Supporting Statement A
Medicaid Promoting Interoperability Program Document Templates
CMS-10292, OMB 0938-1088

Background

The American Recovery and Reinvestment Act of 2009 (the Recovery Act), Pub. L. 111-5 and regulations at 42 CFR part 495, subpart D. Division B, Title IV, Subtitles A and B of the Recovery Act established the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs, as one component of the Health Information Technology for Economic and Clinical Health (HITECH) Act. HITECH, as well as the CMS final regulation, governs incentive payments to eligible professionals (EPs) and eligible hospitals to promote the adoption and meaningful use of certified EHR technology.

The Recovery Act provides 100 percent Federal financial participation (FFP) to States for incentive payments to eligible Medicaid providers to adopt, implement, upgrade, and meaningfully use certified EHR technology through 2021, and 90 percent FFP for State administrative expenses related to the program. These administrative matching funds must be for activities that are proper and efficient (as defined by OMB Circular A-87) for the administration of the Medicaid EHR Incentive Program.

As described in 42 CFR part 495, subpart D, States must submit to CMS a State Medicaid Health IT Plan (SMHP) outlining various aspects of how they will operate their Medicaid Promoting Interoperability Program. Further, for States to receive the FFP described above for the incentive payments as well as expenditures relating to their Medicaid Promoting Interoperability Program, they are required to submit for approval Advance Planning Documents that include specific information to support the state's funding request.

This 2020/2021 iteration requests OMB approval as an extension (for three years) without change. There are no program changes. While there are no burden changes, we have adjusted our cost estimate based on more recent BLS data. We have also revised the ICR title which had been, "State Medicaid HIT Plan (SMHP) and Template for Implementation of Section 4201 of ARRA." As demonstrated above, the revised title is, "Medicaid Promoting Interoperability Program Document Templates." We have also updated the PRA Disclosure Statement within each of the three ICs listed in section 12, below. The update is a non-substantive change.

A. Justification

1. Need and Legal Basis

In order to assess the appropriateness of States' requests for the administrative FFP for expenditures relating to their Medicaid Promoting Interoperability Program, including health information exchange, CMS must have sufficient information and documentation. The CMS Medicare and Medicaid EHR Incentive Programs final rule, §495.336 and §495.338 and the initial ICR for CMS-10292 include information required from States for Advanced Planning

Documents (APDs) for both planning and implementation funding under HITECH. The requirements for the SMHP submission are outlined in §495.332.

CMS would like to continue the use of the SMHP, PAPD, and IAPD templates to reduce the burden on States by clearly indicating the information required for a successful submission, and thus requests this extension.

2. Information Users

In order to assess the appropriateness of States' requests for the administrative FFP for expenditures relating to their Medicaid Promoting Interoperability Program, including health information exchange, CMS staff will review the submitted information and documentation in order to make an approval determinations for submitted SMHP, PAPD, and IAPD documents.

3. Improved Information Technology

The forms will be available in electronic format. We expect every submission to be forwarded to our agency using the electronic format. The document is completed in a user friendly format. CMS is working with other components that use the APD process (such as for MMIS or Eligibility systems) to develop requirements for a portal solution for States to submit APDs and APD reports. This electronic portal solution is under development.

4. Duplication of Similar Information

There is no duplication of effort on information associated with this collection.

5. Small Businesses

This collection does not impact small businesses.

6. Less Frequent Collection

States are only required to provide this information if they are specifically seeking FFP for efforts related to the Medicaid Promoting Interoperability Program, including health information exchange. States that are not seeking FFP for this purpose do not need to submit this additional SMHP, PAPD, or IAPD documentation. With the exception of the annual update, once any documents are approved, there is no need to resubmit additional documents, unless the State initiates a change. This process is a longstanding process to implement States Medicaid IT systems and has been used for years. States must submit annual SMHP updates under the final rule.

7. Special Circumstances

There are no special circumstances that would require an information collection to be conducted in a manner that requires respondents to:

- Report information to the agency more often than quarterly;

- Prepare a written response to a collection of information in fewer than 30 days after receipt of it;
- Submit more than an original and two copies of any document;
- Retain records, other than health, medical, government contract, grant-in-aid, or tax records for more than three years;
- Collect data in connection with a statistical survey that is not designed to produce valid and reliable results that can be generalized to the universe of study,
- Use a statistical data classification that has not been reviewed and approved by OMB;
- Include a pledge of confidentiality that is not supported by authority established in statute or regulation that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or
- Submit proprietary trade secret, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.

