

Medicaid and CHIP State Plan, Waiver, and Program Submissions  
(CMS-10398, OMB 0938-1148)

**Generic Information Collection #7**

**Cycle Vb. (Extension) - The Medicare and CHIP Reauthorization Act (MACRA)  
Final Report Template for the Round III AI/AN Cooperative Agreements**

**Cycle Va. (Revision) - Connecting Kids to Coverage Outreach and Enrollment  
Semi-Annual Template**

**Cycle Vb. (Revision) - Connecting Kids to Coverage Outreach and Enrollment  
Monthly Progress Report Template and Final Report Template**

**August 2019**

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

GenIC #7 was first approved by OMB on May 1, 2012. The following summarizes the actions subsequent to the initial PRA package.

March 14, 2014 (Approved) - Revises the Semi-Annual Report Template and increases the number of respondents from 39 to 41. The hours per response remains the same.

April 30, 2015 (Approved) - Cycle III extended without change. Cycle IV added.

July 9, 2015 (Approved) - Cycle III revised by adding Final Report Addendum. Cycle IV extended without change.

April 6, 2017 (Approved) - Cycle IV Final Report Addendum revised, Cycle V Semi-Annual and Final Reports templates added.

August 2019 (Submitted to OMB) - Cycle Va. Semi-Annual and Vb. Final Report Templates (revised), Cycle Vb. Monthly Progress Report Templates (revised), and Cycle Vb. Final Report Template for the Round III AI/AN Cooperative Agreements (extension without change).

## **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.

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) (Pub. L. 111-3), signed into law by President Obama on February 4, 2009, reauthorized the Children's Health Insurance Program (CHIP) through federal fiscal year (FFY) 2013. (The ACA extended CHIP funding through 2015.) In addition to financing health coverage for low-income children, the law contained provisions aimed at reducing the number of children who were eligible for Medicaid or CHIP but are not enrolled and improving retention so that eligible children stay covered for as long as they qualified. To support such efforts, CHIPRA provided a total of \$100 million for outreach and enrollment activities, including \$80 million for grants to states, local governments, community-based and non-profit organizations and others; \$10 million in grant funds exclusively for Indian health care providers and tribal entities; and \$10 million devoted to a national outreach and enrollment campaign.

### Cycle I (Completed)

The first \$40 million in grants, entitled CHIPRA Outreach and Enrollment Grants (Cycle I), were awarded in September 2009, to 68 grantees in 42 states. This was followed in April 2010 with awards amounting to \$10 million in grants to 41 American Indian/Alaska Native (AI/AN) grantees in 19 states. The grant terms and conditions require all grantees to complete a final report at the end of their grant program. Approximately half of the grantees received no cost extensions and several did not meet reporting deadlines which explains the late completion date.

### Cycle II (Completed)

The next cohort of CHIPRA Outreach and Enrollment Grants was awarded in August 2011 with another \$40 million going to 39 grantees in 23 states. The grant terms and conditions require all grantees to complete a final report at the end of their grant program. Approximately half of the grantees received no cost extensions and several did not meet reporting deadlines which explains the late completion date.

### Cycle III (Completed)

In July 2013, 41 Connecting Kids to Coverage Outreach and Enrollment Grants (Cycle III), totaling \$32 million were awarded in 22 states. These Cycle III grants supported outreach strategies similar to those conducted in previous grant cycles, and also funded activities designed to help families understand new application procedures and health coverage opportunities, including Medicaid, CHIP and insurance affordability programs under the ACA. The period of award for these grants is through FY2015 but we are in the process of approving one year no cost extensions for approximately half of the grantees which will extend these grants through FY2016

In the July 2015 iteration, the newly attached template includes additional pages for Cycle III that are referred to as the “Final Report Addendum.” With the end of the grant period rapidly approaching, and based on past grantee experience, the evaluator designed an attachment to the grantee’s last semi-annual report, allowing grantees to expand on their previous report responses and to summarize their experience across the entire period of performance. The additional attachment questions will be administered in the same information collection package together with the final semi-annual report. Together, both the semi-annual and cumulative results will allow for a more complete synthesis of program results. Another benefit is that this will allow for a more efficient data collection process for the evaluator since the current program evaluation contract is due to end September 2015. With this data provided on a more timely basis, the evaluator can produce a more accurate and effective evaluation of grant outcomes and strategies before the end of their contract date.

