

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 #17 CHIP State Plan Eligibility

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

The Center for Medicaid and CHIP Services (CMCS) and the CMS Regional Offices adjudicate over 2,000 actions annually, including state plan amendments, waiver applications, Advanced Planning Documents, and more. CMCS also engages in extensive work in the oversight of current programs, the development of new policy (regulations, State Medicaid letters, on-going technical assistance to states, etc.) to keep pace with state and industry innovations.

In 2014, states submitted a number of state plan amendments to implement the Medicaid and CHIP changes related to the Affordable Care Act. The vehicle in submitting these 2014-related SPAs is a set of "fillable" PDF templates submitted through the web-based repository known as the Medicaid Model Data Lab (MMDL). States continue to access and submit these PDFs through the MMDL system, the list of SPA templates is available in the Attachments below.

In December 2015, as part of the Medicaid and CHIP Business Information Solution (MACBIS), CMS built the Medicaid and CHIP Program system, MACPro, to capture states' submissions of state plan amendments, waivers, quality measures, Advanced Planning Documents, etc. CMS uses the same PDF templates to reflect the screens developed for the MACPro system as contents in the MACPRO system continue to expand over time as new modules are released. States use these PDFs electronically in the same manner as they would for the MACPro system. In this manner, CMS makes the process of modifying Medicaid and CHIP state plans, demonstrations and waivers more streamlined, efficient, and transparent for state partners and researchers.

The level of effort to fill out these templates remains the same as with the full MACPro system, as does the level of effort to submit them. The PDF process is used for the CHIP eligibility templates that have received PRA approval as part of the MACPro system.

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 27,108 hours, leaving our burden ceiling at 59,132 hours.

CMS estimates that each State will complete the collection of data and submission to CMS within 50 hours. There is a potential universe of 56 respondents, so the total burden deducted

from the total for this request is 2,800 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). 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 2,800 hours (56 responses x 50 hours) at a cost of \$201,544 (2,800 hrs x \$71.98/hr).

Attachments

The following attachments are provided for this information collection:

- CS3 - Eligibility for Medicaid Expansion Program
- CS7 - Eligibility - Targeted Low-Income Children
- CS8 - Eligibility - Targeted Low-Income Pregnant Women
- CS9 - Eligibility - Coverage From Conception to Birth
- CS10 - Eligibility - Children Who Have Access to Public Employee Coverage
- CS11 - Eligibility - Pregnant Women Who Have Access to Public Employee Coverage
- CS12 - Eligibility - Dental Only Supplemental Coverage
- CS13 - Eligibility - Deemed Newborns
- CS14 - Eligibility - Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards
- CS15 - MAGI-Based Income Methodologies
- CS16 - Other Eligibility Criteria - Spenddowns
- CS17 - Non-Financial Eligibility – Residency
- CS18 - Non-Financial Eligibility – Citizenship
- CS19 - Non-Financial Eligibility - Social Security Number
- CS20 - Non-Financial Eligibility - Substitution of Coverage
- CS21 - Non-Financial Eligibility - Non-Payment of Premiums
- CS23 - Non-Financial Requirements - Other Eligibility Standards
- CS24 - General Eligibility - Eligibility Processing
- CS27 - Non-Financial Requirements - Other Eligibility Standards

- CS28 - General Eligibility - Presumptive Eligibility for Children
- CS29 - General Eligibility - Presumptive Eligibility for Pregnant Women

E. Timeline

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