

Generic Supporting Statement  
Medicaid and the Children’s Health Insurance Program (CHIP) Parity Tools  
(CMS-10398 #96, OMB 0938-1148)

This December 2025 iteration is being submitted to OMB as a new generic collection of information request.

The contents of this Supporting Statement and the associated attachments have been reviewed to ensure that they are consistent with the Trump administration’s policies, goals, and objectives.

**A. Background**

The Centers for Medicare & Medicaid Services (CMS) works in partnership with States to implement Medicaid and 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 comply with new statutory provisions. CMS also continues to work with States through other methods, including program waivers and demonstrations, and other technical assistance initiatives.

On March 30, 2016 CMS issued final rule “Medicaid and Children’s Health Insurance Programs; Mental Health Parity and Addiction Equity Act of 2008; the Application of Mental Health Parity Requirements to Coverage Offered by Medicaid Managed Care Organizations, the Children’s Health Insurance Program (CHIP), and Alternative Benefit Plans” (CMS–2333–F; RIN 0938–AS24)).<sup>1</sup> The final rule amended the Medicaid and CHIP regulations to implement the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) and prevents health plans and health insurance issuers that provide mental health (MH) or substance use disorder (SUD) benefits from imposing less favorable benefit limitations on those benefits than on medical/surgical (M/S) benefits, and applies mental health parity requirements to Medicaid managed care organizations (MCOs), Medicaid Section 1937 Alternative Benefit Plans (ABPs), and CHIP.<sup>2</sup>

CMS has created a set of tools in the form of Excel workbook templates with accompanying instructions, both to assist states in complying with MHPAEA requirements and to simplify and standardize collecting information for state and CMS review. Once approved, these tools will be made available for optional state use. CMS encourages states to use the tools and provide feedback to CMS. CMS will require that states use these tools as applicable to the state’s program(s), and submit them to CMS, at a future date, which will be communicated through notice and comment rulemaking. A more detailed description of each tool is provided below.

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<sup>1</sup> 81 FR 18390

<sup>2</sup> The detailed federal regulatory requirements related to mental health parity may be found at 42 CFR Part 438, Subpart K for Medicaid managed care; at 42 CFR § 440.395 for Medicaid ABPs; and 42 CFR § 457.496 for CHIPs.

## B. Description of Information Collection

The tools include three templates (Excel workbooks) and two sets of instructions (PDFs).

The first template is the State Summary Excel workbook, including multiple worksheets (i.e., tabs); there is also one accompanying PDF Instructional Guide, which provides detailed instructions for each worksheet. The State Summary Template Excel worksheets correspond with parity requirements and capture information for multiple program types: Medicaid managed care (referred to as “MCO” in Template worksheets), Separate CHIP (referred to as “CHIP” in Template worksheets), and ABP. The State Summary Template includes the following:

- **Accompanying PDF Instructions:** Overview of instructions; for more detailed instructions, see Instructional Guide.
- **Excel Template**
  - **Intro Data:** State contact information and basic information regarding the submission.
  - **Program Type** (separate worksheets for MCO, ABP, and CHIP): Information about the benefit package(s) subject to parity requirements, delivery system(s) for MH, SUD, and M/S benefits, and the entity(ies) that deliver benefits for MH, SUD, and M/S benefits. Data from this tab prepopulates later worksheets and reduces burden for state users.
  - **Methodology:** State’s methodology for conducting the parity analysis across all applicable program types.
  - **Definitions of MH/SUD and M/S:** State’s definitions of MH, SUD, and M/S benefits across all applicable program types.
  - **Benefit Classification Mapping:** State’s mapping of all benefits to MH, SUD, and M/S conditions and benefit classifications across all applicable program types.
  - **All Limits** (separate worksheets for MCO, ABP, and CHIP): Overview information about all treatment limitations and financial requirements applied within the program(s) subject to parity requirements.
  - **Aggregate Lifetime Dollar Limits (ALs) and Annual Dollar Limits (ADLs) (collectively referred to as AL-ADLs)** (only for MCO): Detailed information about the application of AL-ADLs, if applicable.
  - **Financial Requirements (FRs)** (separate worksheets for MCO, ABP, and CHIP): Detailed information about the application of FRs, if applicable.
  - **Quantitative Treatment Limitations (QTLs)** (separate worksheets for MCO, ABP, and CHIP): Detailed information about the application of QTLs, if applicable.
  - **Intro Non-Quantitative Treatment Limitations (NQTLs)** (separate worksheets for MCO, ABP, and CHIP): Overview information about NQTLs applied and in which benefit classifications. Data from this tab prepopulates in the following tab to reduce burden for state users. Reduces duplication across program types by giving states an option to mark that the state has entered the same information for another program type already.
  - **NQTL** (separate worksheets for MCO, ABP, and CHIP): Detailed information about the comparability and stringency with which the highlighted NQTLs are

