

Generic Supporting Statement
Eligibility Processing Data Report and Renewal Compliance Template
(CMS-10434 #66 and OMB 0938-1188, tentative)

This August 8, 2024, iteration is a revision of an active collection of information request.

The title of the active collection is “Medicaid and Children's Health Insurance Program Eligibility Processing Data Report.” With the addition of the new Compliance Assessment and Plan for Federal Medicaid and CHIP Renewal Requirements Template, we are revising the title as indicated above.

Note: Because of system limitations, we are submitting this generic collection of information request on an interim basis under CMS-10434 (OMB 0938-1188). At the appropriate time we will move this request under its proper place (CMS-10398, OMB 0938-1148) and subsequently remove it from CMS-10434 to prevent duplication. The public can monitor the status of such activities at [reginfo.gov](https://www.reginfo.gov).

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

Eligibility Processing Data Report (formerly, Unwinding Data Report)

The COVID-19 outbreak and implementation of federal policies to address the public health emergency (PHE) disrupted routine Medicaid, Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) eligibility and enrollment operations. Medicaid and CHIP enrollment grew to historic levels due in large part to the Medicaid continuous enrollment condition that states implemented as a condition of receiving a temporary federal medical assistance percentage (FMAP) increase under section 6008 of the Families First Coronavirus Response Act (P.L. 116-127). In March 2022, CMS announced that states were required to submit a one-time baseline report and an ongoing monthly report on renewal activities for their total caseload of Medicaid and CHIP enrollees prior to unwinding, including the dispositions of renewals, for a minimum of 14 months through the submission of the “Unwinding Data Report”, hereinafter referred to as the “Eligibility Processing Data Report.”

The Consolidated Appropriations Act of 2023 (P.L. 117-238) (CAA, 2023) ended the continuous enrollment condition on March 31, 2023, and required states to meet additional conditions, including conducting renewals consistent with federal requirements or CMS approved strategies, as a condition of receiving increased FMAP through December 2023. The CAA, 2023 also required states to submit and CMS to publicly report data related to redeterminations conducted between April 2023 through June 2024. Some of the data outlined in the CAA, 2023 are collected through the Eligibility Processing Data Report.

States have faced challenges completing the volume of work during unwinding and restoring routine operations, and many states continue to process unwinding related renewals. This package describes the Eligibility Processing Data Report that states will continue to submit to CMS on an ongoing basis to support monitoring and oversight efforts for the remainder of states' unwinding periods and to ensure on-going compliance with federal eligibility renewal requirements beyond unwinding.

CMS is requiring mandatory state reporting of their efforts to restore and maintain eligibility and enrollment operations and understand coverage retention 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. CMS announced that the Eligibility Processing Data Report collection will continue beyond unwinding in SHO Letter #24-002.

The Eligibility Processing Data Report is a monthly report containing metrics on application processing, renewals initiated and the dispositions of those renewals and fair hearings that states submit using the existing Performance Indicators portal for submission. States can correct their data as needed. Given that some renewals remain pending at the end of a reporting month, states also submit an update to each monthly report to CMS in the fourth month after the report is first due to provide more complete renewal outcome data for the renewal cohort reflected in the initial report month. States started to submit their monthly Eligibility Processing Data Report to CMS in 2023 when they began their unwinding periods.

States will continue to submit a monthly report in the Eligibility Processing Data Report in the submission portal for the remainder of unwinding as well as beyond unwinding. States will also continue to provide a one-time update to the data captured in the monthly report concerning renewal outcomes (metrics 5a, 5a(1), 5a(2), 5b, 5c, 5d) in the submission portal. To provide the updated report, states replace renewal outcome data in the initial monthly report in the portal and overwrite their previously submitted data.

In late summer/early fall 2024 each monthly report in the portal will include duplicate renewal outcome fields for states to provide the updates to their renewal outcome data without needing to replace the numbers in their original data submission. This effort is included in this package as states would need to erase previously submitted data and enter in updated numbers in the same space of the data collection tool. When this functionality goes live, there will be a new space for states to enter the updated data reflected in this data collection effort that will remove the need

for states to manually delete previously submitted data. No additional steps will be required of states to access or use the duplicated fields when they are available.

