

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 #7: CHIPRA Cycle II Outreach and Enrollment Grant Semi-  
Annual Report Template**

**December 2014**

Center for Medicaid and CHIP Services (CMCS)

Centers for Medicare & Medicaid Services (CMS)

## **A. Background**

Section 201 of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) (Pub. L. 111-3) appropriated \$100 million to grants for outreach and enrollment of children into the Children's Health Insurance Program (CHIP) and Medicaid (Section 2113 of the Social Security Act). Funds are dedicated to outreach and activities to enroll uninsured children who are eligible but not enrolled in Medicaid and CHIP coverage, with a particular focus on children who are most difficult to reach. These groups of children may include those that live in rural areas, racial or ethnic minorities, or those with linguistic barriers to enrollment.

The most recent competitive grant awards totaling \$40 million, known as CHIPRA Cycle II, were made to 39 entities on August 18, 2011. The budget period for the grants is two years.

Grant award was based on the following principles:

- Outreach must be results driven and connected to actual enrollment and retention of children in these programs;
- Grantees must be able to provide sound data demonstrating the connection between the proposed outreach efforts and resulting program enrollment and retention;
- Data and systems improvements will be considered for funding within a proposal when the applicant can demonstrate that these are appropriate within the context of the outreach strategies and will result in increased enrollment and retention; and
- CMS intends to share best practices and lessons learned among grantees, with particular attention to successful outreach efforts that can be replicated.

## **B. Description of Information Collection**

Section 2113(d) of the Social Security Act requires that CMS publish enrollment data and annual reports to Congress on the grant-funded outreach and enrollment efforts. CMS has contracted with an external evaluator to assess, synthesize and report on the success and lessons of the CHIPRA grants. In order to conduct the evaluation and meet Congressional requirements, CMS proposes to collect periodically specific data and narrative information from each grantee. The CHIPRA Cycle II Semi-Annual Report template is attached. The document is designed to allow grantees to answer the questions in the Microsoft Word document and return it to CMS for review. The attached framework (collection format) is designed to:

- Recognize the diversity of grant project designs and approaches to outreach and enrollment, and allow grantees flexibility to highlight key accomplishments, challenges, and lessons learned of their projects;
- Allow grantees to report on the strategies for outreach and enrollment that were most effective and least effective in enrolling children in Medicaid and CHIP;
- Collect specific data elements on the number of children for whom a Medicaid/CHIP application was submitted, and the number of children who were enrolled in Medicaid and CHIP;
- Provide consistency across the grant program in the structure, content, and format of the report;
- Allow for accurate and effective evaluation of the outcomes and strategies of grantees as compared to their proposal and goals

For each Semi-Annual Report, the appropriate reporting period and due dates will be populated in the template where indicated. It is possible that the template questions may be loaded into a web-based reporting system, although at this time we believe it will remain in the Word format. All 39 grantees will report on the attached template, questions one through 18. Ten of the 39 grantees are Focus Area 1 (Information Technology), and only these 10 grantees are required to complete questions 19 through 22 of the template.

We require grantees to complete a Final Report for this grant program. The template for the Final Report will be submitted separately for PRA approval.

### **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 8,540 hours, leaving our burden ceiling at 77,770 hours. CMS estimates that each grantee will complete the collection of data and submission to CMS twice a year within 20 hours per submission. There is a potential universe of 39 respondents, so the total burden deducted from the total for this request is 1,560 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 – CHIPRA Cycle II Outreach and Enrollment Grant Semi-Annual Report Template