Supporting Statement – Part A
Medicaid and CHIP Program (MACPro)
CMS-10434 (OMB 0938-1188)

Background

CMS is in the process of evaluating Medicaid systems currently operating, and building an enterprise architecture platform and data repository. The goal is for CMS to allow for a single point of entry to access various program and operational data applications. This effort is being implemented in phases over the next several years. Phase 1 provided for a Medicaid and CHIP Program (MACPro) data system access through a web 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. Future project phasing will provide for the design, delivery and implementation of financial management programs and performance and quality metrics.

This package seeks OMB approval to migrate from the current "paper based" system and transition MACPro to a fully functioning electronic system so that MACPro becomes the sole system of record. MACPro will be the required means for states to amend Medicaid and CHIP state plans, waivers, and demonstrations. Eventually, the MACPro system will provide access to all the State Plans and other program data by all CMS MACPro users according to their user roles.

A. Justification

1. Need and Legal Basis

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. As a result of the Affordable Care Act (Public Law 111-148 – Patient Protection and Affordable Care Act) an additional 16 million people became eligible for Medicaid and CHIP. In order to accommodate the influx and 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 under CHIP.

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.

CMS seeks to approve future MACPro templates under the generic package on a flow basis in accordance with the current strategic release planning approach which maximizes cost effectiveness, efficiency, and business process by systematically releasing sections of interdependent collection forms as they are developed and completed, thus reducing administrative burden.

CMS, States, or a designated third party, will need to validate that the complete approved SPA pages have been integrated into the system for displaying Medicaid and CHIP data. The validation process will have to be completed before the templates are functional; and will take time. Processing the MACPro templates under the generic package will provide us with additional time to perform the critical step of information verification.

2. Information Users

The MACPro system will be the system of record required by statute. 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.

Specifically, it will be used by State agencies to:

- Submit and amend Medicaid State Plans, CHIP State Plans and Information System Advanced Planning Documents (APDs);
- Submit applications and amendments for State waivers, demonstrations, and benchmark and grant programs,
- Submit reporting data.

And MACPro will be used by CMS to:

- Provide for the review and disposition of applications,
- Monitor and track application activity, and
- Analyze performance metrics.

3. Use of Information Technology

The current collection material (from paper and MMDL) minimally utilizes any automated, electronic or mechanical techniques. Current collection information is free form text, not related, not aligned, not integrated and does not have the ability to be aggregated or analyzed.

Transforming the Medicaid and CHIP data enterprise is necessary to complete the requirements of the Affordable Care Act. The requirements seek to remove redundancy within CMS and the State Medicaid and CHIP operating agencies, to significantly boost

program integrity efforts, and as the foundation for a data driven culture change, improve performance and accountability across the enterprise.

The transformed Medicaid system will be the foundation for creating a new data driven culture. Data streams will be designed to be fully integrated and linkable across our programs and with other administrative agencies.

Additionally, regarding this package's compliance with the Government Paperwork Elimination Act (GPEA):

Q. Is this collection currently available for completion electronically?
A. Yes, the following collections: Gen-IC #17 CHIP MACRO Templates and Gen-IC #18 Alternative Benefit Plans.

Q. Does this collection require a signature from the respondent(s)?
A. No. However, the collection will require certification/assurance from a respondent.

Q. If CMS had the capability of accepting electronic signature(s), could this collection be made available electronically?
A. Yes

Q. If this collection isn't currently electronic but will be made electronic in the future, please give a date (month & year) as to when this will be available electronically and explain why it can't be done sooner.
A. The electronic collections will be made available on a flow basis as they are coded in MACPro; the first phase launched January 29, 2016.

Q. If this collection cannot be made electronic or if it isn't cost beneficial to make it electronic, please explain.
A. N/A

4. Duplication of Efforts

This information collection does not duplicate any other effort and the information cannot be obtained from any other source.

5. Small Businesses

The respondents include states/territories. This collection does not involve any small businesses or other small entities.

6. Less Frequent Collection

Under Medicaid and CHIP State plans, there is no need to resubmit information once it is approved, unless the State elects to change its program and/or there are changes in Federal

Law, regulations, or policy. For waiver and demonstration programs, renewals of the programs are required on cycles that vary across statutory authority from 2 – 5 years. However, within the approved waiver cycle, States are not asked to resubmit information once it is approved unless the State elects to change its program.

7. Special Circumstances

OMB's approval of MACPro under the generic process is vital for CMS and for States since the implementation of SPA templates is often time sensitive and must be coordinated with the release of guidance documents such as regulations and policy letters. Additionally, the release of some SPA templates must consider the States' time constraints to comply with statutory and regulatory deadlines as defined under 42 CFR 430.12.

8. Federal Register/Outside Consultation

Federal Register

The 60-day Federal Register notice published on June 19, 2019 (84 FR 27636). We did not receive any comments. Also, the 30 day Federal Register notice published on August 15, 2019 (84 FR 41722). We did not receive any comments.

Outside Consultation

CMS convened a workgroup that consisted of States and the National Association of Medicaid Directors (NAMD) to consensus build the MACPro system. Members of the workgroup have agreed to advise CMS on States' interests and needs related to the development, utility, and launch of the system. We will also ask their help in briefing Medicaid Directors, and otherwise work with NAMD on this effort as needed. Assistance will entail monthly conference calls, beta-testing, and other input opportunities. This is an ongoing effort that is currently active.

9. Payments/Gifts to Respondents

No incentives or gifts will be offered to MACPro respondents.

10. Confidentiality

States are required under 42 CFR 431.300(a) to safeguard recipient protected information. Accordingly, each State maintains a State Plan providing safeguards that restrict the use or disclosure of information concerning applicants and recipients directly connected with the administration of the plan per Section 1902(a)(7) of the Social Security Act.