The Eligibility Processing Data Report is accompanied by an Excel Workbook that states may use for planning purposes and a separate instruction document (Data Specifications Document). The workbook is a planning tool that was provided to states in 2022 so they could see all metrics in the report before they had access to the Eligibility Processing Data Report forms in the submission portal. The workbook is not submitted to CMS, nor are states required to use it. While this workbook is still available on www.Medicaid.gov for states, it is not updated for this 2024 iteration as states have access to the metrics in the submission portal.

States submit the application processing data in the Eligibility Processing Data Report until states complete working on pending applications received before unwinding began and report to CMS that zero applications remain pending.

Renewal Compliance Template (New)

States have an obligation to conduct redeterminations of eligibility for all individuals enrolled in Medicaid and CHIP in compliance with all existing federal requirements at 42 CFR 435.916 and 457.343. In March 2023, CMS identified that 35 states were non-compliant with at least one Medicaid/CHIP renewal requirement. To be eligible for temporary increased funding under the CAA (2023) these states were required to implement mitigation strategies or take other steps before they were able to begin unwinding. During unwinding, several states were also required to adopt mitigations when CMS identified other issues (e.g., 29 states with the household auto-renewal issue). As of June 2024, most states have at least one outstanding area of non-compliance with federal renewal requirements.

It is critical that states ensure their compliance with all federal renewal requirements to help individuals eligible for Medicaid or CHIP successfully renew their coverage. To confirm compliance with these regulations, CMS is providing a template for states to indicate their current compliance status with renewal regulations, describe policies and processes, and identify planned mitigations for any identified deficiencies. This template will be completed once by states, with updates provided as states with compliance deficiencies inform CMS of their progress and come into compliance with requirements.

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' (BLS') May 2023 National Occupational Employment and Wage Estimates for all salary estimates (http://www.bls.gov/oes/2023/may/oes_nat.htm). In this regard, the following table presents

BLS’ mean hourly wage, our estimated cost of fringe benefits and other indirect costs (calculated at 100 percent of salary), and our adjusted hourly wage.

BLS’s wage estimates are updated annually. Current wage figures can be found at http://www.bls.gov/oes/current/oes_nat.htm and can be used to calculate current cost estimates. May 2023 (see above) is current as of the date of this collection of information request.

National Occupational Employment and Wage Estimates

| Occupation Title | Occupation Code | Mean Hourly Wage (\$/hr) | Fringe Benefits and Other Indirect Costs (\$/hr) | Adjusted Hourly Wage (\$/hr) |
|--|-----------------|--------------------------|--|------------------------------|
| Business Operations Specialists, All Other | 13-1199 | 42.85 | 42.85 | 85.70 |
| Data Scientists | 15-2051 | 57.23 | 57.23 | 114.46 |

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 other indirect 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

Eligibility Processing Data Report

The burden associated with the Eligibility Processing Data Report 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 will submit the Eligibility Processing Data Report.

States will submit a monthly Eligibility Processing Data Report and update the renewal outcome data of a previously submitted monthly Eligibility Processing Data Report on an ongoing monthly basis. CMS expects that a Data Scientist would need 14 hours at \$114.46/hr to complete and submit the report and an additional 14 hours to update the previously submitted report. CMS estimates an annual burden of 18,816 hours (14 hr/report x 24 submissions/year x 56 respondents) at a cost of \$2,153,679 (18,816 hr x \$114.46/hr).

Renewal Compliance Template

The burden associated with the Renewal Compliance Template consists of the time and effort for the state to assess renewal policies and operations against provided guidance and submit the completed template with compliance assessment and plan.

There are a total of 56 respondent states and territories who will submit the Renewal Compliance Template.

CMS expects that a Business Operations Specialist would need 40 hours at \$85.70/hr to complete and submit the report. CMS estimates an annual burden of 2,240 hours (40 hr/report x 1 submission x 56 respondents) at a cost of \$191,968 (2,240 hr x \$85.70/hr).