### Cycle IV (Completed/Proposing Removal in this August 2019 Iteration)

In November 2014, an additional \$4 million in Connecting Kids to Coverage Outreach and Enrollment Grant funding (Round II) was awarded to ten AI/AN grantees including Indian health care providers and tribal entities in six states. These grants share the same broad goal, to increase enrollment of children who are eligible for Medicaid and the CHIP but are not enrolled,

and to keep them covered for as long as they qualify. These two year grants help prepare AI/AN organizations and communities to reach out to those children who remain uninsured and provide them and their families with enrollment assistance as well as improving the renewal processes so children will continue with their health care coverage. The award period for these grants is through FY2016 and no cost extensions are not allowed under this award.

In the January 2017 iteration, the revised template includes the eight additional questions that was used in the Cycle III data collection which is complete.

In this August 2019 iteration, the Cycle IV AI/AN Round II Outreach & Enrollment Grant Final Report (formerly known as the Semi-Annual Report) and Final Report Addendum requirements and burden is removed because the data collection is complete.

#### Cycle V (Completed/Proposing Removal in this August 2019 Iteration)

The Medicare and CHIP Reauthorization Act (MACRA) Pub. L. 114- 10, signed into law by President Obama on April 16, 2015, continued funding for CHIP through FFY 2017. MACRA provided \$36 million in grants aimed at reducing the number of children who are eligible for Medicaid and CHIP, but are not enrolled and improving the retention of eligible children who are currently enrolled. MACRA funding for outreach and enrollment grants built upon successful strategies facilitated by previous grant funding initiatives under the Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009 (Pub. L. 111- 3) and the Patient Protection and Affordable Care Act (ACA) of 2010 (Pub. L. 111-148).

The Cycle V cooperative agreements support outreach strategies similar to those conducted in previous grant cycles, with the added option that grantees can track and validate assistance and Medicaid/CHIP enrollment of adult family members. Grantees are also required to work with the National Connecting Kids to Coverage Outreach and Enrollment Campaign (Campaign).

Of the total \$36 million in MACRA funding, in June 2016, CMS awarded 38 cooperative agreements in 27 states totaling just under \$32 million.

The period of performance for these cooperative agreement awards is through FY2018. Cooperative agreement funding is disbursed in two separate budget periods with the second budget year funding dependent on grantee performance in the previous year. Grantees must submit a non-competitive continuation application which CMS reviews along with grantee progress documented in the required semi-annual reports. The award terms and conditions require grantees to submit reports on a timely basis, with the first report due to CMS January 30, 2017.

In this August 2019 iteration, the Cycle Va. Connecting Kids to Coverage Semi-Annual Report Template and the Cycle Vb. Connecting Kids to Coverage Final Report Template requirements and burden for the MACRA cooperative agreements and Round II grantees is removed because the data collection is complete.

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

### MACRA Cycle Vb. Round III (Extension)

On November 14, 2016, CMS released a funding opportunity announcement (FOA) to award an additional \$4 million in grants to IHS providers, tribes and tribal organizations and Urban Indian organizations as specified in the description of applicant eligibility. These grants also fund activities designed to help families understand new application procedures and health coverage opportunities in Medicaid and CHIP. Of the total \$4 million in MACRA funding, in July 2017, CMS awarded 8 cooperative agreements (Round III) in 6 states totaling just under \$4 million.

The period of performance for these cooperative agreement awards is through FY2019. Cooperative agreement funding is disbursed in two separate budget periods with the second budget year funding dependent on grantee performance in the previous year. Grantees must submit a non-competitive continuation application which CMS reviews along with grantee progress documented in the required semi-annual reports. The award terms and conditions require grantees to submit reports on a timely basis, with the first report due to CMS January 31, 2018.

In this August 2019 iteration, the Cycle Vb. Connecting Kids to Coverage Final Report Template for the Round III AI/AN cooperative agreements is due by September 30, 2019 which extends without change the associated requirements and burden.

### HEALTHY KIDS Cycle Va. (Semi-Annual Report) and Vb. (Final and Monthly Reports) (Revision)

The Helping Ensure Access for Little Ones, Toddlers and Hopeful Youth by Keeping Insurance Delivery Stable (HEALTHY KIDS) Act (Public Law 115-120), signed into law by President Trump in January 2018, reauthorized the Children's Health Insurance Program (CHIP) through federal fiscal year (FFY) 2023. In addition to financing health coverage for low-income children, the law contained provisions aimed at reducing the number of children who were eligible for Medicaid or CHIP but are not enrolled and improving retention so that eligible children stay covered for as long as they qualified. To support such efforts, HEALTHY KIDS provides a total of \$120 million for outreach and enrollment activities, including \$96 million for grants to states, local governments, community-based and non-profit organizations and others; \$12 million in grant funds exclusively for Indian health care providers and tribal entities; and \$12 million devoted to a national outreach and enrollment campaign. HEALTHY KIDS funding for outreach and enrollment grants will build upon the successful strategies facilitated by previous grant funding initiatives under the Medicare and CHIP Reauthorization Act (MACRA) Pub. L. 114-10.

