

Generic Information Collection
Eligibility and Enrollment Performance Indicators
CMS-10398 #35, OMB 0938-1148

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.

The interim final rule implementing section 71119 of the Working Families Tax Cut (WFTC) legislation adds section 1902(xx) to the Social Security Act and requires States, as a condition of Medicaid eligibility for certain individuals, to establish and administer a community engagement requirement. CMS anticipates ongoing monthly State submissions of monitoring and program operations data related to community engagement implementation and outcomes, as included at 42 CFR 435.562.

CMS interprets the statutory requirements at sections 1902(a)(6) and 1902(a)(75) of the Act to provide authority to require States to submit data that allow for monitoring of their eligibility and enrollment processes. States already submit monthly Medicaid and CHIP eligibility and enrollment information to CMS through established Medicaid and CHIP Performance Indicator (PI) data reporting.

B. Description of Additional Information Collection

This additional collection is in support of the Medicaid and CHIP Performance Indicators, which are an initial set of business process performance indicators for all state Medicaid and Children's Health Insurance Program (CHIP) programs, which CMS indicated they would begin to collect in association with the development of new IT systems in the final rules entitled "Federal Funding for Medicaid Eligibility Determination and Enrollment Activities" (75 FR 21950) and "Eligibility Changes under the Affordable Care Act of 2010" (77 FR 17144).

Under §435.562, States must submit data for applicants and beneficiaries who are applying for and receiving medical assistance, including individuals subject to section 1902(xx) of the Act. CMS anticipates that States will report these data primarily through existing Medicaid and CHIP Performance Indicator (PI) data reporting processes and, if needed, through other CMS-specified reporting vehicles. The required monitoring and program operations data may include enrollment totals for individuals applying for and receiving medical assistance; measures related to application and renewal processing timeliness and backlogs; outcomes of eligibility

determinations and redeterminations; and population counts of individuals who are subject to, and compliant with, the requirements of section 1902(xx) of the Act or §§435.550 through 435.563.

CMS may also require other data specified in regulation, guidance, or technical specifications as needed to monitor State implementation of section 1902(xx) of the Act or §§435.550 through 435.563. For purposes of this requirement, a State means any of the 50 States and the District of Columbia that provides medical assistance on a basis subject to section 1902(xx) of the Act. CMS estimates that currently 44 jurisdictions meet this definition, consisting of 43 States and the District of Columbia. However, there are 51 jurisdictions who submit PI data.

States have submitted data to CMS on these PI indicators since October 2013. This additional collection represents a targeted expansion of the existing data set and is intended to support system enhancement efforts necessary to align State data collection with updated federal specifications. Following this initial enhancement, States will continue to report and maintain these data through ongoing Medicaid and CHIP Performance Indicator reporting processes.

1. Additional metrics for collection:

By Community Engagement (CE) eligibility determination at application

Eligible:

- Number of individuals determined eligible who are determined to be a specified excluded individual
- Number of individuals determined eligible who are applicable individuals and either demonstrated community engagement or were deemed to have demonstrated community engagement by meeting a mandatory exception.
- Number of individuals determined eligible who are applicable individuals and were deemed to have demonstrated community engagement by meeting a short-term hardship exception

Ineligible:

- Number of individuals determined ineligible due to not meeting the community engagement requirement
- Number of individuals determined ineligible for procedural reasons
- Number of individuals determined ineligible for all other reasons

2. Use of Information Technology: All information will be collected using a safe web-based portal called the State Data Information System (SDIS). States are currently using this web-based portal to submit their monthly aggregate reports.

3. Information Users: The collection of this additional information will be used by the Data & Systems Group (DSG) and Children and Adults Health Programs Group (CAHPG) within the Center for Medicaid and CHIP Services to monitor the nationwide implementation of the community engagement requirements mandated by Working Families Tax Cut (WFTC) legislation (Public Law 119-21) section 71119, signed in to law on July 2025.

4. Duplication of Efforts and Collection Frequency: The collection of this additional information does not duplicate any other effort, and the information cannot be obtained from any other source. States will be required to collect the data and submit monthly to CMS through a safe web-based portal.

5. Confidentiality: Data collected will be at the statewide aggregate level, and no personal information will be collected.

6. Sensitive Questions: There are no sensitive questions associated with this collection. Specifically, this additional data collection does not solicit questions of a sensitive nature that are generally considered private.

C. Deviations from Generic Request

No deviations are requested.

D. Burden Hour Deduction

Wage Estimate

To derive average costs, we used data from the U.S. Bureau of Labor Statistics' May 2024 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 other indirect costs (calculated at 100 percent of salary), and our adjusted hourly wage.