applied. While this tab focuses on more detail for highlighted NQTLs that are most likely to impact access to care, the Intro NQTLs tab collects information on compliance for all NQTLs.

- **Issues for Discussion** (separate worksheets for MCO, ABP, and CHIP): Identification of issues for discussion with CMS, if applicable.

The second and third templates are the Plan/State Fee-for-Service (FFS) Program Reporting Templates. These templates are also Excel workbooks with multiple worksheets. The accompanying Instructional Guide addresses how to complete both workbooks with detailed instructions for each worksheet. The Plan/State FFS Program Reporting Template worksheets collect introductory information about the entity that provides benefits in the state (i.e., managed care plan, state FFS program) and information corresponding to parity requirements. The two templates are the same, except that the Plan Reporting Template collects information from managed care plans and the State FFS Reporting Template collects information from State FFS program.<sup>3</sup> The state will analyze information collected from all managed care plans and/or State FFS program (as applicable) in order to populate the State Summary Template.

The Plan/State FFS Program Reporting Template consists of the following worksheets and requires managed care plans or state FFS programs to provide the following:

- **Accompanying PDF Instructions:** Overview of instructions; for more detailed instructions, see Instructional Guide.
- **Excel Templates**
  - **Program Data** (either Managed Care Plan or State FFS Program – two separate templates): Managed care plan or state FFS program contact information.
  - **All Limits:** Overview information about all treatment limitations and financial requirements applied by the managed care plan or state FFS program.
  - **AL-ADL:** Detailed information about the application of AL-ADLs, if applicable.
  - **FR:** Detailed information about the application of FRs, if applicable.
  - **QTL:** Detailed information about the application of QTLs, if applicable.
  - **Issues for Discussion:** Identification of issues for discussion with the state, if applicable.
  - **NQTL:** Worksheets specific to each highlighted NQTL for each benefit classification (inpatient, outpatient, emergency care, and prescription drugs).

Availability of the tools will be announced through a Medicaid.gov email blast for both Medicaid and CHIP, which will include links to downloadable versions. The tools will also be available upon request through the state lead points of contact.

For Medicaid managed care programs that contract with MCOs, states will submit their completed templates as an attachment with the associated managed care contract action via submission through the [Managed Care Review \(MC-Review\)](#) online submission portal. For those few states that have not yet adopted use of the MC-Review online submission portal, they will submit the template as an attachment with the associated managed care contract action via

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<sup>3</sup> In Medicaid managed care, parity requirements apply to MCOs as well as to any benefits provided to MCO enrollees through prepaid inpatient health plans (PIHPs), prepaid ambulatory health plans (PAHPs), and/or FFS programs. For ABP and CHIP enrollees, parity requirements apply regardless of delivery system.

email sent to [MCGDMCOActions@cms.hhs.gov](mailto:MCGDMCOActions@cms.hhs.gov) with any accompanying rate certification sent to the [MMCratesetting@cms.hhs.gov](mailto:MMCratesetting@cms.hhs.gov) mailbox. For ABP and CHIP submissions, states will submit their completed templates as an attachment to related state pages through the [One Medicaid and CHIP \(OneMAC\) System](#) online submission portal utilized for state plan submissions.

Technical Assistance will be available from state lead points of contact and for overall content from the Managed Care Group (MCG), Medicaid Benefit and Health Programs Group (MBHPG), and Children & Adults Health Programs Group (CAHPG) within the Center for Medicaid and CHIP Services (CMCS).

For Medicaid managed care programs that contract with MCOs, states are required by 42 CFR § 438.920(b)(1) to post parity compliance documentation on the state Medicaid website. While using CMS templates will be voluntary until a future date communicated through policy guidance, parity analyses that meet all applicable requirements must be submitted to CMS as part of the Medicaid managed care plan contract submission that CMS reviews and approves in accordance with 42 CFR § 438.3(a).<sup>4</sup>

At this time, there are no current plans to publish the reported information found in these tools for statistical use, however, when submission is required at a future date, CMS may consider publishing this information.

