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 the support and partnership with states in the Medicaid & CHIP programs ensuring that state plans, waivers, and reporting align with CMS policies and Federal regulations. This effort is being implemented in phases over the next several years. Phase 1 provided for a Medicaid and CHIP Program (MACPro/Appian) 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 can access this system to submit program information into structured data templates. CMS staff reviews the submission templates for compliance with Federal statute, regulation and policy, provides feedback to the States, and track/monitor the entire review and approval process. Future projected phases include a Human-Centered approach to support the design, delivery and implementation of a unified platform that provide easily accessible information, insight and transparency into the Medicaid and CHIP programs in all states and territories to enable better program monitoring and oversight.

This package seeks OMB approval to continue the migration efforts from all "paper based" systemic and manual submissions and transition to a unified MACPro platform that functions as the electronic system so that MACPro becomes the sole system of record. MACPro will enable the consistent, efficient, and timely submission, review and adjudication of states' submissions of State Plan Amendments (SPAs), Waivers, demonstrations, Advanced Planning Documents (APD) and Managed Care Contract Rates, as well as the data collection, analysis and reporting of Quality by all CMS and State users according to their user roles.

In this 2023 iteration we propose to keep our burden ceiling at 96,844 hours. Similarly, we are not making any burden or program changes to our currently approved generic collections of information (GenICs). We propose to extend all of them. We are also not making changes to any of our currently approved reporting instruments, instruction/guidance documents, etc.

For new and revised GenICs we propose a new public review/comment process that is consistent with Medicaid generic CMS-10398 (OMB 0938-1148). Under this process we would publish 14-day Federal Register notices that will provide interested parties with an opportunity to review and comment on the generic information collection request. Instructions for obtaining the GenIC's documents and for submitting comments will be set out in each Federal Register notice.

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.

To accommodate the influx and implement the statute, CMS must provide a user-friendly application for all users to ensure the 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.

OMB's approval of MACPro under the generic PRA process is vital for CMS and for States since the implementation of SPAs and SPA amendments are 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 preprints/templates must consider the States' time constraints to comply with statutory and regulatory deadlines as defined under § 430.12.

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 is 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.

It is also 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 products and with other administrative agencies.

4. Duplication of Efforts

This information collection does not duplicate any other effort. The reported information cannot be obtained by CMS 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 and/or there are changes in Federal law, regulations, or policy.

7. Special Circumstances

Special circumstances are specific to each generic information collection. At this time, however, there are no special circumstances that does any of the following:

-Require respondents to report information to the agency more often than quarterly;
-Require respondents to prepare a written response to a collection of information in fewer than 30 days after receipt of it;
-Require respondents to submit more than an original and two copies of any document;
-Require respondents to retain records, other than health, medical, government contract, grant-in-aid, or tax records for more than three years;
-Is connected with a statistical survey that is not designed to produce valid and reliable results that can be generalized to the universe of study,
-Require the use of a statistical data classification that has not been reviewed and approved by OMB;
-Includes a pledge of confidentiality that is not supported by authority established in statue 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
-Require respondents to 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

Federal Register Notices for Extending this Collection of Information Request

The 60-day notice published in the Federal Register on May 22, 2023 (88 FR 32769). The notice is intended to comply with the requirements of the PRA and to advise the public of our intent to extend OMB's approval of the MACPro umbrella and all of the individual GenICs that fall under that umbrella. The notice also provides the public with general instructions for obtaining documents that are associated with such collections and for submitting comments.

Such documents include generic Supporting Statements which specify the respective collection's requirements and burden estimates. It also includes, as applicable, the collection's reporting instruments, instruction/guidance documents, and the like. Comments were due July 21, 2023. One comment was received and is attached to this collection of information request. That comment was submitted in response to GenIC #2 (CHIP State Plan Eligibility).

Our 30-day notice published in the Federal Register on July 27, 2023 (88 FR 48469). Comments must be received by August 28, 2023.

In both instances this umbrella Supporting Statement and all GenIC documents were posted for public review and comment during their respective comment periods.

Federal Register Notices for Upcoming GenICs

For new and revised GenICs we propose a new public review/comment process that is consistent

with Medicaid generic CMS-10398 (OMB 0938-1148). Under this process we would publish 14-day Federal Register notices that will provide interested parties with an opportunity to review and comment on the generic information collection request. Instructions for obtaining the GenIC's documents and for submitting comments will be set out in each Federal Register notice.

However, new or revised GenICs that are affiliated with an SMD or SHO letter may publish the 14-day Federal Register notice before, on, or after the issuance of the OMB's approval of the generic collection of information request. Requests that are not tied to such letters must publish the 14-day Federal Register notice a minimum of 14-days prior to OMB's approval.

