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 #30 State Reporting Medicaid Payment Suspension

September 23, 2014

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

CMS requests expedited approval of this collection instrument for release upon OMB approval.

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

Statutory and Regulatory Authority: Section 6402(h)(2) of the Affordable Care Act, Suspension of Medicaid Payments Pending Investigation of Credible Allegations of Fraud amended section 1903(i)(2) of the Social Security Act (Act) to provide that Federal Financial Participation (FFP) in the Medicaid program shall not be made with respect to any amount expended for items or services (other than an emergency item or service, not including items or services furnished in an emergency room of a hospital) furnished by an individual or entity to whom a state has failed to suspend payments under the plan during any period when there is pending an investigation of a credible allegation of fraud against the individual or entity as determined by the state, unless the state determines that good cause exists not to suspend such payments. On February 2, 2011, CMS published the final rule implementing this program integrity provision in CMS-6028-FC, with an effective date of March 25, 2011. Implementing Federal regulations can be found at 42 C.F.R. § 455.23.

Description of Collection: State written notification to CMS regarding the imposition and subsequent removal of Medicaid payment suspensions commensurate with the respective notices furnished to providers.

Purpose: State reporting of Medicaid payment suspensions will enable CMS to determine whether such suspensions may adversely impact beneficiaries' access to medical care, cause significant disruption to beneficiaries' continuity of care or otherwise diminish states' general obligation to preserve the overall health of the Medicaid program.

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 66,261 hours, leaving our burden ceiling at 19,979 hours.

CMS anticipates that approximately 30 – 35 states will submit copies of their provider payment suspension notices to CMS. CMS is asking states to copy CMS on notices states send to providers and send such notices to a dedicated CMS mailbox regarding the imposition and subsequent removal of a Medicaid payment suspension. CMS anticipates the volume of payment suspension notices from states will range between 15 – 20 notices per week or 1,040 notices/year (aggregate).

Based upon CMS's previous experiences, we estimate that on average, it will take a state 1 hour to complete and submit a notice. We estimate that 1,040 notices will be submitted on an annual basis for a total annual burden of 1,040 hours (1,040 notices x 1 hour).

The total burden deducted from the total for this request is 1,040 hours.

E. Timeline

CPI is requesting expedited review because of the potential impact of certain Medicaid payment suspensions on beneficiary access to care and/or disruption of continuity of care.