### **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' May 2024 National Occupational Employment and Wage Statistics for all salary estimates (<https://www.bls.gov/oes/tables.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 and historic wage figures can be found at the above BLS address and can be used to calculate current cost estimates. May 2024 is current as of the date of this collection of information request.

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<sup>4</sup> CMCS Informational Bulletin (CIB) published June 12, 2024: <https://www.medicaid.gov/federal-policy-guidance/downloads/cib06122024.pdf>.

Occupation Title	Occupation Code	Mean Hourly Wage (\$/hr)	Fringe Benefits and Other Indirect Costs (\$/hr)	Adjusted Hourly Wage (\$/hr)
Business Operations Specialist	13-1000	43.76	43.76	87.52
General and Operations Manager	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 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.

### *Requirements and Associated Burden Estimates*

The precise number of States completing the template and the frequency per year is unknown. Nevertheless, we estimate a maximum potential of 56 Medicaid respondents consisting of 50 States, the District of Colombia, American Samoa, Commonwealth of the Mariana Islands, Guam, Puerto Rico, and the US Virgin Islands. As of August 1, 2025, there are 282 Medicaid MCOs, and approximately 20 Medicaid PIHPs and PAHPs delivering services to those MCOs' enrollees. Additionally, as of August 1, 2025, there are 139 MCOs in separate CHIP.<sup>5</sup> Burden summaries have been provided below for three different scenarios: states with Medicaid managed care programs that contract with MCOs, states with CHIP(s), and states with ABP(s).

Since we have no reliable basis for estimating the number of template amendments we may receive each year, the estimates are annual figures that address the initial one-time burden at the beginning of this effort across two years as well as the occasional burden for preparing and submitting amendments. We acknowledge that this is likely an overestimate, but we will refine our on-going estimates if/when applicable.

### **Managed Care: States with Medicaid managed care programs that contract with MCOs submitting a State Summary Template to CMS to demonstrate compliance with parity**

Based on the range of complexity involved among states' managed care programs, we estimate that it will take a Business Operations Specialist a one-time burden of 90 hours at \$87.52/hr to complete an initial conversion to the template. While we understand that the time involved in completing the template may vary depending on the number of benefit packages, entities providing benefits, and/or financial requirements or treatment limitations (e.g., copayments, prior authorization), we believe this estimate represents a reasonable average. We also estimate that it will take a General and Operations Manager 3 hours at \$128.00/hr to review and approve the template for submission to CMS.

We expect 7 states to have a triggering event that may cause submission of a State Summary Template during the first year of implementation, which is based on our experience of the typical

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<sup>5</sup> Sources: Medicaid MCOs – Kaiser Family Foundation [Total Medicaid MCOs](https://www.datawrapper.de/); CHIP MCOs – [https://www.datawrapper.de/ /uOX5N](https://www.datawrapper.de/).

number of parity submissions each year (currently using state-specific tools). Table 1 displays the total burden estimate for this template.

For the Plan/State FFS Reporting Template, we estimate that it will take a Business Operations Specialist a one-time burden of 80 hours at \$87.52/hr to complete an initial conversion to the template, which may include completing the template (for state FFS staff) and/or reviewing template updates from managed care plans. Like the State Summary Template, we understand the variable complexity among states and believe this estimate represents a reasonable average. We also estimate that it will take a General and Operations Manager 3 hours at \$128.00/hr to review and approve the template for submission to the state. We expect 45 entities to have a triggering event that would require a Reporting Template during the first year of its implementation, which is based on our experience. Table 1 displays the total burden estimate for this template. There is no state share as the entities providing benefits would be funding the collection alone.

In aggregate, Table 1 displays the total state and entity providing benefits burden estimate of initial conversion to both templates, which is 4,386 hours and \$390,178, with state costs estimated to be \$28,913.

