Supporting Statement – Part A
Medicaid and CHIP Program (MACPro)
CMS-10434 (OMB 0938-New)

BACKGROUND

CMS is in the process of evaluating Medicaid systems currently operating, in order to build an enterprise architecture platform and data repository. Ideally, CMS would allow for a single point of entry to access various program and operational data applications. This effort will be implemented in phases over several years. Phase 1 will provide for a Medicaid and CHIP Program (MACPro) data system accessed through a web portal/portlet that will automate the input and retrieval of data from the States related to the State Medicaid and CHIP Plans. This system will also support an efficient workflow for the review and approval of the State Medicaid and CHIP adjudication process. States will access this system and submit program information into structured data templates. CMS staff will review the templates for compliance with Federal statute, regulation and policy, provide feedback to the States and track/monitor the review and approval process. Future project phasing will provide for the design, delivery and implementation of financial management programs and performance and quality metrics. CMS must meet a hard deadline for the implementation of the Affordable Care Act. This system will be operational in phases with CHIP Eligibility and Alternative Benefit Plans (ABP) portions/modules to be implemented before on January 22, 2013.

The public display of the MACPro collection instrument in its current state poses a challenge. Due the volume of the collection material to be published, and in an effort to reduce burden and redundancy, CMS is instituting the following alternative approach to presenting Phase 1 of this collection.

- The 60-day Federal Register notice invited the general public to a series four webinars that were held on June 13, 20, and 27 and on July 11, 2012.
- The 30-day Federal Register notice will invite the general public to a fifth and final presentation. This final webinar will be presented on the first day of the 30-day notice's public comment period.

All of the webinars will be recorded and made available for viewing at any time during their respective comment periods. No login or password is necessary.

This alternative approach (using webinars) to the public inspection process complies with all of the PRA-related requirements and purposes. Additionally, it will allow for the presentation of the MACPro collection instrument in a way that is more useful for public consumption.

A. JUSTIFICATION

1. <u>Need and Legal Basis</u>

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Medicaid, authorized by Title XIX of the Social Security Act, and CHIP, reauthorized by the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) signed into law on February 4, 2009, play an important role in financing health care for approximately 48 million people throughout the country. By 2014, it is expected that an additional 16 million people will become eligible for Medicaid and CHIP as a result of the Affordable Care Act (Public Law 111-148 – Patient Protection and Affordable Care Act). In order to implement the statute, CMS must provide a mechanism to ensure timely approval of Medicaid and CHIP State plans, waivers and demonstrations and provide a repository for all Medicaid and CHIP program data that supplies data to populate Healthcare.gov (sec. 1103) as well as other required reports. With these statutory changes in the Medicaid and CHIP programs, CMS will undergo a transformation from a reactive, mostly paper based processing entity to an active, electronic based program manager by automating and streamlining the current systems and processes.

Additionally, 42 CFR 430.12 sets forth the authority for the submittal and collection of State plans and plan amendment information in a format defined by CMS. A State plan for Medicaid consists of preprinted material that covers the basic requirements, and individualized content that reflects the characteristics of the particular State's program. Pursuant to this requirement, CMS has created the MACPro system.

2. Information Users

The MACPro system will be the system of record required to be used by CMS and State Medicaid agencies. Overall, MACPro will be used by both State and CMS officials to improve the State application and Federal review processes, improve Federal program management of Medicaid programs and CHIP, and standardize Medicaid program data.

Specifically, it will be used by State agencies to (among other things):
- Submit and amend Medicaid State Plans, CHIP State Plans and Information System   Advanced Planning Documents (APDs);
- Submit applications and amendments for State waivers, demonstration, and benchmark and grant programs.

And, it will be used by CMS to (among other things):
- Provide for the review and disposition of applications and
- Monitor and track application activity.

3. Use of Information Technology

The current collection material does not utilize any automated, electronic or mechanical techniques. Current collection information is free form text, not related, not aligned, not integrated and does not have the ability to be aggregated or analyzed.

Transforming the Medicaid and CHIP data enterprise is necessary to complete the

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requirements in the Affordable Care Act. The requirements seek to remove redundancy within CMS and the State Medicaid and CHIP operating agencies, to significantly boost program integrity efforts and, as the foundation for a data driven culture change, improving performance and accountability across the enterprise.

The transformed Medicaid system will be the foundation for creating a new data driven culture.   Data streams will be designed to be fully integrated and linkable across our programs and with other administrative agencies.

