

Generic Supporting Statement
Clearance for Medicaid and CHIP State Plan, Waiver, and Program Submissions

Medicaid and Children's Health Insurance Program Renewal Compliance Template
(CMS-10434 #66 and OMB 0938-1188, tentative)

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

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

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).

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 Consolidated Appropriations Act (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 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.

TABLE 1: 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

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

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.

States will submit a Renewal Compliance Template Burden Report. 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

Renewal Compliance Template Burden

Required and Ongoing Tasks	Number of Respondents	Total Number of Responses	Time for Completing the Form (hours)	Total Time (hours)	Labor Rate (\$/hr)	Total Cost (\$)
Complete and submit compliance template	56	56	40	2,240	85.70	191,968
TOTAL	56	56	40	2,240	85.70	191,968

Information Collection Instruments and Instruction/Guidance Documents

- 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.

E. Timeline

The 14-day notice published in the Federal Register on July 24, 2024 (89 FR 59917). Comments must be received by August 7, 2024.

Prompt approval of the Renewal Compliance Template is critical to support ongoing unwinding work and ensure states meet federal Medicaid requirements to help individuals eligible for Medicaid or CHIP successfully renew their coverage.