11. Sensitive Questions

The data collections will not contain any questions concerning sexual behavior and attitudes, religious beliefs, or other matters that are commonly considered sensitive or

private.

12. Burden Estimates (Hours & Wages)

The migration from the status quo "paper based" and electronic systems for Medicaid and CHIP program data is currently underway and transitioning into MACPro so that the MACPro system becomes the sole system of record. MACPro will be the required means for states to amend Medicaid and CHIP state plans, waivers, and demonstrations.

PDF images of state plan documents will be posted in MACPro as the working copy of the State Plan, and until the state amends that section using the approved MACPro template for that authority. Eventually, the MACPro system will provide access to all the State Plans and other program data for all CMS MACPro users according to their user roles.

The annual burden estimate (see below under section 12.3) considers the currently approved collections that we seek to continue along with the collections projected (see attached) over the upcoming 3-year approval period.

12.1 Currently Approved MACPro Collections

The following requirements/burden were approved by OMB on August 7, 2017, and are unchanged with respect to requirements and time estimates. Details specific to the requirements and burden are set out in their respective generic information collection Supporting Statements which are attached to this revised information collection request.

Required and Ongoing Tasks	Total Number of Respondents	Range of Time for Completing the Form (hours)	Total Form Completion Burden (hours)
Required Non-Authority Specific (Home Page and Initial Application) Forms	56	5.5	308
Medicaid Administration	56	3	168
CHIP Administration and Eligibility	56	28	1,568
Alternative Benefit Plan (ABP)	56	13	728
Health Home State	30	80	2,400

Required and Ongoing Tasks	Total Number of Respondents	Range of Time for Completing the Form (hours)	Total Form Completion Burden (hours)
Plan			
Health Home Core Sets	30	40	1,200
Adult and Child Core Sets	112	40	8,960
Medicaid State Plan Eligibility	56	20	1,120
Maternal and Infant Health Quality	56	2	112
Completion of All Forms	**56**	**2 – 80**	**16,564**

Details are set out in the attached GenIC Supporting Statements: GenIC #1 (Initial Application), GenIC #2 (CHIP State Plan Eligibility), GenIC #3 (Alternative Benefit Plans (ABPs), GenIC #22 (Health Home State Plan Eligibility), GenIC #47 (Health Home Core Sets), GenIC #26 (Adult and Child Core Sets), GenIC #15 (Medicaid State Plan Eligibility), and GenIC #45 (Maternal and Infant Health Quality).

12.2 Projected Collections

For the upcoming three-year approval period, we estimate the time involved for completing a template is 20 hours for shorter/less complex templates and 40 hours for templates that are more comprehensive/complex. Under the above scenario, each State could spend up to 1,420 hours to produce 60 responses including 15 complex templates requiring 40 hours and 41 shorter templates requiring 20 hours (1,540 hours = [15 templates * 40 hours] + [41 templates * 20 hours]). If all 56 respondents spent 1,420 hours over the 3-year period, the total 3-year burden would be approximately 78,656 hours (1,420 hours * 56 States).

Among the collections submitted for approval under MACPro will be relevant collections that are currently approved under our generic umbrella information collection request (CMS–10398; OMB control number 0938–1148), certain collections approved as a regular stand-alone information collections, and upcoming collections. A list of those collections is included in this PRA package. We estimate 1,624 hours for the relevant collections that are currently approved under our generic umbrella information collection request (CMS–10398) along with several upcoming collections. A list of the currently projected ICRs has been added to this package.

The templates that are being collected are in MMDL (an interim electronic system solution to MACPro). CMS plans to discontinue the current collection and move it under MACPro on a continuing basis as they are entered and functioning in MACPro. The formal discontinuation request will be submitted after the collection is approved by OMB under this MACPro package.

12.3 Total Burden

Currently, OMB has approved 16,564 hours of burden (see section 12.1, above). We seek to carry over all of the approved burden hours and add that to our CMS-10398 projections (see 1,624 hours in section 12.2, above) along with our 3-year projected burden of 78,656 hours (see section 12.2, above). We estimate a total ceiling of 96,844 hours (78,656 hrs + 1,624 hrs + 16,564 hrs) for the upcoming 3-year approval period.

13. Capital Costs

The currently approved data collections will not require any capital or maintenance costs. We do not anticipate that future collections will have any costs since MACPro costs will be borne by CMS.

14. Cost to Federal Government

The Costs to the Federal Government are as shown in the chart below. These costs are for design, development, and maintenance of the MACPro system.

	FY19	**FY20**	**FY21**
MACPro Total	$14,408,191.88	$10,863,195.34	$6,030,241

Average $10,433,876/year.

15. Changes to Burden

We are requesting that this package be converted from a regular PRA package to a generic package. OMB's approval of MACPro under the generic process is vital for CMS and for States since the implementation of SPA templates is often time sensitive and must be coordinated with the release of guidance documents such as regulations and policy letters. Additionally, the release of some SPA templates must consider the States' time constraints to comply with statutory and regulatory deadlines.

Currently, OMB has approved 16,564 hours of burden (see section 12.1, above). We seek to carry over all of the approved burden hours and add that to our CMS-10398 projections (see 1,624 hours in section 12.2, above) along with our 3-year projected burden of 78,656 hours (see section 12.2, above). We estimate a total ceiling of 96,844 hours (78,656 hrs + 1,624 hrs + 16,564 hrs) for the upcoming 3-year approval period.

16. Publication/Tabulation Dates

There are no plans to publish the collected information.

17. Expiration Date

CMS would like an exemption from displaying an expiration date as these forms are used on a continuing basis.

18. Certification Statement

This submission requires no exceptions to the Certificate for Paperwork Reduction Act (5 CFR 1320.9).