

Generic Supporting Statement
Clearance for Medicaid and CHIP State Plan, Waiver, and Program Submissions
(CMS-10398, OMB 0938-1148)

Generic Information Collection # 66 (New)
Medicaid and Children's Health Insurance Program Coronavirus
Disease 2019 Public Health Emergency Unwinding Reports

Date: February 24, 2022

Center for Medicaid and CHIP Services (CMCS)
Centers for Medicare & Medicaid Services (CMS)

A. Background

The Centers for Medicare & Medicaid Services (CMS) work in partnership with States to implement Medicaid and the Children's Health Insurance Program (CHIP). Together these programs provide health coverage to millions of Americans. Medicaid and CHIP are based in Federal statute, associated regulations and policy guidance, and the approved State plan documents that serve as a contract between CMS and States about how Medicaid and CHIP will be operated in that State. CMS works collaboratively with States in the ongoing management of programs and policies, and CMS continues to develop implementing guidance and templates for States to use to elect new options available as a result of the Affordable Care Act or to comply with new statutory provisions. CMS also continues to work with States through other methods to further the goals of health reform, including program waivers and demonstrations, and other technical assistance initiatives.

B. Description of Information Collection

The ongoing COVID-19 outbreak and implementation of federal policies to address the public health emergency (PHE) have disrupted routine Medicaid, Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) eligibility and enrollment operations. Medicaid and CHIP enrollment has grown to historic levels due in large part to the continuous enrollment requirements that states implemented as a condition of receiving a temporary 6.2 percentage point federal medical assistance percentage increase under section 6008 of the Families First Coronavirus Response Act (P.L. 116-127). As part of its response to the unprecedented emergency, CMS issued a series of guidance to assist states restore normal eligibility and enrollment operations when the PHE ends. This package describes data reporting requirements and information that states will submit to CMS when the PHE ends, to report on their plans and progress meeting guidance released through CMS State Health Official (SHO) letters to restore routine eligibility and enrollment operations.

CMS issued SHO letter #21-002, Updated Guidance Related to Planning for the Resumption of Normal State Medicaid, CHIP, and BHP Operations Upon Conclusion of the COVID-19 Public Health Emergency (August 2021 SHO letter), which outlines that states will need to restore timely application processing within 4 months after the month in which the PHE ends and process post-enrollment verifications, redeterminations based on changes in circumstances, and renewals within 12 months after the month in which the PHE ends. CMS also notified states of the obligation to complete a renewal for all beneficiaries following the end of the PHE before any adverse action could be taken.

To provide additional clarification to states on the expectations to restore routine operations when the PHE ends, CMS released SHO letter #22-00X, Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, the Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Upon Conclusion of the COVID-19 Public Health Emergency (March 2022 SHO letter or SHO letter). The March 2022 SHO letter provides additional detail on the work that must be completed and expectations of states during the 12-month period provided to restore routine operations. The letter further clarifies that states may initiate renewals for all Medicaid and CHIP enrollees within 12 months after the month in

which the PHE ends and take two additional months (14 months total) to complete initiated renewals. The SHO letter also informs states will that they will report baseline data once and submit monthly reports during the unwinding period.

CMS is requiring mandatory state reporting of their efforts to restore operations consistent with both SHO letters through two reporting instruments under the authority in sections 1902(a)(4) (A), 1902(a)(6) and 1902(a)(75) of the Social Security Act (the Act), 42 CFR 431.16 to ensure proper and efficient administration of the Medicaid program, and section 2101(a) of the Act to promote the administration of the Children’s Health Insurance Program (CHIP) in an effective and efficient manner. The Unwinding Eligibility and Enrollment Data Reporting Template (“Unwinding Data Report”) includes a baseline form (one-time submission) and a monthly reporting form for states to report their progress for restoring timely application processing and initiating and completing renewals after the PHE ends using the existing Performance Indicators portal for submission. The reporting tool will be used to monitor state progress in completing eligibility and enrollment actions within the timelines specified in the SHO letters. The Unwinding Data Report is accompanied by an excel workbook that includes the reporting tool metrics that states may use for planning purposes and a separate instruction document.

Additionally, the State Report on Plans for Prioritizing and Distributing Renewals Following the End of the Medicaid Continuous Enrollment Provisions (“State Renewals Report”) will be used to assess state’s plans for processing renewals and mitigating against inappropriate beneficiary coverage losses when states begin restoring routine Medicaid and CHIP operations after the PHE. States submit this report once through the designated PHE unwinding email box.

C. Deviations from Generic Request

No deviations are requested.