Section 2113(d) of the Social Security Act requires that CMS publish enrollment data and annual reports to Congress on the grant-funded outreach and enrollment efforts. CMS has a contract with an external evaluator to assess, synthesize and report on the success and lessons of the CHIPRA, ACA, MACRA, and HEALTHY KIDS Act grants. In order to conduct the evaluation

and meet Congressional requirements, CMS periodically collects specific quantitative and qualitative data from each grantee.

On November 30, 2018, CMS released a funding opportunity announcement (FOA) to award an additional \$48 million for grants to states, local governments, community-based and non-profit organizations and others. These grants fund activities designed to reduce the number of children who are eligible for, but not enrolled in, Medicaid and CHIP, and to improve retention of eligible children who are enrolled in the programs. Of the total \$48 million in HEALTHY KIDS funding, in July 2019, CMS awarded 39 cooperative agreements in 25 states totaling up to \$48 million.

The primary goal of the HEALTHY KIDS Act cooperative agreements is to enroll eligible but uninsured children and their parents (at grantee option) into Medicaid and CHIP and assist currently enrolled children with the renewal process to keep eligible children enrolled in coverage. In order to measure this aspect of grantee performance, grantees will be required to report the following data elements on a monthly basis:

- Number of children for whom a new or renewal application was submitted during the month
- Number of children newly enrolled or renewed in coverage during the month
- Number of parents for whom a new or renewal application was submitted during the month (if the grantee proposes to target parents as well)
- Number of parents who were newly enrolled or renewed in coverage during the month (if the grantee proposes to target parents as well)

If the grantee proposes a specific target population (for example, American Indian/Alaskan Native youth), then the grantee will also report the above data elements by their target population and other population reached. Receiving this data on a monthly basis will allow CMS to provide prompt technical assistance to lower performing grantees, and if necessary, place lower performing grantees on a performance improvement plan.

The Cycle V cooperative agreements, extended for a three year period instead of two years, support outreach strategies similar to those conducted in previous grant cycles. CMS anticipates that the quantitative information collected through the monthly progress report responses and the qualitative information collected through the semi-annual and final semi-annual report responses together will allow for a more complete synthesis of program results. Another benefit is that this will allow for a more efficient data collection process for the evaluation contractor. With this data provided on a more timely basis, the evaluator can produce a more accurate and effective evaluation of grant outcomes and strategies. Because CMS is collecting the quantitative performance measures on a monthly basis, the semi-annual grantee reports will be focused on qualitative information only. This should result in a reduction in burden for the semi-annual reporting, compared to prior grant cycles.

The period of performance for these cooperative agreement awards will be through FY 2022. Cooperative agreement funding is disbursed in three separate budget periods with the succeeding budget year funding dependent on grantee performance in the previous year. Grantees must submit a non-competitive continuation application which CMS reviews along with grantee

progress documented in the required semi-annual reports. The award terms and conditions require grantees to submit reports on a timely basis, with the first report due to CMS by August 31, 2019.

This August 2019 iteration sets out revisions to the currently approved templates for the Semi-Annual and Final Report Templates and the Monthly Progress Report Templates. Revisions to the Semi-Annual and Final Report Templates consist of the extraction of the quantitative data collection sections for enrolled and renewed children and/or parents in these templates of the current package to become the monthly progress reporting templates for general and targeted populations. This revision is to monitor the progress of the grantee in the event the grantee is not meeting timely its proposed enrollment and renewal objectives. The qualitative reporting information will continue to be collected through the SAR and Final Report Templates of this current package.

Attachments are labeled: Connecting Kids to Coverage Outreach and Enrollment Semi- Annual Report Template, Connecting Kids to Coverage Outreach and Enrollment Final Report Template, Monthly Report, and Monthly Report Targets vs Other. A crosswalk between the data elements in the Semi-Annual, Final Report and Monthly Report is also attached.

**C. Deviations from Generic Request**

No deviations are requested.