TABLE 1: Managed Care: National and Entities Providing Benefits Burden – Initial Conversion to State Summary Template and Plan/State FFS Program Reporting Template

Requirements	Potential Respondents	Anticipated Responses	Time per Response (hrs)	Total Time (hrs)	Labor Rate (\$/hr)	Total Cost (\$)	State Share (\$)
42 CFR 438.920 Medicaid Managed Care Parity Compliance	43 states	7 states	90 Business Operations Specialist	630	87.52	55,138	27,569
			3 General and Operations Manager	21	128.00	2,688	1,344
	302 MCOs	45 MCOs	80 Business Operations Specialist	3600	87.52	315,072	NA
			3 General and Operations Manager	135	128.00	17,280	NA
Total	345	52	Varies	4,386	Varies	390,178	28,913

States and entities providing benefits may need to submit an amended template should they need to revise any of their responses based on major and minor updates to their program (e.g., changes to benefit packages, financial requirements or treatment limitations). We expect major and minor updates to be infrequent and to require less burden than the initial conversion.

Table 2 displays the total state and entity providing benefits burden estimate of anticipated major and minor updates to the templates, which is 238 hours and \$22,287, with state costs estimated to be \$3,760.

TABLE 2: Managed Care: National and Entities Providing Benefits Burden – Major and Minor Updates to State Summary Template and Plan/State FFS Program Reporting Template

Requirements	Scenario	Potential Respondents	Anticipated Responses	Time per Response (hrs)	Total Time (hrs)	Labor Rate (\$/hr)	Total Cost (\$)	State Share (\$)
42 CFR 438.920 Medicaid Managed Care Parity Compliance	Major Update	43 states	2 states	20 Business Operations Specialist	40	87.52	3,501	1,750
				3 General and Operations Manager	6	128.00	768	384
	Minor Update	43 states	3 states	8 Business Operations Specialist	24	87.52	2,100	1,050
				3 General and Operations Manager	9	128.00	1,152	576
	Major Update	302 MCOs	3 MCOs	30 Business Operations Specialist	90	87.52	7,877	NA
				3 General and Operations Manager	9	128.00	1,152	NA
	Minor Update	302 MCOs	4 MCOs	12 Business Operations Specialist	48	87.52	4,201	NA
				3 General and Operations Manager	12	128.00	1,536	NA
TOTAL		345	12	Varies	238	Varies	22,287	3,760

**Separate CHIPs: States with separate CHIPs submitting a State Summary Template to CMS to demonstrate compliance with parity**

We estimate that it will take a Business Operations Specialist a one-time burden of 70 hours at \$87.52/hr to complete an initial conversion to the template based on the range of complexity involved among states' programs. While we understand that the time involved in completing the template may vary depending on the number of benefit packages, entities providing benefits, and/or financial requirements or treatment limitations (e.g., copayments, prior authorization), we believe this estimate represents a reasonable average. We then multiplied this estimate by the number of states expected to have a triggering event that would require a State Summary Template during the first year of its implementation, which is based on our experience of the typical number of parity submissions each year. We also estimate that it will take a General and Operations Manager 3 hours at \$128.00/hr to review and approve the template for submission to CMS.

For the Plan/State FFS Reporting Template, we estimate that it will take a Business Operations Specialist a one-time burden of 70 hours at \$87.52/hr to complete an initial conversion to the template. Like the State Summary Template, we understand the variable complexity among

states and believe this estimate represents a reasonable average. We also estimate that it will take a General and Operations Manager 3 hours at \$128.00/hr to review and approve the template for submission to the state. We expect that one entity will have a triggering event that would cause a submission of a Reporting Template during the first year of its implementation.

In aggregate, Table 3 displays the total state and entity providing benefits burden estimate of initial conversion to both templates, which is 214 hours and \$19,094, with state costs estimated to be \$6,510. Based on the range of complexity involved among states' CHIP programs, the number of respondents describe the total number of states and MCOs who would be expected to complete the new Parity Templates if a triggering event that resulted in a SPA submission occurred. Based on CMS's experience, we anticipate two states and one MCO could submit a template annually as a result of a triggering event.