For SMD and SHO letter-related GenICs, when the 14-day Federal Register notice's comment period closes after OMB's approval of the GenIC, CMS shall submit a subsequent GenIC that includes all public comments as well as CMS' response to those comments. If the collection of information requirements and/or burden need to be revised, the subsequent GenIC must address the proposed changes.

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 § 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

Our current collection of information request has a three-year burden ceiling of 96,844 hours.

During the current 3-year approval period (ending on July 31, 2023), only one GenIC was added to MACPro: Medicaid Extended Postpartum Coverage and Continuous Eligibility for Children (GenIC #77). In this regard we seek to keep that ceiling as is.

As of July 31, 2023, we have used 20,712 of the 96,844 hr ceiling.

With the exception of the number of responses, the following requirements/burden estimates are currently approved by OMB and are unchanged in this 2023 extension. More specific information regarding each of the collection's requirements and burden estimates are set out in their respective GenIC Supporting Statements, collection instruments, and supporting documents.

Information for obtaining such documents can be found in the 60- and 30-day Federal Register notices for the duration of the respective comment periods (see section 8 of this Supporting Statement for details). Irrespective of those comment periods, the documents can be found at https://www.reginfo.gov/public/do/PRAViewICR?ref_nbr=201908-0938-015#section0_anchor.

With regard to the number of responses, the active umbrella sets out 280 responses while we have used 696 responses, resulting in a deficit of minus 416 responses. To mitigate this discrepancy, we propose to increase the number of responses by 716 responses (416 + 300) and round the 280 ceiling to 300 responses.

CMS expects to generate various templates for Medicaid and CHIP State plan, waiver, and demonstration options under this authority. There is a universe of 56 potential respondents, including States and Territories. Over the course of the 3-year approval, each respondent would complete the templates that apply to their programmatic changes. No respondent would be asked to complete a specific State plan template more than once, although some reporting templates may be required more frequently. We are unable to accurately predict how many templates may be instituted under this approach. If however, each of the 56 respondents would submit an average of 20 responses per year, for a total of 60 responses over the 3-year period, this would result in an estimated burden of 1,120 (56*20) total annual responses or 3,360 (56*60) responses over the 3-year period.

The estimate of 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, for the 3-year period, each State could spend 1540 hours to produce 60 responses including 17 complex templates requiring 40 hours and 43 shorter templates requiring 20 hours (1540 hours = [17 templates * 40 hours] + [43 templates * 20 hours]). If all 56 respondents spent 1540 hours over the 3-year period, the total 3-year burden would be 86,240 hours (1540 hours * 56 States) or 28,747 hours annually (86,240 hours ÷ 3 years).

GenIC	Number of Respondents	Number of Responses	Time per Response (hours)	Total Time (hours)
#1 Required Non-Authority Specific (Home Page and Initial Application) Forms	56	56	Varies	476
#2 CHIP Administration and Eligibility	56	56	28	1,568
#3 Alternative Benefit Plan (ABP)	56	56	13	728
#15 Medicaid State Plan Eligibility	56	56	20	1,120
#22 Health Home State Plan	50	50	80	4,000
#26 Adult and Child Core Sets	56	224	40	8,960
#45 Maternal and Infant Health Quality	56	112	1	112
#47 Health Home Core Sets	30	30	40	1,200
#77 Medicaid Extended Postpartum Coverage and Continuous Eligibility for	56	56	45.5	2,548

GenIC	Number of Respondents	Number of Responses	Time per Response (hours)	Total Time (hours)
Children				
TOTAL	**56**	**696**	**Varies**	**20,712**

13. Capital Costs

Our currently approved collections of information do not require any capital or maintenance costs and we do not anticipate that future collections will have any such costs. MACPro's operation and maintenance costs are borne by CMS.

14. Cost to the Federal Government

Our estimated cost to the Federal government is shown in the following table. The costs are for design, development, and maintenance of the MACPro system.

	FY23	FY24	FY25
Total	$16,035,936	$16,355,320	$16,680,993

Average $16,357,416/year.

15. Changes to Collection of Information Requirements and Burden Estimates

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Similar to our process for generic collection of information CMS-10398 (OMB 0938-1148) for new and revised GenICs we propose a new public review/comment process whereby we would publish 14-day Federal Register notices that will provide interested parties with an opportunity to review and comment on the generic information collection request. Instructions for obtaining the GenIC's documents and for submitting comments will be set out in each Federal Register notice.

16. Publication/Tabulation Dates

There are no plans to publish the reported data.

17. Expiration Date

CMS continues to seek an exemption from displaying the expiration date on our generic information collections.

In certain cases displaying the expiration date causes unnecessary burden and confusion, especially in instances where the expiration date is near the approval date. In one real example, a GenIC was approved on October 29, 2014, while the expiration date was a few days later, on October 31, 2014. It would be confusing to respondents to forward templates on Oct 29th with an expiration date of Oct 31st of the same year. It would also be burdensome to produce and revise the expiration dates in such a short period of time.

18. Certification Statement

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