

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 #45 Maternal and Infant Health Quality**

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 1139B of the Social Security Act, as added by Section 2701 of the Affordable Care Act required the Secretary of the Department of Health and Human Services (HHS) to identify and publish an initial core set of health quality measures for adult Medicaid enrollees (Adult Core Set). The law also required the development of a standardized reporting format for states that volunteer to report on the Adult Core Set measures. Additionally, the law notes that the Secretary of HHS shall issue updates to the Adult Core Set beginning in January 2014, and annually thereafter. To aid in the assessment of the quality of care for Medicaid-eligible adults, the law calls for HHS to also establish an adult quality measurement program to fund the development, testing, and validation of emerging and innovative evidence-based adult health quality measures.

This provision provides the support to address a wide range of adult quality measurement issues including maternal and reproductive health. Considering the importance of Medicaid and CHIP as the payer for almost half of all births, and building upon an Expert Panel's discussions and existing and planned CMCS improvement activities, CMCS announced on July 18, 2014, a new Initiative to improve maternal and infant health outcomes in collaboration with partners. The Initiative is a strategy designed to: (1) improve the rate and content of postpartum visits; and (2) increase the use of effective methods of contraception among women in Medicaid and CHIP. The Initiative is largely a women's health Initiative that will have an impact on outcomes of both women and infants.

The initial Adult Core Set included a measure that is useful for assessment of the first Initiative goal. However, gaps exist in some of the pertinent reproductive health domains. In order to gather more data on the second Initiative goal, states are encouraged to uniformly collect and report on new developmental quality measures identified to address this gap area. Through a grant, Adult Medicaid Quality: Improving Maternal and Infant Health Outcomes in Medicaid and CHIP (MIHI Grant), CMS is supporting the data collection, measurement and reporting efforts of 13 states for new contraception utilization measures related to the Initiative.

With the approval of this collection, CMS seeks to establish voluntary state reporting of the CMCS Maternal and Infant Health Initiative Developmental Measures. CMS also seeks approval for required reporting by the MIHI grantees.

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

No deviations are requested.

### **D. Burden Hour Deduction**

#### *Burden Ceiling*

The total approved burden ceiling of the generic ICR is 154,104 hours, and CMS previously requested to use 71,079 hours, leaving our burden ceiling at 83,025 hours.

#### *Wage Estimate*

To derive average costs, we used data from the U.S. Bureau of Labor Statistics' May 2015 National Occupational Employment and Wage Estimates for all salary estimates ([http://www.bls.gov/oes/current/oes\\_nat.htm](http://www.bls.gov/oes/current/oes_nat.htm)). 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 (\$/hr)</b>	<b>Adjusted Hourly Wage (\$/hr)</b>
Medical and Health Services Manager	11-9111	50.99	50.99	101.98

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 Estimate*

States can choose to submit data on up to two (2) Maternal and Infant Health Initiative Developmental Measures, and may provide, at their option, measurement data stratified by race, primary spoken language, disability status, or geography. States who received the MIHI grant will be required to report on one (1) measure but may report on two (2) measures, depending on the terms and conditions of the referenced grant. The following burden estimate considers two (2) measures for both grantee and non-grantee states.

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 1 hour. There is a

potential universe of 56 respondents (13 MIHI grantee states plus 43 non-grantee states) that will submit 2 responses a year. In aggregate, we estimate 112 hours (56 respondents x 2 responses x 1 hour/response).

Since we project that a Medical and Health Services Manager (11-9111) would require 1 hour to complete the report at an adjusted wage of \$101.98/hr, the cost for a respondent to complete one response is estimated at \$101.98. In aggregate, we estimate a cost of \$11,421.76 (\$101.98/response x 112 responses).

*Note: This submission seeks OMB approval until the Medicaid and Chip Program (MACPro) system becomes fully functioning. Once MACPro becomes the sole system of record we will transition this collection to the MACPro PRA package (CMS-10434, OMB 0938-1188). Eventually, the MACPro system will provide access to all State Plans and other program data by all CMS MACPro users according to their user roles. The MACPro system will be used for standardized reporting on these measures by states.*

#### *Information Collection Instruments*

- Maternal and Infant Health (MIH) Quality Screenshots 1 - 6 (Women)
- Maternal and Infant Health (MIH) Quality Screenshots 1 - 10 (Postpartum Women)

#### **E. Timeline**

n/a