial core set of health quality measures for adult Medicaid enrollees (Medicaid Adult Core Set).¹ Additionally, the law required the development of a standardized reporting format for states that volunteer to report on the Medicaid Adult Core measures. In December 2012, CMS issued grants to 26 state Medicaid agencies to test the collection and reporting of the Medicaid Adult Core measures. In order to meet the terms and conditions of the grant program, grantees must submit data to CMS on the Medicaid Adult Core Set measures by January 20, 2014. In order to provide ample time for states (both grantee and non-grantees) to submit data and familiarize themselves with the reporting template, CMS plans to open reporting in early Fall 2013. The CARTS template will be used for standardized reporting on these measures by all states, including the grantees.

CMS has obtained PRA approval for the CHIP Annual Reporting Template System (CARTS), a web-based reporting framework the reporting system states use for the CHIP Annual Report and for the Core Set of Children's Health Care Quality Measures. Over the past six months, CMS has developed a reporting template for the Medicaid Adult Core Set measures that would be accessed through CARTS. States can choose to submit data on up to 26 performance measures and provide measurement data stratified by race (non-Hispanic), ethnicity, sex, primary spoken

¹ A CMCS Informational Bulletin announcing the publication of the Medicaid Adult Core Set in the Federal Register Notice is available at: <http://www.medicaid.gov/Federal-Policy-Guidance/downloads/CIB-1-4-2012.pdf>.

language, disability status, or geography. Grantees are required to submit data on at least 15 measures and to provide measurement stratification data on at least three measures.

We are requesting approval of this information collection for federal fiscal year 2014 reporting. It is possible that the Medicaid Adult Core Set measures may change annually thus necessitating changes to the reporting structure and data elements of this collection. Approval for subsequent years' collections will be requested when the templates are finalized for that period.

C. Deviations from Generic Request

No deviations are requested.

D. Burden Hour Deduction

The total burden ceiling of the generic ICR is 86,240 hours, and CMS previously requested to use 41,668 hours, leaving our burden ceiling at 44,572 hours. The information requested in this collection is readily available to states, and 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

In order to meet legislative requirement of reporting publicly, CMS must close data collection for Federal fiscal year 2014 reporting by January 20, 2014.

The following attachments are provided for this information collection:

Attachment A –Template for the Medicaid Adult Core Set Measures