

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

Medicaid and Children’s Health Insurance Program Eligibility
Processing Data Report
(CMS-10434 #66 and OMB 0938-1188, tentative)

This July 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 Coronavirus Disease 2019 Public Health Emergency Unwinding Reports.” We are revising the title as indicated above. The change to the title was announced in State Health Official Letter # State Health Official (SHO) Letter #24-002 “RE: Continuation of Certain Medicaid and CHIP Eligibility Processing Data Reporting”¹ and better reflects the ongoing nature of this data collection. The change removes references to unwinding (which is time limited) given that this is an ongoing data collection as states finish unwinding and move beyond unwinding.

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

¹ CMS SHO 24-002 “RE: Continuation of Certain Medicaid and CHIP Eligibility Processing Data Reporting” available at <https://www.medicaid.gov/federal-policy-guidance/downloads/sho24002.pdf>

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 submitted the monthly Eligibility Processing Data Report to CMS in 2023 when they began their unwinding periods.

In addition to changing the title of this collection of information request, in this July 2024 iteration we are also extending the existing monthly data collection and one-time update to the renewal outcome data in each report for the remainder of unwinding as well as beyond unwinding. States will continue to submit a monthly report in the Eligibility Processing Data Report in the submission portal. 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.

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). The excel 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. This 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. The data specifications document is updated to reflect the changes made in this 2024 iteration of the Eligibility Processing Data Report.

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. When the Eligibility Processing Data Report was first launched, states previously submitted a one-time baseline report prior to submitting the monthly reports and could make corrections to this report as needed. The baseline report form has remained available in the submission portal. CMS is not extending the use of the baseline report in this 2024 iteration since it was intended to be a one-time submission. The baseline report form will also be removed from the submission portal in late summer/early fall 2024.

Additionally, states submitted to CMS a one-time State Report on Plans for Prioritizing and Distributing Renewals Following the End of the Medicaid Continuous Enrollment Provisions (“State Renewals Report”) that was 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. CMS is not extending the use of this report in this 2024 iteration.

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)
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

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).

Burden Summary

Eligibility Processing Data Report 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, Submit the Report and to Update the Report	56	1,344 (56 x 12 months x 2 times per month)	14	18,816	114.46	2,153,679

Information Collection Instruments and Instruction/Guidance Documents

- Eligibility Processing Data Report portal screen shots

The screen shots reflect the Eligibility Processing 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)

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

The data specifications are revised to update the name of the data set, remove references to the baseline report, reflect what states provide CMS in the one-time update to each months renewal outcome data, and remove time-limited references to unwinding.

- 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

The 14-day notice published in the Federal Register on July 19, 2024 (89 FR 58741). Comments must be received by August 2, 2024.

Prompt approval of the Eligibility Processing Data Report is critical to support ongoing unwinding work, state efforts restore and maintain compliant operations, and understand coverage retention.