

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 #4: State Medicaid Recovery Audit Contractor (RAC) Programs**

**At A Glance (Phase III)**

**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 6411(c) of the Affordable Care Act requires CMS to report to Congress on the effectiveness of the new State Medicaid Recovery Audit Contractor (RAC) programs. The Medicaid RAC Final Rule requires States to submit this information to CMS, per new text at 42 CFR 455.502(c) which reads: “States must comply with reporting requirements describing the effectiveness of their Medicaid RAC programs as specified by CMS.” CMS plans to collect these Medicaid RAC data from the States via a portal on the Medicaid.gov website. Two types of data will be requested from States on an ongoing basis—descriptive information about the State Medicaid RAC programs (“Phase II” information) and performance results for the State Medicaid RAC programs (“Phase III” information). This information will provide the basis for CMS’s required report to Congress on the effectiveness of the State Medicaid RACs.

We have received approval for the collection of Phase II information, and we are seeking approval for the collection of Phase III information at this time. All States will be required to initially complete the Phase III data collection. This information will provide the basis for CMS’s required report to Congress on the effectiveness of the State Medicaid RACs.

## **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 5,600 hours, leaving our burden ceiling at 80,640 hours. CMS estimates that each State will complete the collection of data and submission to CMS within 20 hours. There is a potential universe of 56 respondents, so the total burden deducted from the total for this request is 1,120 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*** – RACs Phase III Screen Mock Up