

Medicaid and CHIP Program (MACPro) Template

Generic Clearance for Medicaid and CHIP Program (MACPro) Submissions
(CMS-10434, OMB 0938-1188)

**MACPro Information Collection # 15
Medicaid State Plan Eligibility**

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 Medicaid State Plan Eligibility (SPA) collection is currently approved under the generic clearance process under OMB control number 0938-1148 (CMS-10398 #15). Under that information collection request the Medicaid State Plan Eligibility template was processed through one of our electronic web-based reporting systems known as the Medicaid Model Data Lab (MMDL). Electronic reporting in MMDL have now transitioned to MACPro to comport with regulatory requirements of a standardized template, which is periodically updated and formatted as specified by the Secretary. In addition, to reduce the burden for states, previously approved Medicaid State Plan Eligibility in MMDL were migrated into the MACPro system for states to use when they amend their Medicaid State Plan Eligibility benefit or to create new Medicaid State Plan Eligibility Plan Eligibility programs. This transition is necessary since the MACPro system will become the sole system of record and supports CMS' initiative to improve processes by providing states with: reviewable units with built-in logic to ensure consistency across states and provide clear policy guidance; simplify templates that eliminate the need for many same page reviews; automate workflows to reduce unnecessary delay; clear, centralized communication processes; and improve transparency that allows states to check the status of their submissions.

Once approved under MACPro, the Medicaid State Plan Eligibility information collection request will be removed from OMB control number 0938-1148 to avoid duplication of requirements and burden.

CMS acknowledges and understands that Crosswalks are typically required for delineating changes to reporting instruments. In this case, however, we are requesting an exemption from including any Crosswalks in this June 2019 iteration since the changes are limited to migrating from the MMDL legacy system to the MACPro system and the Crosswalk would be very difficult and burdensome to produce because the MMDL format is dramatically different from the MACPro structured data layout. Moreover, the Crosswalk would be somewhat useless since it would be very difficult for readers to understand and follow because of the extensive reordering and reformatting of the templates. Once this transition is approved, CMCS will be providing OMB with Crosswalks when changes are being proposed for our reporting instruments and/or instruction/guidance.

B. Description of Information Collection

Section 1901 of the Social Security Act (42 U.S.C. 1936) requires States to establish a State plan for medical assistance that is approved by the Secretary to carry out the purpose of Title XIX. The State plan is a comprehensive document (approximately 700 pages) comprised of semi-structured templates developed by CMS and completed by State Medicaid agencies. The State plan functions as a contract between the State and Federal government, describing how the State will implement its program in accordance with Federal laws and regulations in order to secure Federal funding.

When a State wants to change their Medicaid eligibility, the State Medicaid agency is responsible for developing an amendment submission for CMS approval, also called a State plan amendment or SPA. The State completes the templates relevant to the program change it seeks and submits the SPA to CMS for approval. The SPA submission includes the relevant eligibility pages the State wishes to update or revise. A State may amend one or more of the plan pages at a time. The Medicaid Eligibility Forms (attached), presented for clearance, are used to capture data and information for Medicaid State Plan Eligibility changes related to financial and non-financial eligibility for certain family and adult eligibility groups. These are required Forms for completing this type of Medicaid Eligibility SPA submission.

The Medicaid State Plan Eligibility SPA in MACPro are separated into reviewable units that contain check-off items and free text areas for a State to describe its Medicaid State Plan Eligibility. The reviewable units (RUs) in the template are listed below under section D, under *Information Collection Instruments and Instruction/Guidance Documents*.

C. Deviations from Generic Request

No deviations are requested.

D. Burden Hour Deduction

The total approved burden ceiling of the generic ICR is 96,844 hours, and CMS previously requested to use 8,622 hours, leaving our burden ceiling at 88,222 hours.

Wage Estimates

To derive average costs, we are using 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). 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.

Occupation Title	Occupation Code	Mean Hourly Wage	Fringe Benefits and Overhead	Adjusted Hourly Wage
Business Operations Specialist	13-1000	\$35.52/hr	\$35.52/hr	\$71.04/hr

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 (Time and Cost) Estimates

CMS estimates that each State will complete the collection of data and submission to CMS within 20 hours. There is a potential universe of 56 respondents, so the total burden deducted from the total for this request is 1,120 hours.

In aggregate, we estimate a burden of 1,120 hours (56 responses x 20 hr) at a cost of \$79,565 (1,120 hr x \$71.04/hr).

Information Collection Instruments and Instruction/Guidance Documents

The template's RUs consist of the following. All of the RUs set out changes that are limited to migrating from the MMDL legacy system to the MACPro system. As indicated above, Crosswalks are not included in this June 2019 iteration.

The PRA Disclosure Statement can be found in QSSI-MACPro-PRA-A1.pdf on page 4.