Additionally, regarding this package's compliance with the Government Paperwork Elimination Act (GPEA):

> **Q.** Is this collection currently available for completion electronically?
> **A. No**
>
> **Q**. Does this collection require a signature from the respondent(s)?
> **A. No. However, the collection will require certification/assurance from a respondent.**
>
> **Q.** If CMS had the capability of accepting electronic signature(s), could this collection be made available electronically?
> **A. Yes**
>
> **Q.** If this collection isn't currently electronic but will be made electronic in the future, please give a date (month & year) as to when this will be available electronically and explain why it can't be done sooner.
> **A. The electronic collection will be available by the statutory defined date of January 2013.**
>
> **Q.** If this collection cannot be made electronic or if it isn't cost beneficial to make it electronic, please explain.
> **A. N/A**

4. Duplication of Efforts

    This information collection does not duplicate any other effort and the information cannot be obtained from any other source.

5. Small Businesses

    This collection does not involve any small businesses or other small entities.

6. Less Frequent Collection

    The collection of material is mandatory by all State Medicaid agencies for the adjudication

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of key Medicaid and CHIP business operations. Non-completion of this collection will render States out of compliance with Federal regulations as defined in 42 CFR 430.12.

7.   Special Circumstances

There are no special circumstances associated with this data collection.

8.   Federal Register/Outside Consultation

Federal Register

The 60-day Federal Register notice published on June 8, 2012 (77 FR 34046). Comments were received and our response has been added to this PRA package.

Outside Consultation

CMS has convened a workgroup that consists of various States and the National Association of Medicaid Directors (NAMD) to consensus build the MACPro system. Members of the workgroup have agreed to advise CMS on State interests and needs related to the development, utility and launch of the system. We will also ask their help in briefing Medicaid Directors, and otherwise work with NAMD on this effort as needed. Assistance will entail monthly conference calls, some beta-testing and other input.

Changes

The following changes have been made subsequent to the publication of the June 8, 2012, 60-day Federal Register notice:

- MACPro will be used to create the data feed for updating Healthcare.gov based on changes from State Plan and CHIP Eligibility. This effort is in support of the Federally-facilitated Exchange (FFE) to conduct assessments of eligibility for State Medicaid and CHIP.
    - o   This change was made to facilitate and even more transparent MACPro as well as to support the FFEs Medicaid and CHIP eligibility determinations.

- Section 1115 Waiver Demonstration and Medicaid Eligibility authorities will no longer be part of the phase 1 release. They will be included in the subsequent releases of the system.

    - o   The changes related to authorities for release were made as a result of policy determinations that need to be made and will not be done prior to the January release.

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9. Payments/Gifts to Respondents

   No incentives or gifts will be offered to MACPro respondents.

10. Confidentiality

   States are required under 42 CFR 431.300(a) to safeguard recipient protected information. Accordingly, each State maintains a State Plan providing safeguards that restrict the use or disclosure of information concerning applicants and recipients directly connected with the administration of the plan per Section 1902(a)(7) of the Social Security Act.

11. Sensitive Questions

   The data collection does not contain any questions concerning sexual behavior and attitudes, religious beliefs, or other matters that are commonly considered sensitive or private.

12. Burden Estimates (Hours & Wages)

   See total burden estimates below.

   Completion of the Forms for the purpose of adjudicating an action within the MACPro system involves not only direct entry of choices from one medium to the other, but also the translation of current narrative sections into structured choices. This needs to be done by someone who is knowledgeable about the State's program design, who can understand and interpret the narration. MACPro will use newly designed applications for the Medicaid and CHIP programs, so it will not look exactly like state plan pre-prints that are currently being used. As a result of the currently used paper based pre-prints and the electronic version not being organized exactly the same way, additional time will be required to complete each Form.   After that, it should save time because respondents will be used to the Forms.

   - Total Number of respondents includes US States and Territories for a total of **56 respondents.**

   - Forms (6) – Outlined below. All of the Forms outlined below are required for completing an action within the system for the related authority.

   - MACPro Home Page (required and on-going task) –   The home page also known as the Landing Page or the Main Page. The Home Page is the 1ˢᵗ screen that a user sees upon entering the MACPro system. From the home page, users select one of the following three icons:
     - Action - where you go to perform system actions;

- o Various items and other guidance information are available by clicking the Action icon.
  - To Do - where to go to view and complete tasks or assignments; and
  - Tracking - is where you go to view internal event logs.

