

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 #2: Medicaid Managed Care Data Collection  
October 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**

CMS is requesting to collect Medicaid Managed Care enrollment statistical data and program characteristics from the States to formulate annual Enrollment Reports and National Summary Publications. We are requesting point-in-time data reflecting managed care programs as of July 1, 2011. Although we plan to collect data on an annual basis, we are only requesting approval for the 2011 collection since it is possible that program changes may require modification to the collection in 2012. The data is collected through an automated system to maximize the efficiency of this collection. However, the automated system will not be updated to reflect the attached data elements until PRA approval is secured for the data elements. The collection for which we are requesting approval is fully represented in the attached data dictionaries.

Regional and Central Office staff and other governmental agencies use this information to better understand each State's program and to establish national trends in Medicaid managed care. In addition to publishing the National Summary of State Medicaid Managed Care Programs and the Medicaid Managed Care Enrollment Report, the collection of this information allows CMS to answer numerous requests from various sources, including academic institutions, research organizations, consultants and law firms, as well as the media.

As States implement and expand managed care delivery systems to serve their Medicaid populations, demand for these managed care data continue to grow. Many States considering managed care initiatives use the National Summary as a source for reviewing viable managed care alternatives for their Medicaid populations. Enrollment statistics have become even more valuable as we assess trends in Medicaid managed care by individual States, as well as nationally. Regional and Central Office staff also use the National Summary and Enrollment Reports as a guideline when reviewing waivers and plans.

**C. Deviations from Generic Request**

No deviations are requested.

**D. Burden Hour Deduction**

The total approved burden ceiling of the generic ICR is 86,240 hours, and CMS previously requested to use 2,240 hours, leaving our burden ceiling at 84,000 hours. The information requested in this collection is readily available to States (and is pre-populated with data CMS already has, reducing duplication of effort), 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.

*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 ([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>
Business Operations Specialist	13-1199	35.33	35.33	70.66

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 x 40 hours) at a cost of \$158,278.40 (2,240 hrs x \$70.66/hr).

*Attachments*

The following attachments are provided for this information collection:

***Attachment A*** – 2011 National Summary Data Dictionary for the Medicaid Managed Care Data Dictionary for the Medicaid Managed Care Data Collection System (MMCDCS)

***Attachment B*** – 2011 Medicaid Managed Care Enrollment Data Dictionary for the Medicaid Managed Care Data Collection System (MMCDCS)

**E. Timeline**

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