

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 #1: CHIP Annual Report Template System (CARTs)

December 2014

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.

B. Description of Information Collection

Section 2108(a) and Section 2108(e) of the Act provides that the State and Territories must assess the operation of the State child health plan in each Federal fiscal year, and report to the Secretary, by January 1 following the end of the Federal fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children.

Although the reporting requirement is not new, CMS has not previously obtained PRA approval for a reporting system States can use for this purpose. The CHIP Annual Reporting Template System (CARTS) is a web-based reporting framework that allows States to meet this statutory requirement. The web-based environment is not fully developed yet, but the collection format is complete and ready for use, within or outside of a web-based reporting structure. The attached framework (collection format) is designed to:

- Recognize the diversity of State approaches to CHIP and allow States flexibility to highlight key accomplishments and progress of their CHIP programs,
- Provide consistency across States in the structure, content, and format of the report,
- Build on data already collected by CMS quarterly enrollment and expenditure reports, and
- Enhance accessibility of information to stakeholders on the achievements under Title XXI.

We are requesting approval of this information collection for Federal fiscal year 2011 reporting. Since it is possible that program changes throughout Federal fiscal year 2012 may necessitate 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. 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

Not applicable. This is an extension (without change) of a currently approved GenIC.

Attachments

The following attachments are provided for this information collection:

Attachment A – Framework for the Annual Report of the Children's Health Insurance Plans Under Title XXI of the Social Security Act