**TABLE 3: Separate CHIP: National and Entities Providing Benefits Burden –Initial Conversion to State Summary Template and Plan/State FFS Program Reporting Template**

<b>Requirements</b>	<b>Potential Respondents</b>	<b>Anticipated Responses</b>	<b>Time per Response (hrs)</b>	<b>Total Time (hrs)</b>	<b>Labor Rate (\$/hr)</b>	<b>Total Cost (\$)</b>	<b>State Share (\$)</b>
42 CFR 457.496 CHIP Parity Compliance	30 states	2 states	70 Business Operations Specialist	140	87.52	12,253	6,126
			3 General and Operations Manager	6	128.00	768	384
	139 MCOs	1 MCO	65 Business Operations Specialist	65	87.52	5,689	NA
			3 General and Operations Manager	3	128.00	384	NA
Total	169	3	Varies	214	Varies	19,094	6,510

States and entities providing benefits could submit an amended template should they need to revise any of their responses based on major and minor updates to their program (e.g., changes to benefit packages, financial requirements or treatment limitations). We expect major and minor updates to be infrequent and to require less burden than the initial conversion.

Table 4 displays the total state and entity providing benefits burden estimate of major and minor updates to the templates, which is 135 hours and \$15,370, with state costs estimated to be \$3,065. Based on the range of complexity involved among states' CHIP programs, the number of respondents describes the total number of states/MCOs who would be expected to complete the new Parity Templates if a triggering event occurred. Based on our experiences working with states, we anticipate two states will have a triggering event which necessitates a major update, and three states will have a triggering event which necessitates a minor update and one MCOs could submit a template annually as a result of a triggering event causing a major update and two MCOs could have minor updates.



TABLE 4: Separate CHIP: National and Entities Providing Benefits Burden – Major and Minor Updates to State Summary Template and Plan/State FFS Program Reporting Template

Requirements	Scenario	Potential Respondents	Anticipated Responses	Time per Response (hrs)	Total Time (hrs)	Labor Rate (\$/hr)	Total Cost (\$)	State Share (\$)
42 CFR 457.496 CHIP Parity Compliance	Major Update	30 states	2 states	20 Business Operations Specialist	40	87.52	3,501	1,750
				3 General and Operations Manager	6	128.00	768	269
	Minor Update	30 states	3 states	7 Business Operations Specialist	21	87.52	1,838	643
				3 General and Operations Manager	9	128.00	1,152	403
42 CFR 457.496 CHIP Parity Compliance	Major Update	139 MCOs	1 MCO	30 Business Operations Specialist	30	87.52	2,626	NA
				3 General and Operations Manager	3	128.00	1,637	NA
	Minor Update	139 MCOs	2 MCOs	10 Business Operations Specialist	20	87.52	1,829	NA
				3 General and Operations Manager	6	128.00	2,021	NA
TOTAL		169	8	Varies	135	Varies	15,370	3,065

#### **ABP: States with ABPs submitting a State Summary Template to CMS to demonstrate compliance with parity**

In addition to completing Forms ABP 5 and ABP 7, states that do not use comprehensive managed care organizations to deliver ABP benefits could submit a State Summary Template to CMS to demonstrate compliance with parity when they have an event that triggers a parity analysis. We estimate a one-time burden of initially completing the template as well as a lesser burden associated with major and minor updates to the template.

We estimate that it will take a Business Operations Specialist a one-time burden of 60 hours at \$87.52/hr to complete an initial conversion to the template based on the range of complexity involved among states' programs. While we understand that the time involved in completing the template may vary depending on the number of benefit packages, entities providing benefits, and/or financial requirements or treatment limitations (e.g., copayments, prior authorization), we believe this estimate represents a reasonable average. We then multiplied this estimate by the number of states expected to have a triggering event that could cause submission of a State Summary Template during the first year of its implementation, which is based on our experience of the typical number of parity submissions each year. We also estimate that it will take a

General and Operations Manager 3 hours at \$128.00/hr to review and approve the template for submission to CMS.

For the State FFS Reporting Template, we estimate that it will take a Business Operations Specialist a one-time burden of 35 hours at \$87.52/hr to complete an initial conversion to the template. Like the State Summary Template, we understand the variable complexity among states and believe this estimate represents a reasonable average. We expect one state FFS program to have a triggering event that would require a Reporting Template during the first year of its implementation, which is based on our experience and acknowledgement that the template is optional. We also estimate that it will take a General and Operations Manager 3 hours at \$128.00/hr to review and approve the template.

In aggregate, Table 5 displays the total burden estimate of both templates, which is 101 hours and \$9,082, with state costs estimated to be \$4,541.