**D. Burden Hour Deduction**

The total approved burden of the generic ICR is 154,104 hours, and CMS previously requested to use 66,728 hours, leaving our burden ceiling at 87,376 hours.

The total approved burden for the current package was for 3,388 hours. These hours have been removed from the Burden Summary of the current package due to the completion of the Cycle IV Final Report, the Cycle Va. and the Cycle Vb. of the AI/AN Round II grantees.

*Wage Estimates*

To derive average costs, we used data from the U.S. Bureau of Labor Statistics’ May 2018 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 and overhead (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 Benefits and Overhead (\$/hr)</b>	<b>Adjusted Hourly Wage (\$/hr)</b>
Community and Social Service	21-0000	23.69	23.69	47.38

<b>Occupation Title</b>	<b>Occupation Code</b>	<b>Mean Hourly Wage (\$/hr)</b>	<b>Fringe Benefits and Overhead (\$/hr)</b>	<b>Adjusted Hourly Wage (\$/hr)</b>
Occupations				

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, we believe that doubling the hourly wage to estimate total cost is a reasonably accurate estimation method.

### *Burden Estimates*

#### Cycle IV (Revision)

For this August 2019 iteration, Cycle IV AI/AN Round II grantees' Semi-Annual Report and Final Report Addendum submissions is completed and removed. The total burden is -220 hours (22 hr/response x 10 respondents x -1 response) and -\$10,424 (\$47.38/hr x 220 hours).

#### Cycles Va. and Vb. (Revision)

For this August 2019 iteration, the Cycle Va. Connecting Kids to Coverage Semi-Annual Report Template and the Cycle Vb. Connecting Kids to Coverage Final Report Template requirements and burden for the MACRA cooperative agreements and Round II grantees is complete. The associated burden for Cycle Va. -2,304 hours (48 respondents x -3 responses x 16 hr/response) and cost of -\$109,164 (\$47.38 x -2,304 hours) is removed. For Cycle Vb. -864 hours (48 respondents x -1 response x 18 hr/response) and cost of -\$40,936 (\$47.38 x -864 hours) is removed.

#### MACRA Cycle Vb. Round III (Extension)

The Round III AI/AN respondents are required to complete the Vb. Final Report that includes both the quantitative and qualitative data collections in the current package by September 30, 2019. The associated burden is 144 hours (8 respondents x 1 response x 18 hr/response) for a cost of \$6,823 (\$47.38/hr x 144 hours).

#### HEALTHY KIDS Cycles Va. (Semi-Annual Report) and Vb. (Final and Monthly Reports) (Revision for both Cycles)

The Cycle Va. Semi-Annual and Cycle Vb. Final Report has been modified with the extraction of the quantitative data collection section for the newly enrolled and renewal of children and/or parents in the general and/or targeted populations to create the Monthly Report templates. Cycle Va. and Cycle Vb. templates for the HEALTHY KIDS respondents will continue to include the qualitative data collection sections and the quantitative data collection sections will be in the monthly report templates. The quantitative data collection sections from the Semi-Annual and



Final Report templates is similar and the hours associated to complete the quantitative data collection is about 25 percent (4 hours) of the hours needed to complete the current Cycle Va. and Cycle Vb. respectfully. The hours for the burden per response is modified to reflect the hours to complete the qualitative data collection and the hours to complete the quantitative monthly report. The associated burden for Cycle Va. Semi-Annual Report is 2,340 hours (39 respondents x -5 Va./semi-annual report responses/period of performance x 14 hr/response) and \$110,869 (\$47.38/hr x 2,340 hours). The associated burden for Cycle Vb. Final Report is 546 hours (39 respondents x -1 Vb./final report responses/period of performance x 14 hr/response) and \$25,869 (\$47.38/hr x 546 hours). The associated burden for the monthly report is 5,616 hours (39 respondents x 36 report responses/period of performance x 4 hr/response) and \$266,086 (\$47.38/hr x 5,616 hours).