The home page is designed to be navigation page for performing various actions and for obtaining information within the system. The total time that could be spent to complete this 1 page Form is **15 to 30 minutes**.

- Initial Application (required and on-going for all authorizes) - The Initial Application Form captures data about the submission. It identifies if it's a Baseline, or amendment or a new submission and allows the system to present the necessary forms to the state user. Each time the state submits a change to CMS they will complete the Initial Application form. The initial application is composed of 5 pages. The average completion time for each page is 30 to 60 minutes. Thus, completion of the initial application ranges from **2.5 to 5 hours.**

- Medicaid Administration (required and on-going for adjunction of a Medicaid/SPA action) – This 3 page Form is required and ongoing for any state that proposes to make a change to their state plan. The average completion time for this Form is 30 to 60 minutes for a total of **1.5 to 3 hours.**

- CHIP Administration (required and on-going for adjudication a CHIP action) - The CHIP Admin Form collects data on changes to the administrative section of the CHIP State Plan Amendment. The CHIP Admin Form is comprised of 4 pages. The average completion of each page is 30 to 60 minutes for a total of **2 to 4 hours.**

- CHIP Eligibility (required and on-going for adjudicating a CHIP action) - The CHIP Eligibility Form used to capture data for the CHIP State Plan Amendment Eligibility changes. The CHIP eligibility is a required Form for completing a CHIP action. The CHIP eligibility Form comprises 24 pages. On average completion of each page is 30 to 60 minutes per page for a total of **12 to 24 hours.**

- Alternative Benefit Plan (ABP) (required and on-going for adjudication an ABP actions) – This 13 page Form is for users who want to amend existing ABP. The average time per page is 30 minutes to 1 hour for a total of **6.5 to 13 hours.**

The range for completion al all Forms is **24.75 – 49.5 hours**

Form	Number of pages per Form	Amount of Time for Completing Each Form	Range of time for Completing the Form

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MACPro Home Page	1	15 -30 minutes	15 – 30 minutes
Initial Application	5	30 minutes to 1 hour	2.5 to 5 hours
Medicaid Administration	3	30 minutes to 1 hour	1.5 to 3 hours
CHIP Administration	4	30 minutes to 1 hour	2 – 4 hours
CHIP Eligibility	24	30 minutes to 1 hour	12 - 24
Alternative Benefit Plan (ABP)	13	30 minutes to 1 hour	6.5 - 13
Total Range of Hours for Completion of All Forms			24 ¾ - 49.5 hours

Total Burden Estimates

The range for completing all Forms is **24.75 – 49.5 hours**

Required and Ongoing Tasks	Total Number of Respondents	Range of time for Completing the Form (hours)	Total Form Completion Burden (hours)
Required non-authority specific (Home Page and Initial Application) Forms	56	2.75 – 5.5	154 - 308
Medicaid Admin	56	1.5 - 3	84 - 168
CHIP Admin and Eligibility	56	14 - 28	784 – 1,568
Alternative Benefit Plan (ABP)	56	6.5 - 13	364 - 728
Completion of All Forms	56	24.75 – 49.5	1,386 – 2,772

Labor Costs

Required and Ongoing Tasks	# of labor hours	wage (per hour) *	Annual Labor Costs
Required non-authority			

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specific (Home Page and Initial Application) Forms	154 - 308	$22.27	$3,430 - $6,860
Medicaid Admin	84 - 168	$22.27	$1,871 - $3,741
CHIP Admin and Eligibility	784 – 1,568	$22.27	$17, 460 - $34,919
Alternative Benefit Plan (ABP)	364 - 728	$22.27	$8,106 - $16,213
Completion of All Forms	1,386 – 2,772	$22.27	$30,866 - $61,732

*Median average wage hours for State employees obtained from the Bureau of Labor Statistics.

13. Capital Costs

There are no capital or maintenance costs.

14. Cost to Federal Government

N/A

15. Changes to Burden

N/A - This is a new collection.

16. Publication/Tabulation Dates

There are no plans to publish the collected information.

17. Expiration Date

N/A

18. Certification Statement

This submission requires no exceptions to the Certificate for Paperwork Reduction Act (5 CFR 1320.9)

B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

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This collection does not employ any surveys, questionnaires, or statistical methods.

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