Burden Summary

| Requirements | Number of Respondents | Total Number of Responses | Time per Response (hours) | Total Time (hours) | Labor Rate (\$/hr) | Total Cost (\$) |
|---|-----------------------|---|---------------------------|--------------------|--------------------|------------------|
| Eligibility Processing Data Report: Complete, Submit the Report and Update the Report | 56 States | 1,344 (56 x 12 months x 2 times per month) | 14 | 18,816 | 114.46 | 2,153,679 |
| Complete and submit the Renewal Compliance Template | 56 States | 56 | 40 | 2,240 | 85.70 | 191,968 |
| TOTAL | 56 States | 1,400 | varies | 21,056 | varies | 2,345,647 |

Information Collection Instruments and Instruction/Guidance Documents

- Eligibility Processing Data Report portal screen shots (No change)

The screen shots reflect the Eligibility Processing Data Report (formerly, the Unwinding Data Report) in the submission portal without change. States no longer complete or submit corrections to the baseline report reflected in the screen shots.

An update to the submission forms in the portal is in development and anticipated for release in late summer/early fall. These changes will remove access to the baseline report form from the portal. These changes will also modify the format for how states enter the one-time update in the monthly form by adding a section of each monthly report that duplicates the renewal outcome metric fields (metrics 5a, 5a(1), 5a(2), 5b, 5c, 5d). This reporting format change will allow states to provide the one-time update to their renewal-outcome data in the monthly form without overwriting data already submitted.

- Eligibility Processing Data Report excel workbook (Named “Unwinding Data Report” online at www.medicaid.gov/resources-for-states/downloads/unwinding-data-rprt.xlsx) (No change)

This workbook was initially provided to states so they could view the metrics they would need to report to CMS before access to the submission portal was available. This workbook lists the metrics states report in the monthly Eligibility Process Data Report in the monthly report tab. The document continues to be publicly available and is without change.

- Eligibility Processing Data Report specifications (No change)
- Compliance Assessment and Plan for Federal Medicaid and CHIP Renewal Requirements Template (New)

This is a new template that outlines the renewal requirements to be evaluated for compliance and provides instructions and space for states to provide information on renewal policies and processes, any compliance deficiencies, and plans for mitigating any deficiencies and coming into compliance.

- SHO letter 24-002 May 2024
(www.medicaid.gov/federal-policy-guidance/downloads/sho24002.pdf)

This SHO is provided as released in May 2024 without change.

E. Timeline

Two revised collection of information requests for this GenIC published in the Federal Register in July 2024.

The first 14-day notice published in the Federal Register on July 19, 2024 (89 FR 58741). The notice and posted materials excluded the Renewal Compliance Template, template requirements and burden.

Although comments were due August 2, 2024, none were received. This iteration was approved by OMB on August 5, 2024.

The second notice published in the Federal Register on July 24, 2024 (89 FR 59917). To avoid potential confusion with the notice that published on July 19, the July 24 notice and posted materials excluded the Eligibility Processing Data Report as well as the reporting requirements and burden.

One comment letter was received and is attached to this collection of information request along with our response to the comments. Importantly, CMCS requests OMB's approval by August 9, 2024.

As states resume normal operations following the end of the Medicaid continuous enrollment condition on March 31, 2023, they have an obligation to conduct redeterminations of eligibility for all individuals enrolled in Medicaid and CHIP in compliance with all existing federal requirements at §§ 435.916 and 457.343. During the unwinding process, CMS worked closely

with states on renewal policies and operations, which uncovered areas where renewals were not being processed correctly. It is critical that states ensure their full compliance with federal renewal requirements to help individuals eligible for Medicaid or CHIP successfully renew their coverage.

To confirm state compliance with renewal requirements before they are required to be in full compliance by the end of 2026, work with states must start as quickly as possible. CMCS would like to start using it with states on August 9 in order to have initial compliance assessments and plans from states by the end of 2024.