# 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 #1: CHIP Annual Report Template System (CARTs)**

### November 2017

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 2108(a) and Section 2108(e) of the Act provides that the State and Territories must assess the operation of the State child health plan in each Federal fiscal year, and report to the Secretary, by January 1 following the end of the Federal fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children.

The CHIP Annual Reporting Template System (CARTS) is a web-based reporting framework that allows States to meet this statutory requirement. Through CARTS, states report on a variety of program areas including CHIP program changes, performance measures and progress, state plan and program operation, program financing, and program challenges and accomplishments. The attached framework (collection format) is designed to:

- Recognize the diversity of State approaches to CHIP and allow States flexibility to highlight key accomplishments and progress of their CHIP programs,
- Provide consistency across States in the structure, content, and format of the report,
- Build on data already collected by CMS quarterly enrollment and expenditure reports, and
- Enhance accessibility of information to stakeholders on the achievements under Title XXI.

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

No deviations are requested.

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

The total burden ceiling of the generic ICR is 86,240 hours. 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 40 hours. There is a potential universe of 56

respondents, so the total burden deducted from the total for this request is 2,240 hours "40 hours x 56 respondents for total burden hours 2,240."

## Wage Estimate

To derive average costs, we used data from the U.S. Bureau of Labor Statistics' May 2016 National Occupational Employment and Wage Estimates for all salary estimates (<a href="http://www.bls.gov/oes/current/oes\_nat.htm">http://www.bls.gov/oes/current/oes\_nat.htm</a>). 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 (\$/hr)	Fringe Benefit (\$/hr)	Adjusted Hourly Wage (\$/hr)
Business Operations Specialist	13-1199	35.99	35.99	71.98

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.

In aggregate, we estimate 2,240 hours (56 responses  $\times$  40 hours) at a cost of \$161,235.20 (2,240 hrs  $\times$  \$71.98/hr).

#### E. Timeline

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

### **Attachments**

The following attachments are provided for this information collection:

**Attachment A** – Framework for the Annual Report of the Children's Health Insurance Plans Under Title XXI of the Social Security Act