### *Burden Summary*

<b>Cycle</b>	<b>No. Respondents</b>	<b>Total Responses</b>	<b>Burden per Response (hours)</b>	<b>Total Annual Time (hours)</b>	<b>Labor Cost of Reporting (\$/hr)</b>	<b>Total Cost (\$)</b>
IV (final)	(10)	(1)	(22)	(220)	(47.38)	(10,424)
Va.	(48)	(3)	(16)	(2,304)	(47.38)	(109,164)
Vb.	(48)	(1)	(18)	(864)	(47.38)	(40,936)
MACRA Vb. Round III (Final)	8	1	18	144	47.38	6,823
HEALTHY KIDS Va. (Semi-Annual)	39	195 (39 x 5)	12* (16-4)	2,340	47.38	110,869
HEALTHY KIDS Vb. (Final)	39	39 (39 x 1)	14* (18-4)	546	47.38	25,869
HEALTHY KIDS Vb. Monthly Reports	39	1,404 (39 x 36)	4* (18-14)	5,616	47.38	266,086
<b>TOTAL</b>	<b>47</b>	<b>1,634</b>	<b>Varies</b>	<b>5,258</b>	<b>47.38</b>	<b>249,123</b>

\*As discussed, the currently approved per response figures have been revised based on the extraction of the quantitative data collection sections.

### *Information Collection Instruments and Instruction/Guidance Documents*

- MACRA Cycle Vb. Round III Connecting Kids to Coverage Outreach and Enrollment Final Report Template (No changes)
- HEALTHY KIDS Cycle Va. Connecting Kids to Coverage Outreach and Enrollment Semi-Annual Report Template (qualitative report) (Revised to extract quantitative collection)

- HEALTHY KIDS Cycle Vb. Connecting Kids to Coverage Outreach and Enrollment Final Report Template (qualitative report) (Revised to extract quantitative collection)
- HEALTHY KIDS Cycle Vb. Monthly Report for a general population (quantitative reporting collection extracted from the approved Semi-Annual Report Template) (Revised to create monthly template)
- HEALTHY KIDS Cycle Vb. Monthly Report Targets vs Other (quantitative reporting collection extracted from the approved Semi-Annual Report Template) (Revised to create monthly template)

A grantee only has to complete one monthly template unless the grantee has chosen to do both the general and targeted populations which is somewhat rare.

## E. Timeline

The HEALTHY KIDS Cycle V Monthly Report template for the general or targeted populations was originally a part of the Semi-Annual and Final Report Template and has been redesigned as a monthly data collection to obtain quantitative data for a total of thirty-six (36) times over a three year period. Receiving this data on a monthly basis will allow CMS to provide prompt technical assistance to lower performing grantees, and if necessary, place lower performing grantees on a performance improvement plan. In addition, with the monthly data collection provided on a more timely basis, the evaluator can produce a more accurate and effective evaluation of grant outcomes and strategies. The data from the monthly reports along with the qualitative collected from the semi-annual reports together will allow for a more complete synthesis of program results. The proposed period of performance for this grant will end June 30, 2022.

The MACRA Cycle Vb. Round III AI/AN Connecting Kids to Coverage Final Report template is part of the approved current package and while the period of performance for these cooperative agreements concluded on June 30, 2019, grantees must still submit their final reports in order to close-out the grant.

The HEALTHY KIDS Cycle V template, the Va. Connecting Kids to Coverage Outreach and Enrollment Semi-Annual Report, and the Vb. Connecting Kids to Coverage Final Report are designed to collect reports semi-annually for a total of five times and once at the end of the grant performance period incorporating the last semi-annual and final report. The period of performance may vary based on whether or not CMS approves no cost extensions for these grants.

Grant financial and program reporting customarily falls on the end of a fiscal quarter, the HEALTHY KIDS Cycle V award coincides with a fiscal quarter. The following chart includes the proposed Cycle V cooperative agreement planned program reporting periods and report due dates.

<b>Reporting Period</b>	<b>Due Date</b>
MACRA Cycle Vb. Connecting Kids to Coverage Final Report	September 30, 2019

<b>Reporting Period</b>	<b>Due Date</b>
(Round III AI/AN cooperative agreements)	

<b>Reporting Period</b>	<b>Due Date</b>
<b>HEALTHY KIDS Cycle Va. Connecting Kids to Coverage Semi-Annual Report</b>	
July 1, 2019 to December 31, 2019	TBD based on date of OMB approval January 30, 2020
January 1, 2020 to June 30, 2020	July 30, 2020
July 1, 2020 to December 31, 2020	January 30, 2021
January 1, 2021 to June 30, 2021	July 30, 2021
July 1, 2021 to December 31, 2021	January 30, 2022
<b>HEALTHY KIDS Cycle Vb. Connecting Kids to Coverage Monthly Report</b>	
July 1, 2019 through June 30, 2022	Due within 30 days after the end of the preceding month. First report due August 31, 2019
<b>HEALTHY KIDS Cycle Vb. Connecting Kids to Coverage Final Report</b>	
July 1, 2019 through June 30, 2022	September 30, 2022