

Application to Use Burden/Hours from Generic PRA Clearance:  
Medicaid and CHIP Program (MACPro)  
(CMS-10434, OMB 0938-1188)

**Information Collection #3 Alternative Benefit Plans**

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

## **A. Background**

CMS is in the process of evaluating Medicaid systems currently operating, and building an enterprise architecture platform and data repository. The goal is for CMS to allow for a single point of entry to access various program and operational data applications. This effort is being implemented in phases over the next several years. Phase 1 provided for a Medicaid and CHIP Program (MACPro) data system access through a web portal that automates the input and retrieval of data from the States related to the State Medicaid and CHIP Plans. This system supports an efficient workflow for the review and approval of the State Medicaid and CHIP adjudication process. States will access this system and submit program information into structured data templates. CMS staff will review the submission templates for compliance with Federal statute, regulation and policy, provide feedback to the States and track/monitor the review and approval process. Future project phasing will provide for the design, delivery and implementation of financial management programs and performance and quality metrics.

This package seeks OMB approval to migrate from the current “paper based” system and transition MACPro to a fully functioning electronic system so that MACPro becomes the sole system of record. MACPro will be the required means for states to amend Medicaid and CHIP state plans, waivers, and demonstrations. Eventually, the MACPro system will provide access to all the State Plans and other program data by all CMS MACPro users according to their user roles.

We also propose to convert this information collection request from a regular PRA package to a generic package. OMB’s approval of MACPro under the generic process is vital for CMS and for States since the implementation of SPA templates is often time sensitive and must be coordinated with the release of guidance documents such as regulations and policy letters. Additionally, the release of some SPA templates must consider the States’ time constraints to comply with statutory and regulatory deadlines.

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

Medicaid, authorized by Title XIX of the Social Security Act, and CHIP, reauthorized by the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA) signed into law on February 4, 2009, play an important role in financing health care for approximately 48 million people throughout the country. By 2014, it is expected that an additional 16 million people will become eligible for Medicaid and CHIP as a result of the Affordable Care Act (Public Law 111-148 – Patient Protection and Affordable Care Act). In order to implement the statute, CMS must provide a mechanism to ensure timely approval of Medicaid and CHIP State plans, waivers and demonstrations and provide a repository for all Medicaid and CHIP program data that supplies data to populate Healthcare.gov (sec. 1103) as well as other required reports. With these statutory changes in the Medicaid and CHIP programs, CMS will undergo a transformation from a reactive, mostly paper based processing entity to an active, electronic based program manager by automating and streamlining the current systems and processes.

Additionally, 42 CFR 430.12 sets forth the authority for the submittal and collection of State plans and plan amendment information in a format defined by CMS. A State plan for Medicaid

consists of preprinted material that covers the basic requirements, and individualized content that reflects the characteristics of the particular State's program. Pursuant to this requirement, CMS has created the MACPro system. This system will be used by CMS and State Medicaid agencies. Overall, MACPro will be used by both State and CMS officials to improve the State application and Federal review processes, improve Federal program management of Medicaid programs and CHIP, and standardize Medicaid program data. Section 1937 benchmark plans, renamed Alternative Benefit Plans (ABPs) in the final rule, will be used for states to gain CMS approval for benefit plans that will be used for the new Medicaid adult group, also known as the expansion population. ABPs can also be used by states to implement benefits for other Medicaid eligibility groups. We currently have 10 states and 1 territory with an approved ABP. They will need to submit a new ABP template to implement the new ACA requirements for ABPs. ABPs are state plan amendments and follow the same statutory processing time frames as other state plan amendments.

**C. Deviations from Generic Request**

No deviations are requested.

**D. Burden Hour Deduction**

In section 12.3 of Supporting Statement part A we estimate an overall burden ceiling of 96,844 hours. As set out below under Burden Estimate, this generic information collection request would require 1,568 hours. Given that this is a bundled submission, the ending balance is 94,072 hours (96,844 hr – 476 hr [GenIC #1] - 1,568 hr [GenIC #2] – 728 hr [GenIC #3]) which can be used over the upcoming 3-year OMB approval period.

*Wage Estimate*

CMS has reviewed the wages from the Bureau of Labor Statistics (BLS) and estimates that the complexity of the forms will require several levels of employees to gather, input, and review the data. CMS has reviewed the wages from the BLS’ current National Occupational Employment and Wage Estimates (May 2014) and estimates that a Medical and Health Services Manager (11-9111) would be necessary to complete the report (see [http://www.bls.gov/oes/current/oes\\_nat.htm](http://www.bls.gov/oes/current/oes_nat.htm)). 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	\$49.84	\$49.84	\$99.68

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*

Entry of State Plan information for the purpose of transitioning current paper material to electronic involves not only direct entry of choices from one medium to the other, but also the translation of current narrative sections into structured choices. This needs to be done by someone who is knowledgeable about the State's program design, and who can understand and interpret the narration. Also, the paper State Plan and the electronic version are not organized exactly the same way. This is because of the decision to include all the information unique to each eligibility group with that particular group instead of scattering it across various attachments and supplements. This will add time to the initial transition, because information relating to each group must be located across the attachments and supplements and then entered. After that, it should save time because it will all be located in one place.

PDF images of state plan documents will be posted in MACPro as the working copy of the State Plan, and until the state amends that section using the approved MACPro template for that authority. Eventually, the MACPro system will provide access to all the State Plans and other program data for all CMS MACPro users according to their user roles.

The burden for respondents to complete the forms is estimated to average 13 hours per response (see breakout, below). We estimate that 56 responses will be submitted for a total burden of 728 hours (56 responses x 13 hours).

- Alternative Benefit Plan (ABP) (required and on-going for adjudication an ABP actions)  
– This 13 page Form is for users who want to amend existing ABP. The average time per page is 30 minutes to 1 hour for a total of **6.5 to 13 hours**.

The mean hourly wage is \$49.84 with a fringe benefit of 100% giving us an hourly wage of \$99.68. Thus the cost for a respondent to complete the response report is estimated at \$1,296. There is a total of 56 responses giving us a total cost of \$72,567.

### *Information Collection Instrument*

GenIC #3 - Screen Shots ABP.pdf

### **E. Timeline**

Not applicable.