

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 #35 Eligibility and Enrollment Performance Indicators

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

This collection is in support of the Medicaid and CHIP Performance Indicators, which are an initial set of business process performance indicators for all state Medicaid and Children’s Health Insurance Program (CHIP) programs, which CMS indicated they would begin to collect in association with the development of new IT systems in the final rules entitled “Federal Funding for Medicaid Eligibility Determination and Enrollment Activities” (75 FR 21950) and “Eligibility Changes under the Affordable Care Act of 2010” (77 FR 17144). States have been submitting data to CMS on these indicators since October 2013. The purpose of the collection is a one-time initiative to document the status of each state’s capacity to report based on the standard data definitions, and to collect information about the schedule by which states will make systems changes that will enable them to improve their ability to report to the federal specifications.

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 85,369 hours, leaving our burden ceiling at 871 hours. CMS estimates that each State will complete the collection of data and submission to CMS within 15 hours. There is a potential universe of 51 respondents, so the total burden deducted from the total for this request is 765 hours.

E. Timeline

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

Attachments

The following attachment is provided for this information collection:

- Eligibility and Enrollment Performance Indicators Template