**TABLE 5: ABP: National and State FFS Program Burden – Initial Conversion to State Summary Template and Plan/State FFS Program Reporting Template**

<b>Requirements</b>	<b>Potential Respondents</b>	<b>Anticipated Responses</b>	<b>Time per Response (hrs)</b>	<b>Total Time (hrs)</b>	<b>Labor Rate (\$/hr)</b>	<b>Total Cost (\$)</b>	<b>State Share (\$)</b>
42 CFR 440.395 ABP Parity Compliance	11 states with FFS/PIHP/PAHP	1 state FFS/PIHP/PAHP ABP submission	60 Business Operations Specialist	60	87.52	5,251	2,626
			3 General and Operations Manager	3	128.00	384	192
	13 separate ABPs among the 11 states above	1 additional state ABP	35 Business Operations Specialist	35	87.52	3,063	1,532
			3 General and Operations Manager	3	128.00	384	192
Total	11	2	Varies	101	Varies	9,082	4,541

States can submit amended templates should they need to revise any of their responses based on major and minor updates to their program (e.g., changes to benefit packages, financial requirements or treatment limitations). We expect major and minor updates to be infrequent and to require less burden than the initial conversion.

Table 6 displays the total burden estimate of major and minor updates to both templates, which is 98 hours and \$9,306, with state costs estimated to be \$4,653.

TABLE 6: ABP: National and State FFS Program Burden – Major and Minor Updates to State Summary Template and Plan/State FFS Program Reporting Template

Requirements	Scenario	Potential Respondents	Anticipated Responses	Time per Response (hrs)	Total Time (hrs)	Labor Rate (\$/hr)	Total Cost (\$)	State Share (\$)
42 CFR 440.395 ABP Parity Compliance	Major Update	11 states with FFS/PIHP/PAHP	1 state FFS/PIHP/P AHP ABP submission	15 Business Operations Specialist	15	87.52	1,313	656
				3 General and Operations Manager	3	128.00	384	192
	Minor Update	11 states with FFS/PIHP/PAHP	1 state FFS/PIHP/P AHP ABP submission	7 Business Operations Specialist	7	87.52	613	306
				3 General and Operations Manager	3	128.00	384	192
	Major Update	11 states with 13 separate ABPs among the 11 states	2 additional state ABPs	20 Business Operations Specialist	40	87.52	3,501	1,750
				3 General and Operations Manager	6	128.00	768	384
	Minor Update	13 separate ABPs among the 11 states above	2 additional state ABPs	9 Business Operations Specialist	18	87.52	1,575	788
				3 General and Operations Manager	6	128.00	768	384
TOTAL		11	6	Varies	98	Varies	9,306	4,653

*Burden Summary (Managed Care, Separate CHIP, and ABP)*

The total burden estimate for states and entities providing benefits for the initial conversion to the templates for managed care, separate CHIP, ABP is 1,454 hours and \$418,354, with state costs estimated to be \$39,964 (see Table 7).

TABLE 7: Summary: National and Entity Providing Benefits Burden – Initial Conversion to State Summary Template and Plan/State FFS Program Reporting Template

Requirements	Potential Respondents	Anticipated Responses	Time per Response (hrs)	Total Time (hrs)	Labor Rate (\$/hr)	Total Cost (\$)	State Share (\$)
42 CFR 438.920 Medicaid Managed Care Parity Compliance	43 states	7 states	90 Business Operations Specialist	630	87.52	55,138	27,569
			3 General and Operations Manager	21	128.00	2,688	1,344
	302 MCOs	45 MCOs	80 Business Operations Specialist	3600	87.52	315,072	NA
			3 General and Operations Manager	135	128.00	17,280	NA
42 CFR 457.496 CHIP Parity Compliance	30 states	2 states	70 Business Operations Specialist	140	87.52	12,253	6,126
			3 General and Operations Manager	6	128.00	768	384
	139 MCOs	1 MCO	65 Business Operations Specialist	65	87.52	5,689	NA
			3 General and Operations Manager	3	128.00	384	NA
42 CFR 440.395 ABP Parity Compliance	11 states with FFS/PIHP/PAHP	1 state FFS/PIHP/PAHP ABP submission	60 Business Operations Specialist	60	87.52	5,251	2,626
			3 General and Operations Manager	3	128.00	384	192
	13 separate ABPs among the 11 states above	1 additional state ABP	35 Business Operations Specialist	35	87.52	3,063	1,532
			3 General and Operations Manager	3	128.00	384	192
TOTAL	525	57	Varies	1454	Varies	418,354	39,964

The total burden estimate for states and entities providing benefits for major and minor updates to the templates for managed care, separate CHIP, ABP is 471 hours and \$46,963, with state costs estimated to be \$11,478 (see Table 8).