8. Federal Register Notice/Outside Consultation

The 60-day notice published in the Federal Register on November 27, 2020 (85 FR 76078). We did not receive any comments.

The 30-day notice published in the Federal Register on February 4, 2021 (86 FR 8202). Comments are due on/by March 8, 2021.

9. Payment/Gift to Respondent

There are no payments of gifts associated with this collection.

10. Confidentiality

There is no personal identifying information collected in the documents. All the information is available to the public.

11. Sensitive Questions

There are no sensitive questions associated with this collection. Specifically, the collection does not solicit questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private.

12. Collection of Information Requirements and Associated Burden Estimates

Wage Estimates

To derive average costs, we used data from the U.S. Bureau of Labor Statistics' May 2019 National Occupational Employment and Wage Estimates for all salary estimates

(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, and the adjusted hourly wage.

Estimated Hourly Wages

Occupation Title	Occupation Code	Mean Hourly Wage ($/hr)	Fringe Benefits and Overhead ($/hr)	Adjusted Hourly Wage ($/hr)
Business Operations Specialist	13-1000	36.31	36.31	72.62

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.

Requirements and Associated Burden Estimates

We estimate that it will take no more than 16 hours at $72.62/hr for a State to complete and submit the completed IAPD template and supporting documentation to CMS, assuming the State chooses to submit all the documents and/or all the documents at once.

Updates to the PAPD and IAPD are only necessary if status updates occur. States historically submit between 0 and 1 update within a 12 month period. We do not anticipate this changing over the next three years.

An annual update is requested by regulation from all states with APDs. However, qualitatively the updates take less time to complete because they are updates to existing documents and not new creations.

The potential number of respondents is 56 (50 States, D.C., and 5 territories); we estimate that most States, if not all, will submit annually.

Once approved, the State will not need to resubmit unless there is a need for revisions. Within a 12-month period states average 1.2 total submissions per state (annual plus any necessary updates). We do not anticipate this changing over the next three years.

If all States complete and submit the templates the total annual burden would be 896 hours (16 hr x 56 respondents) at a cost of $65,068 (896 hr x $72.62/hr) or $1,162 per state ($65,068/56 respondents).

Of these costs, CMS provides federal match (FFP) at a rate of 90 percent. As a result the annual total burden would be adjusted to:

$6,507 = $65,068 * 0.10

$116 per state = $6,507/56 respondents

Information Collection Instruments and Instruction Guidance Documents

- Implementation Advanced Planning Document (IAPD) Template (Non substantive change*)
- Model Checklist (Non substantive change*)
- State Medicaid HIT Plan (SMHP) Overview (Non substantive change*)

**The non-substantive change updates the PRA Disclosure Statement.*

13. Capital Costs (Maintenance of Capital Costs)

There are no capital costs.

14. Cost to the Federal Government

CMS estimates that the review of the IAPD and supporting documentation will be approximately 6 hours assuming all of the documents are submitted simultaneously. CMS further estimates that one GS-13 Step 1 in the Baltimore area, where CMS Central Office is located, at an hourly rate of $53.00 (https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2021/DCB_h.pdf) will be responsible for review and approval of these documents. As such, the cost to the Federal Government could be $17,808 ($53.00/hr x 6 hours x 56 responses) States potentially submitting materials).

15. Program or Burden Changes

This 2020/2021 iteration requests OMB approval as an extension (for three years) without change. There are no program changes. While there are no burden changes, we have adjusted our cost estimate based on more recent BLS data.

Burden Category	Total Annual Respondents	Response Frequency (per year)	Total Annual Responses	Time Per Response (hr)	Total Annual Time (hr)	Labor Cost ($/hr)	Total Annual Cost ($)
Currently Approved Burden	56	1	56	16	896	69.08	6,190
Proposed Burden	56	1	56	16	896	72.62	6,507
Change	0	0	0	0	0	+3.54	+317

We have also revised the ICR title which had been, “State Medicaid HIT Plan (SMHP) and Template for Implementation of Section 4201 of ARRA.” As demonstrated above, the revised title is, “Medicaid Promoting Interoperability Program Document Templates.” We have also updated the PRA Disclosure Statement within each of the three ICs listed in section 12, below. The update is a non-substantive change.

16. Publication and Tabulation Dates

There are no plans to publish the information for statistical use.

17. Expiration Date

CMS does not oppose the display of the expiration date, and will adhere to the PRA disclosure statement guidance for placement of an expiration date.

18. Certification Statement

There are no exceptions to the certification statement.

B. Collection of Information Employing Statistical Methods

The use of statistical methods does not apply to this form.