**EXHIBIT 1** - Paperwork Reduction Act Submission Worksheet

Part II – Information Collection Detail

**State Plan Under Title XIX of the Social Security Act (Base plan pages, Attachments, Supplements to Attachments)**

**The following templates remain unchanged from the prior PRA approval:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Exhibit** | **Number of Pages** | **State Plan Section** | **Description of Document** |
| **Exhibit A** | 10 | 2 Base plan | Coverage and Eligibility-State/Territories |
| **Exhibit A1** | 10 | 2 Base plan | Coverage and Eligibility-State/Territories |
| **Exhibit AA** | 1 | 4.19-A | Payment for Inpatient Hospital Services |
| **Exhibit AG** | 1 | 4.19(k)(1) | Payment for clinical lab services |
| **Exhibit D** | 37 | 2 (Att.) | Attachment 2.2-A to Section 2-Territories |
| **Exhibit E** | 2 (Supp.) | Supplements 1 -3-Territories |
| **Exhibit F** | 113 | 2 (Att.) | Attachment 2.6-A-States |
| **Exhibit G** | 2 (Supp.) | Supplements 1 through 15-States |
| **Exhibit H** | 83 | 2 (Att.) | Attachment 2.6-A-Territories |
| **Exhibit J** | 2 (Supp.) | Supplements 1 through 15-Territories |
| **Exhibit N** | 1 | 4.19-B, page 1a | Payment of Title XVIII Part B Outpatient Psychiatric Services |
| **Exhibit O** | 5 | Supp.1 to Att. 4.19-B | Payment of Medicare Part A and Part B Deductible/Coinsurance |
| **Exhibit R** | 4 | 4.31 | Disclosure of Information by Providers... |
| **Exhibit S** | 4.32 | Income and Eligibility Verification System |
| **Exhibit T** | 4.33 | Medicaid Eligibility Cards for Homeless Individuals |
| **Exhibit U** | 4.34 | Systematic Alien Verification for Entitlements |
|  | **265 pages** |  |  |

**The following templates were included in the prior PRA approval and subsequently updated.**

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| --- | --- | --- | --- |
| **Exhibit** | **Number of Pages** | **State Plan Section** | **Description of Document** |
| **Exhibit P** | 1 | 4.19(c) | Payments for Reserving Beds in Institutions |
| **Exhibit Y** | 1 | 4.19-D | Payments for Skilled Nursing and Intermediate Care Facility Services |
| **Exhibit X** | 1 | 4.19-B | Payment for Services |
|  | **3 pages** |  |  |

**The following templates are new and were not included in the prior PRA approval.**

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| **Exhibit** | **Number of Pages** | **State Plan Section** | **Description of Document** |
| **Exhibit AB** | 1 | 4.19(e) | Timely payment of claims |
| **Exhibit AC** | 1 | 4.19(f) | Denial of services related to payment of cost sharing |
| **Exhibit AD** | 1 | 4.19(g) | Audit of records |
| **Exhibit AE** | 1 | 4.19(h) | Documentation and availability of payment rates |
| **Exhibit AF** | 1 | 4.19(i) | Sufficiency of payments to ensure access |
|  | **5 pages** |  |  |