

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

**Generic Information Collection # 45  
Maternal and Infant Health Quality**

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 Maternal and Infant Health Quality Measures collection is currently approved under the generic clearance process under OMB control number 0938-1148 (CMS-10398 #45). Under that information collection request The Maternal Infant Health Quality Measures was processed through a paper based template. This paper template has now transitioned to MACPro to comport with regulatory requirements of a standardized template, which is periodically updated and formatted as specified by the Secretary. 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 Maternal and Infant Health Quality Measures 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 February 2019 iteration since the changes are limited to migrating from the paper based template to the MACPro system and the Crosswalk would be very difficult and burdensome to produce because the paper based template 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 1139B of the Social Security Act, as added by Section 2701 of the Affordable Care Act required the Secretary of the Department of Health and Human Services (HHS) to identify and publish an initial core set of health quality measures for adult Medicaid enrollees (Adult Core Set). The law also required the development of a standardized reporting format for states that volunteer to report on the Adult Core Set measures. Additionally, the law notes that the Secretary of HHS shall issue updates to the Adult Core Set beginning in January 2014, and annually thereafter. To aid in the assessment of the quality of care for Medicaid-eligible adults, the law

calls for HHS to also establish an adult quality measurement program to fund the development, testing, and validation of emerging and innovative evidence-based adult health quality measures.

This provision provides the support to address a wide range of adult quality measurement issues including maternal and reproductive health. Considering the importance of Medicaid and CHIP as the payer for almost half of all births, and building upon an Expert Panel's discussions and existing and planned Center for Medicaid and CHIP Services (CMCS) improvement activities, CMCS announced on July 18, 2014, a new Initiative to improve maternal and infant health outcomes in collaboration with partners. The Initiative is a strategy designed to: (1) improve the rate and content of postpartum visits; and (2) increase the use of effective methods of contraception among women in Medicaid and CHIP. The Initiative is largely a women's health Initiative that will have an impact on outcomes of both women and infants.

The initial Adult Core Set included a measure that is useful for assessment of the first Initiative goal. However, gaps exist in some of the pertinent reproductive health domains. In order to gather more data on the second Initiative goal, states are encouraged to uniformly collect and report on new developmental quality measures identified to address this gap area. Through a grant, Adult Medicaid Quality: Improving Maternal and Infant Health Outcomes in Medicaid and CHIP (MIHI Grant), CMS is supporting the data collection, measurement and reporting efforts of 13 states for new contraception utilization measures related to the Initiative. Please reference the technical specifications and resource manual for Maternal and Infant Health Initiative Contraceptive Care Measures<sup>1</sup> for detailed information for standardized measure reporting.

With the approval of this collection, CMS seeks to establish voluntary state reporting of the CMCS Maternal and Infant Health Initiative Developmental Measures. CMS also seeks approval for required reporting by the MIHI grantees.

The Maternal and Infant Health Quality Measures in MACPro are separated into reviewable units that contain check-off items and free text areas for a State to describe its Maternal and Infant Health Quality Measures. The reviewable units (RUs) in the template include:

- (1) Admin Screen (See Document MIHQM1)
- (2) Contraceptive Care (See Document MIHQM2)

### **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 88,232 hours.

### *Wage Estimates*

---

<sup>1</sup> [https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmihi\\_resource-manual.pdf](https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmihi_resource-manual.pdf)

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](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</b> | <b>Fringe Benefits and Overhead</b> | <b>Adjusted Hourly Wage</b> |
|-------------------------------------|------------------------|-------------------------|-------------------------------------|-----------------------------|
| Medical and Health Services Manager | 11-9111                | \$54.68/hr              | \$54.68/hr                          | \$109.36/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, there is no practical alternative and we believe that doubling the hourly wage to estimate total cost is a reasonably accurate estimation method.

*Burden (Time and Cost) Estimates*

States can choose to submit data on up to two (2) Maternal and Infant Health Initiative Developmental Measures, and may provide, at their option, measurement data stratified by race, primary spoken language, disability status, or geography. States who received the MIHI grant will be required to report on one (1) measure but may report on two (2) measures, depending on the terms and conditions of the referenced grant. The following burden estimate considers two (2) measures for both grantee and non-grantee states.

The information requested in this collection is readily available to states, and CMS estimates that each state will complete the collection of data and submission to CMS within 1 hour. There is a potential universe of 56 respondents (13 MIHI grantee states plus 43 non-grantee states) that will submit 2 responses a year. In aggregate, we estimate 112 hours (56 respondents x 2 responses x 1 hour/response) at a cost of \$12,248 (112 responses x \$109.36/hr).

*Information Collection Instruments and Instruction/Guidance Documents*

- MIHQM1 – QSSI-MACPro-PRA-MIHQM2017-AdminScreen.pdf (Revised)
- MIHQM2 – QSSI-MACPro-PRA-MIHQM2017-CCW (Revised)

**E. Timeline**

Not applicable.