TABLE 8: Summary: National and Entity Providing Benefits Burden – Major and Minor Updates to State Summary Template and Plan/State FFS Program Reporting Template

Requirements	Scenario	Potential Respondents	Anticipated Responses	Time per Response (hrs)	Total Time (hrs)	Labor Rate (\$/hr)	Total Cost (\$)	State Share (\$)
42 CFR 438.920 Medicaid Managed Care Parity Compliance	Major Update	43 states	2 states	20 Business Operations Specialist	40	87.52	3,501	1,750
				3 General and Operations Manager	6	128.00	768	384
	Minor Update	43 states	3 states	8 Business Operations Specialist	24	87.52	2,100	1,050
				3 General and Operations Manager	9	128.00	1,152	576
	Major Update	302 MCOs	3 MCOs	30 Business Operations Specialist	90	87.52	7,877	NA
				3 General and Operations Manager	9	128.00	1,152	NA
	Minor Update	302 MCOs	4 MCOs	12 Business Operations Specialist	48	87.52	4,201	NA
				3 General and Operations Manager	12	128.00	1,536	NA
42 CFR 457.496 CHIP Parity Compliance	Major Update	30 states	2 states	20 Business Operations Specialist	40	87.52	3,501	1,750
				3 General and Operations Manager	6	128.00	768	269
	Minor Update	30 states	3 states	7 Business Operations Specialist	21	87.52	1,838	643
				3 General and Operations Manager	9	128.00	1,152	403
	Major Update	139 MCOs	1 MCO	30 Business Operations Specialist	30	87.52	2,626	NA
				3 General and Operations Manager	3	128.00	1,637	NA
	Minor Update	139 MCOs	2 MCOs	10 Business Operations Specialist	20	87.52	1,829	NA
				3 General and Operations Manager	6	128.00	2,021	NA

Requirements	Scenario	Potential Respondents	Anticipated Responses	Time per Response (hrs)	Total Time (hrs)	Labor Rate (\$/hr)	Total Cost (\$)	State Share (\$)
42 CFR 440.395 ABP Parity Compliance	Major Update	11 states with FFS/PIHP/PAHP	1 state FFS/PIHP/P AHP ABP submission	15 Business Operations Specialist	15	87.52	1,313	656
				3 General and Operations Manager	3	128.00	384	192
	Minor Update	11 states with FFS/PIHP/PAHP	1 state FFS/PIHP/P AHP ABP submission	7 Business Operations Specialist	7	87.52	613	306
				3 General and Operations Manager	3	128.00	384	192
	Major Update	11 states with 13 separate ABPs among the 11 states	2 additional state ABPs	20 Business Operations Specialist	40	87.52	3,501	1,750
				3 General and Operations Manager	6	128.00	768	384
	Minor Update	13 separate ABPs among the 11 states above	2 additional state ABPs	9 Business Operations Specialist	18	87.52	1,575	788
				3 General and Operations Manager	6	128.00	768	384
TOTAL		525	26	Varies	471	Varies	46,963	11,478

### *Information Collection Instruments and Instruction Documents*

The Medicaid and CHIP Parity State Summary Template and Plan/State FFS Program Reporting Templates are Excel workbooks. Instructions for their completion are provided within the Excel workbooks, the State Summary Template Instructional Guide, and Plan/State FFS Program Reporting Template Instructional Guide.

### **E. Timeline**

Our 14-day notice published in the Federal Register on December 8, 2025 (90 FR 56765). Comments must be received by December 22, 2025.

CMS hopes to deploy this collection within 90 days from our submission to OMB. We acknowledge that due to a number of internal and external factors including PRA approval, this is a target goal which could shift or be delayed. The Medicaid and CHIP Parity Tools will be helpful and essential for States implementing and monitoring parity requirements and should be available as soon as possible to aid states in having experience and familiarity completing the tool in the time period before they are required to help states pilot information collection and submission. The templates are not required at this time, and the requirement to submit these will

be announced in future policy guidance. States will need adequate time to understand, complete and vet these documents and receive technical assistance from CMS.