D. Burden Hour Deduction

Wage Estimates

To derive average costs, we are using data from the U.S. Bureau of Labor Statistics’ May 2020 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 BLS’ mean hourly wage, our estimated cost of fringe benefits and overhead (calculated at 100 percent of salary), and our adjusted hourly wage.

TABLE 2: National Occupational Employment and Wage Estimates

Occupation Title	Occupation Code	Mean Hourly Wage (\$/hr)	Fringe Benefits and Overhead (\$/hr)	Adjusted Hourly Wage (\$/hr)
Data Scientists and Mathematical Science Occupations, All Other	15-2098	49.47	49.47	98.94

Occupation Title	Occupation Code	Mean Hourly Wage (\$/hr)	Fringe Benefits and Overhead (\$/hr)	Adjusted Hourly Wage (\$/hr)
Project Management Specialists and Business Operations Specialists, All Other	13-1198	40.53	40.53	81.06

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.

Collection of Information Requirements and Associated Burden Estimates

The burden associated with the Unwinding Data Collection consists of the time and effort for the state to pull and analyze data for accuracy and completeness and to submit the data through the designated reporting mechanism.

There are a total of 56 respondent states and territories who may submit the Unwinding Data Report forms and the State Renewals Report.

Unwinding Data Report

Respondents will submit the Unwinding Data Report baseline form to CMS once. CMS expects that a Data Scientist would need 8 hours at \$98.94/hr to complete and submit the report. For reporting the baseline data, we estimate a one-time burden of 448 hours (8 hr x 56 respondents) at a cost of \$44,325 (448 hr x \$98.94/hr).

States also need to submit a monthly Data Report. CMS expects that a Data Scientist would need 17 hours at \$98.94/hr to complete and submit the report. The report will be submitted to CMS for 14 months. CMS estimates a Year 1 burden of 11,424 hours (17 hr/report x 12 reports x 56 respondents) at a cost of \$1,130,291 (11,424 hr x \$98.94/hr). We also estimate a Year 2 burden of 1,904 hours (17 hr/report x 2 reports x 56 respondents) at a cost of \$188,382 (1,904 hr x \$98.94/hr).

Although we expect states to report for 14 months, there may be a few states that are asked to report data beyond this 14-month timeline if they do not meet the milestones as required by guidance. We are not setting out such burden since the follow up request would be on a nonstandardized case by case basis.

State Renewals Report

Respondents will submit the State Renewals Report to CMS once. CMS expects that a Business Operations Specialist would need 8 hours at \$81.06/hr to complete and submit the report. In aggregate, we estimate a one-time burden of 448 hours (56 respondents x 8 hr) at a cost of \$36,315 (448 hr x \$81.06/hr).

Burden Summary

Unwinding Data Report and State Renewals Report Burden

Required and Ongoing Tasks	Number of Respondents	Total Number of Responses	Time for Completing the Form (hours)	Total Time (hours)	Total Cost (\$)
Unwinding Data Report @ \$98.94/hr					
Pull, analyze and submit Baseline data	56	56	8	448	44,325
Pull, analyze and submit Monthly data (Year 1)	56	672 (56 x 12 months)	17	11,424	1,130,291
Pull, analyze and submit Monthly data (Year 2)	56	112 (56 x 2 months)	17	1,904	188,382
<i>Subtotal</i>	<i>56</i>	<i>840</i>	<i>Varies</i>	<i>13,776</i>	<i>1,362,998</i>
State Renewals Report @ \$81.06/hr					
Complete and submit form	56	56	8	448	36,315
TOTAL	56	896	Varies	14,224	1,399,313

Information Collection Instruments and Instruction/Guidance Documents

The unwinding screen shots, workbook and specifications include both the baseline and monthly reporting instruments and instructions.

- Unwinding Data Report screen shots
(Activity: Unwinding Data Report – baseline and monthly reports)
- Unwinding Data Report excel workbook
(Activity: Unwinding Data Report- baseline and monthly reports)
- Unwinding Data Report specifications
(Activity: Unwinding Data Report- baseline and monthly reports)
- State Renewals Report
(Activity: State Renewals Report)

- SHO letter 21002 August 2021
- SHO letter 2200X March 2022

E. Timeline

The 14-day Federal Register notice will publish after OMB's approval of this generic collection of information request and after our release of SHO letter 22-00X.

Prompt approval of the Unwinding Data Report and the State Renewals Report in advance of the end of the PHE, currently set to expire in April 2022, is critical to supporting states as they work to restore normal operations, and to ensure CMS has timely information on states' plans and progress in meeting the expectations and timelines outlined in both SHO letters. The information received from these reporting instruments will not be published.