

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

The Medicaid and CHIP Program (MACPro) data system is a web-based 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.

The purpose of this package is to continue this collection by extending OMB's approval for another three years. This package updates our cost estimates by using the most current BLS/other wage estimates. This package does not add any new collections, nor does it make any program changes or burden (time) changes/adjustments.

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 2018) 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). 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)
Medical and Health Services Manager	11-9111	\$54.68	\$54.68	\$109.36

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

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 \$54.68 with a fringe benefit of 100% giving us an hourly wage of \$109.36. Thus the cost for a respondent to complete the response report is estimated at \$1,421.68. There is a total of 56 responses giving us a total cost of \$79,614.08.

Information Collection Instrument

GenIC #3 - Screen Shots ABP.pdf

E. Timeline

Not applicable.