Occupation Title	Occupation Code	Mean Hourly Wage (\$/hr)	Fringe Benefit (\$/hr) and Other Indirect Costs	Adjusted Hourly Wage (\$/hr)
Computer and Information Analyst	15-1210	55.83	55.83	111.66
General and Operations Managers	11-1021	64.00	64.00	128.00

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 for estimating these costs vary widely from study to study. Nonetheless, we believe that doubling the hourly wage to estimate the total cost is a reasonably accurate estimation method.

Burden Estimates

To estimate the financial burden on States, it was important to consider the Federal government's contribution to the cost of administering the Medicaid program. For Medicaid, all States receive a 50 percent Federal matching rate for most administration expenditures. States also receive higher Federal matching rates of 90 percent for design, development, and implementation and 75 percent for operations and maintenance of Medicaid IT systems. After taking into account the Federal contribution to the costs of administering the Medicaid programs for purposes of estimating State burden for collection of information we are estimating that States will contribute 25 percent of the costs.

Current Burden

The burden associated with the PI data 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 51 jurisdictions who submit the PI Data Report.

CMS estimates that 51 jurisdictions will pull the data monthly and report it to CMS for a total of 1,224 responses (51 jurisdictions x 12 months x 2 responses). CMS estimates it will take a Computer and Information Analyst 15 hours for each response at \$111.66/hr to review existing eligibility and enrollment data and organize these data appropriately to submit to CMS. In total, we estimate a total annual cost of \$2,050,078 (1,224 responses x (15 hours x \$111.66/hr). Assuming a Federal administrative match of 75%, the estimated State share is \$512,519.

New Burden

The burden associated with the PI data report consists of the initial, one-time system and process changes in a state to the PI data reporting to be able to pull the new data collection and report to CMS. The burden also 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. CMS estimates that 44 jurisdictions will need to report the 6 new data metrics on an ongoing monthly basis and update the data of a previously submitted PI data report on an ongoing monthly basis.

For the one-time system and process updates, CMS estimates 44 jurisdictions will spend 162 hours making changes for a total of 7,128 hours (44 jurisdictions x 162 hours = 7,128 hours). CMS estimates it will take a Computer and Information Analyst 160 hours at \$111.66/hr to review existing eligibility and enrollment data and organize these data appropriately to submit to CMS to meet the PI reporting requirements of \$435,562. In addition, we estimate it will take a General and Operations Manager 2 hours at \$128/hr to review the data and approve the submission of the data to CMS. In total, we estimate a total annual cost of \$797,350 {44 x [(160 hours x \$111.66/hr) + (2 hours x \$128/hr)]}. Assuming a Federal administrative match of 75%, the estimated State share is \$199,338.

For the ongoing monthly reporting and updates of PI data, CMS estimates 44 jurisdictions will submit 2 reports each with existing metrics and new community engagement metrics on up to a monthly basis or, 1056 responses on an annual basis (44 jurisdictions x 2 reports x 12 months = 1056 responses/year). CMS estimates it will take a Computer and Information Analyst 3 hours (0.50 hours each for 6 metrics) at \$111.66/hr to conduct the ongoing monthly reporting and

updates for new community engagement measures. In addition, we estimate it will take a General and Operations Manager 1 hour (10 minutes each for 6 metrics) at \$128.00/hr to review the data and approve the submission of the community engagement data to CMS. The corresponding total annual cost is \$488,907 $[1,056 \times (3 \text{ hours} \times \$111.66/\text{hr}) + (1 \text{ hour} \times \$128.00/\text{hr})]$. Assuming a Federal administrative match of 75%, the estimated State share is \$122,227.

Annual Burden Summary

Requirements	Number of Respondents	Total Number of Responses	Time per Response (hours)	Total Time (hours)	Labor Rate (\$/hr)	Total Cost (\$)	State Share (\$)
Performance Indicator Data	51 Jurisdictions	1,224 (51 x 2 x 12 responses/year)	15	18,360	111.66	2,050,078	512,519
Data Monitoring for Community Engagement	44 Jurisdictions	1,056 (44 x 2 x 12 responses/year)	4	4,224	Varies	488,907	122,227
TOTAL	51 Jurisdictions	1,668	19	22,584	Varies	2,328,985	634,746

Collection of Information Instruments

1. Performance Indicators Data Dictionary (Revised)
2. Eligibility and Enrollment Performance Indicators Template (Revised)

E. Timeline

The changes in this June 2026 collection of information request are associated with our Interim Final Rule with Comment Period (CMS-2454-IFC; RIN 0938-AV98) entitled, “Medicaid Program; Community Engagement Requirement for Certain Individuals.” The rule filed for public inspection on June 1, 2026, and is scheduled to publish on June 3, 2026. Comments are due on/by July 31, 2026.