

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 #39 Medicaid and CHIP Learning Collaboratives Assessment**

**April 2, 2015**

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**

To provide feedback to CMS on states' experiences with the LCs as well as recommendations for future collaborative efforts, Mathematica will conduct seven interviews with state participants in each of five LCs – the Basic Health Program LC, the Data Analytics LC, the Expanding Coverage LC, the Exchange Innovators LC, and the Federally Facilitated Marketplace LC. Each interview will last approximately 45 minutes. Given that the goals and format of each LC differ, the interview questions vary for each of the five groups of interviews. However, each protocol includes sections related to a respondent's role in the LC, goals and objectives for participating in the LC, level of engagement, perceived benefits derived from participation, and suggestions for improvement. Participation in an interview is not mandatory for any selected state participant.

There are five attachments to this application: one interview protocol for each LC.

The collection of this information is important because it informs CMS' understanding of the role these LCs have played in building and strengthening working relationships between federal and state partners and in advancing state policy implementation. Robust working relationships are critical for achieving CMS's goal of supporting states in the development of Medicaid and CHIP programs that improve the experience of care, improve the health of populations, and reduce per capita costs of health care. An assessment of state perceptions of the LCs will help CMS determine if similar projects should be pursued in the future, and if so, what project components are most valued by states and which are most effective in accelerating policy implementation.

## **C. Deviations from Generic Request**

No deviations are requested.

## **D. Burden Hour Deduction**

The total approved burden ceiling of the generic ICR is 154,104 hours, and CMS previously requested to use 67,864 hours, leaving our burden ceiling at 86,240 hours.

### *Wage Estimates*

To derive average costs, we used data from the U.S. Bureau of Labor Statistics' May 2014 National Occupational Employment and Wage Estimates for all salary estimates ([http://www.bls.gov/oes/current/oes\\_nat.htm#43-0000](http://www.bls.gov/oes/current/oes_nat.htm#43-0000)). In this regard, the following table presents the mean hourly wage, the cost of fringe benefits (calculated at 100 percent of salary), and the adjusted hourly wage.

| <b>Occupation Title</b>     | <b>Occupation Code</b> | <b>Mean Hourly Wage (\$/hr)</b> | <b>Fringe Benefit (at 100%) (\$/hr)</b> | <b>Adjusted Hourly Wage (\$/hr)</b> |
|-----------------------------|------------------------|---------------------------------|---|-------------------------------------|
| Health Insurance Specialist | 13-1000                | 35.03                           | 35.03                                   | 70.06                               |

As indicated, we are adjusting our employee hourly wage estimates by a factor of 100 percent. This is necessarily a rough adjustment, both because fringe benefits and overhead costs vary significantly from employer to employer, and because methods of estimating these costs vary widely from study to study. Nonetheless, there is no practical alternative and we believe that doubling the hourly wage to estimate total cost is a reasonably accurate estimation method.

### *Burden Estimates*

We estimate that we will receive a total of 35 responses from 7 states. Each response will take 45 minutes to complete giving us a total annual burden of 26.25 minutes (35 responses x 45 minutes) or 0.4375 hours at a cost of \$30.65 (aggregate).

## **E. Timeline**

CMS hopes to deploy this collection in April 2015

The following attachments are provided for this information collection:

- Basic Health Program Learning Collaborative: State Participants 2015 Individual Discussion Guide
- Data Analytics Learning Collaborative: State Participants 2015 Individual Discussion Guide
- Exchange Innovators Learning Collaborative: State Participants 2015 Individual Discussion Guide
- Expanding Coverage Learning Collaborative: State Participants 2015 Individual Discussion Guide
- Federally Facilitated Marketplace Learning Collaborative State Participants 2015 Individual Discussion Guide