



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifiers: CMS-10398 #87, #90, and #91]

Medicaid and Children's Health Insurance Program (CHIP) Generic Information

Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: On May 28, 2010, the Office of Management and Budget (OMB) issued Paperwork Reduction Act (PRA) guidance related to the “generic” clearance process. Generally, this is an expedited process by which agencies may obtain OMB’s approval of collection of information requests that are “usually voluntary, low-burden, and uncontroversial collections,” do not raise any substantive or policy issues, and do not require policy or methodological review. The process requires the submission of an overarching plan that defines the scope of the individual collections that would fall under its umbrella. This **Federal Register** notice seeks public comment on one or more of our collection of information requests that we believe are generic and fall within the scope of the umbrella. Interested persons are invited to submit comments regarding our burden estimates or any other aspect of this collection of information, including: the necessity and utility of the proposed information collection for the proper performance of the agency’s functions, the accuracy of the estimated burden, ways to enhance the quality, utility and clarity of the information to be collected, and the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

DATES: Comments must be received by **[INSERT DATE 14 DAYS AFTER THE DATE OF PUBLICATION IN THE FEDERAL REGISTER]**.

ADDRESSES: When commenting, please reference the applicable form number (CMS-10398 #___) and the OMB control number (0938-1148). To be assured consideration, comments and recommendations must be submitted in any one of the following ways:

1. *Electronically.* You may send your comments electronically to <http://www.regulations.gov>. Follow the instructions for "Comment or Submission" or "More Search Options" to find the information collection document(s) that are accepting comments.
2. *By regular mail.* You may mail written comments to the following address:
CMS, Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Attention: CMS-10398 #___/OMB control number: 0938-1148
Room C4-26-05
7500 Security Boulevard
Baltimore, Maryland 21244-1850.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, please access the CMS PRA website by copying and pasting the following web address into your web browser:

<https://www.cms.gov/medicare/regulations-guidance/legislation/paperwork-reduction-act-1995/pralisting>.

FOR FURTHER INFORMATION CONTACT: William N. Parham at 410-786-4669.

SUPPLEMENTARY INFORMATION:

Following is a summary of the use and burden associated with the subject information collection(s). More detailed information can be found in the collection's supporting statement and associated materials (see **ADDRESSES**).

Generic Information Collection

1. *Title of Information Collection:* Managed Care Plan (MCP) Medical Loss Ratio

(MLR) Reporting Template; *Type of Information Collection Request:* New collection of information request; *Use:* Medicaid managed care is the predominant delivery system for Medicaid beneficiaries to access health care services. State Medicaid agencies contract with managed care plans (MCPs) that accept a fixed, prospective monthly payment for each enrolled beneficiary (also referred to as risk-based managed care). Section 1903(m)(2) of the Social Security Act and 42 CFR 438.4 require that capitation rates be actuarially sound, meaning that the capitation rates are projected to provide for all reasonable, appropriate, and attainable costs that are required under the terms of the contract and for the operation of the MCP for the time period and the population covered under the terms of the contract. The medical loss ratio (MLR) is a key measure of MCP financial performance and indicates the share of premium revenue (capitation payments) that a plan spends on covered health services and activities to improve health care quality compared to the share of revenue to cover administrative expenses and profit/surplus. MLRs are used as a retrospective tool to assess financial performance of MCPs. Section 438.8 provides detail on MLR calculations and MCP reporting requirements.

Section 438.8(k) requires State contracts with MCPs to include a requirement to annually report to the state specific details of the plan's MLR. The attached Medicaid managed care plan MLR reporting template provides States with a standard format for collecting the required details from their contracted MCPs. States are not required to have their MCPs use this template; it is provided in response to States' requests for a streamlined, consistent way to collect the required information. CMS' review process for managed care MLR represents an essential Federal oversight function to ensure that States and MCPs are compliant with applicable Federal laws and regulations.

Form Number: CMS-10398 #87 (OMB control number: 0938-1148); *Frequency:* Yearly; *Affected Public:* Private Sector and State, Local, or Tribal Governments; *Number of Respondents:* 47; *Total Annual Responses:* 47; *Total Annual Hours:* 2,350. (For policy questions regarding this collection contact: Amy Gentile at 410-786-3499.)

2. *Title of Information Collection:* CAA of 2024, Section 206 Planning Grant Reporting; *Type of Information Collection Request:* New collection of information request; *Use:* This collection relates to section 206(a) of the Consolidated Appropriations Act, 2024 (CAA of 2024), “State Planning Grants to Promote Continuity of Care for Medicaid and CHIP Beneficiaries Following Incarceration”. This four-year, discretionary grant program supports state Medicaid agencies and Children’s Health Insurance Programs (CHIP) to develop the operational capabilities to promote continuity of care for Medicaid-eligible individuals who have been incarcerated. To ensure maximum state flexibility and to reduce the reporting burden on states as much as possible, states will submit semi-annual and final progress reports in their preferred format. CMS will not require states to use a standardized template or form, and CMS is not making an optional template or form available for states to use. *Form Number:* CMS-10398 #90 (OMB control number: 0938-1148); *Frequency:* Semi-annually and once; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 30; *Total Annual Responses:* 300; *Total Annual Hours:* 1,200. (For policy questions regarding this collection contact: Jennifer Bowdoin at 410-786-8551.)

3. *Title of Information Collection:* State Plan Amendment (SPA) Template for Medicaid Clinic Benefit; *Type of Information Collection Request:* New information collection request information request; *Use:* On November 27, 2024, CMS published the Prospective Payment System and Ambulatory Surgical Center Payment System final rule (CMS-1809-FC, RIN 0938-AV35) which amended 42 CFR 440.90 to authorize Medicaid coverage for clinic services furnished outside the “four walls” of their clinic. The rule provided States with the authority to amend their state plans and add additional coverage outside of the clinic to the optional clinic benefit. We have developed and attached a new state plan template to simplify the SPA development, submission, and review/approval processes for states and CMS.

Completion of the template is mandatory for states that both cover the clinic services benefit and cover tribal clinics to allow clinic services to be provided outside of the clinic under

the clinic services benefit but will be available as an option for all states who wish to use the template to amend their state plan clinic pages for general updates.

Form Number: CMS-10398 #91 (OMB control number: 0938-1148); *Frequency:* One-time and on occasion; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 56; *Total Annual Responses:* 56; *Total Annual Hours:* 1,400. (For policy questions regarding this collection contact: Marlana Thieler at 410-786-6274.)

William N. Parham, III

Director,

Division of Information Collections and Regulatory Impacts,

Office of Strategic Operations and Regulatory Affairs.

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