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 #24 (Revised)
Medicaid Accountability – Upper Payment Limits
ICF/IID, Clinic Services, Medicaid Qualified Practitioner Services and Other Inpatient & Outpatient Facility Providers

October 27, 2016

Center for Medicaid and CHIP Services (CMCS)
Centers for Medicare & Medicaid Services (CMS)

GenIC #24 was first approved by OMB on October 18, 2013, and was extended without change on December 24, 2014.

This November 2016 iteration revises the currently approved information collection requirements by adding five (5) standard templates. The templates are needed since current guidance and instructions simply told states to submit the UPL demonstrations by choosing a certain methodology. The number of data elements was not delineated such that states submitted a plethora of data that included the UPL demonstrations, but usually contained a vast amount of extraneous data that was not used in the calculation of the UPL.

After working with States, CMS developed a distilled down list of the essential data elements required for each service type and included these in the new templates. The data elements should require no more time to fill out than the currently required reports, and in fact should decrease overall burden to the States.

The currently approved guidance or instruction documents are unaffected by this action. Neither are changed. Nor are our currently approved burden estimates. As explained below, the added templates have no impact on those estimates.

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. CMS issued a State Medicaid Director's letter on March 18, 2013 (SMDL #13-003) that discusses these responsibilities and a new annual submission requirements for Medicaid upper payment limits.

B. Description of Information Collection

Starting in 2013, we required states to submit annual upper payment limit (UPL) demonstrations on an annual basis. Previously this information was collected or updated only when a state was proposing an amendment to a reimbursement methodology in its Medicaid state plan. Specifically, in 2013, we required that states submit UPL demonstrations for inpatient hospital services, outpatient hospital services, nursing facilities. In 2014, states were required to submit annual UPL demonstrations for the services listed above and clinics, physician services (for states that reimburse targeted physician supplemental payments), intermediate care facilities for the developmentally disabled (ICF/DD), psychiatric residential treatment facilities (PRTFs) and

institutes for mental disease (IMDs). These annual demonstrations included provider specific data reporting on all payments made to the providers, including supplemental payments.

Through this process, States are also asked as part of the submission to identify the source of non-federal funding for the payments described in the UPL. This is consistent with overall requirements to identify sources of non-federal funding set forth in section 1903(d)(1) of the Social Security Act. Such information will allow CMS and the state to have a better understanding of the variables surrounding rate levels, supplemental payments and total providers participating in the programs and the funding supporting each of the payments described in the UPL demonstration.

We have developed templates in conjunction with the States and a CMS contractor for use with each of the 5 services of the UPL demonstration within this package- Intermediate care facilities for individuals with intellectual disabilities (ICF/IID), Clinic, Medicaid qualified practitioner services (Physician), other inpatient and outpatient facility- (Psychiatric Residential Treatment Facility (PRTF)), and other inpatient and outpatient facility- (Institutes for mental diseases). These templates will help standardize the data collection and allow the states to quickly transfer data from their existing UPL demonstration reporting tools into the new UPL demonstration templates for reporting to CMS. These templates will allow the states to report the UPL demonstrations more efficiently. These templates will use embedded formulas to help complete required areas of the UPL demonstrations, saving states time and effort in their reporting. Standardizing the templates will also help us to review the annual UPL demonstrations, by being able to look at one template format, instead of up to 56 different templates in each UPL demonstration type. Instructions on the use of the templates are attached to each template, along with a data dictionary. Further, states will be trained to use these templates by us and the contractor.

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 116,362 hours, leaving our burden ceiling at 37,742 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). 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.

Occupation Title	Occupation Code	Mean Hourly Wage	Fringe Benefit	Adjusted Hourly Wage
Data Entry Keyers	43-9021	$14.81/hr	$14.81/hr	$29.62/hr
General and Operations Managers	11-1021	$57.44/hr	$57.44/hr	$114.88/hr
Social Science Research Assistants	19-4061	$22.00/hr	$22.00/hr	$44.00/hr

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

Currently Approved

CMS estimates that each State will complete the collection of data and submission to CMS within 40 hours. There is a potential universe of 56 respondents submitting one response. So, the total burden deducted from the total for this request is 2,240 hours (1 response x 40 hours x 56 respondents).

CMS expects that there will be three separate steps for a state to complete one response. We expect that a Data Entry Keyers (43-9021) would need 30 hours to complete the report at an adjusted wage of $29.62/hr for a total cost of $888.60 per response. A Social Science Research Assistant (19-4061) would need 9 hours to complete the report at an adjusted wage of $44.00/hr for a total cost of $396.00 per response. It will take an hour for a General and Operations Manager (11-1021) to complete the report at an adjusted wage of $114.88/hr for a total cost of $114.88 per response.

Thus the cost for a respondent to complete one response is estimated at $1,399.48. In aggregate, we estimate a total cost of $78,371.

The aforementioned burden is currently approved by OMB under this package's control number and is restated without change.

Proposed

The new templates have no impact on our currently approved burden estimates. The currently approved 40 hour per response estimate it is in aggregate for all services. All of the UPL demonstrations should be a data dump from the states' accounting IT system into the template format.

The templates will help standardize the data collection and allow the states to quickly transfer data from their existing UPL demonstration reporting tools into the new UPL demonstration templates for reporting to CMS. The templates will allow the states to report the UPL demonstrations more efficiently. They will also use embedded formulas to help complete required areas of the UPL demonstrations, saving states time and effort in their reporting.

Standardizing the templates will also help us to review the annual UPL demonstrations, by being able to look at one template format, instead of up to 56 different templates in each UPL demonstration type. Instructions on the use of the templates are attached to each template, along with a data dictionary.

Total

To avoid double counting, we are not setting out any burden associated with this iteration's added templates. Rather, this iteration simply seeks approval of the templates themselves.

Information Collection Instruments, Instructions, and Guidance Documents

Currently Approved

The following documents are currently approved by OMB under this package's control number and are attached without change.

I. Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID) Services Narrative Instructions
II. Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID) UPL Guidance
III. Clinic Services Narrative Instructions
IV. Clinic Upper Payment Limit (UPL) Guidance
V. Medicaid Qualified Practitioner Services – Methodologies for Enhanced Payment Made to Physicians and Practitioners Associated with Academic Medical Centers and Safety Net Hospitals and Upper Payment Calculation
VI. Qualified Medicaid Practitioner Enhanced Payment and Average Commercial Rate (ACR) Supplemental Payment Demonstration Guidance
VII. Other Inpatient and Outpatient Facility Narrative Instruction
VIII. Other Inpatient and Outpatient Facility Provider Narrative Instruction
IX. Funding Questions

Proposed

As discussed, CMS proposes to add the following templates under this package's control number.

X. Medicaid Qualified Practitioner Services (Physician) Standard Template

XI. Other Inpatient and Outpatient Facility (Institutes for Mental Diseases) Standard Template
XII. Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Standard Template
XIII. Other Inpatient and Outpatient Facility (Psychiatric Residential Treatment Facility (PRTF) Standard Template
XIV. Clinic Standard Template

E. Timeline

CMS hopes to deploy this collection in December 2016.