- (1) Designation and Authority (See Document QSSI-MACPro-PRA-A1)
- (2) Intergovernmental Cooperation Act Waivers (See Document QSSI-MACPro-PRA-A2)
- (3) Eligibility Determinations and Fair Hearings (See Document QSSI-MACPro-PRA-A3)
- (4) Organization and Administration (See Document QSSI-MACPro-PRA-A4)
- (5) Single State Agency Assurances (See Document QSSI-MACPro-PRA-A5)
- (6) Submission Summary (See Document QSSI-MACPro-PRA-I1)
- (7) Medicaid State Plan (See Document QSSI-MACPro-PRA-I2)
- (8) Public Comment (See Document QSSI-MACPro-PRA-I3)
- (9) Tribal Input (See Document QSSI-MACPro-PRA-I4)
- (10) Other Comment document (See Document QSSI-MACPro-PRA-I5)
- (11) MAGI Based Methodologies (See Document QSSI-MACPro-PRA-S10)
- (12) MAGI Based Methodologies – Territories (See Document QSSI-MACPro-PRA-S10T)
- (13) Reasonable Classification of Children All (See Document QSSI-MACPro-PRA-S11)
- (14) Reasonable Classification of Children Limit (See Document QSSI-MACPro-PRA-S11a)
- (15) Income Standard (See Document QSSI-MACPro-PRA-S13a)
- (16) AFDC Income Standards (See Document QSSI-MACPro-PRA-S14)
- (17) Income Standards – Poverty Level – Territories (See Document QSSI-MACPro-PRA-S14a)
- (18) Income Standards - AFDC-related – Territories (See Document QSSI-MACPro-PRA-S14t)
- (19) Presumptive Eligibility for Children under Age 19 (See Document QSSI-MACPro-PRA-S16)
- (20) Qualified Entities (See Document QSSI-MACPro-PRA-S17)
- (21) Financial Eligibility Requirements for Non-MAGI Groups (See Document QSSI-MACPro-PRA-S2)

- (22) Presumptive Eligibility by Hospitals (See Document QSSI-MACPro-PRA-S21)
- (23) Parents and Other Caretaker Relatives (See Document QSSI-MACPro-PRA-S25)
- (24) Presumptive Eligibility for Parents and Other Caretaker Relatives (See Document QSSI-MACPro-PRA-S25a)
- (25) Pregnant Women (See Document QSSI-MACPro-PRA- QSSI-MACPro-PRA-S28)
- (26) Presumptive Eligibility for Pregnant Women (See Document QSSI-MACPro-PRA-S28a)
- (27) Presumptive Eligibility for Pregnant Women (See Document QSSI-MACPro-PRA-S28t)
- (28) Financial Eligibility Requirements for Non-MAGI Groups – Territories (See Document QSSI-MACPro-PRA-S2t)
- (29) Optional Eligibility Groups (See Document QSSI-MACPro-PRA-S3)
- (30) Infants and Children under Age 19 (See Document QSSI-MACPro-PRA-S30)
- (31) Infants and Children under Age 19 – Territories (See Document QSSI-MACPro-PRA-S30t)
- (32) Adult Group (See Document QSSI-MACPro-PRA-S32)
- (33) Adult Group - Presumptive Eligibility (See Document QSSI-MACPro-PRA-S32a)
- (34) Adult Group - Presumptive Eligibility – Territories (See Document QSSI-MACPro-PRA-S32t)
- (35) Former Foster Care Children (See Document QSSI-MACPro-PRA-S33)
- (36) Former Foster Care Children – Presumptive Eligibility (See Document QSSI-MACPro-PRA-S33a)
- (37) De-selected (See Document QSSI-MACPro-PRA-S3a)
- (38) Mandatory Eligibility Groups (See Document QSSI-MACPro-PRA-S4)
- (39) Individuals above 133% FPL under Age 65 (See Document QSSI-MACPro-PRA-S50)
- (40) Individuals above 133% FPL under Age 65 - Presumptive Eligibility (See Document QSSI-MACPro-PRA-S50a)
- (41) Optional Coverage of Parents and Other Caretaker Relatives (See Document QSSI-MACPro-PRA-S51)
- (42) Reasonable Classification of Individuals under Age 21 (See Document QSSI-MACPro-PRA-S52)
- (43) Children with Non IV-E Adoption Assistance (See Document QSSI-MACPro-PRA-S53)
- (44) Optional Targeted Low Income Children (See Document QSSI-MACPro-PRA-S54)
- (45) Individuals with Tuberculosis (See Document QSSI-MACPro-PRA-S55)
- (46) Independent Foster Care Adolescents (See Document QSSI-MACPro-PRA-S57)
- (47) Individuals Eligible for Family Planning Services (See Document QSSI-MACPro-PRA-S59)
- (48) Individuals Eligible for Family Planning Services - Presumptive Eligibility (See Document QSSI-MACPro-PRA-S59a)
- (49) State Residency (See Document QSSI-MACPro-PRA-S88)
- (50) Citizenship and Non-Citizenship (See Document QSSI-MACPro-PRA-S89)
- (51) Eligibility Process (See Document QSSI-MACPro-PRA-S94)
- (52) Application (See Document QSSI-MACPro-PRA-S94a)

E. Timeline

Not applicable.