

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

Improving Quality of Care and Outcomes Data for Pregnant Medicaid Beneficiaries and Newborn Infants through Linkage and Evaluation of Vital Records (VR) Birth Certificates (BC), Death Certificates (DC) and T-MSIS Analytic Files (TAF)
(CMS-10398 #81, OMB 0938-1148)

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

This project aims to expand and strengthen data capacity by linking VR birth certificate data with TAF data to provide state, federal, and academic researchers with accessible, linked, longitudinal data on pregnant people and their newborn infants. CMCS is requesting record-level VR birth certificate data with identifiers from state VR agencies to link those data to Medicaid claims. To accomplish these linkages, record-level VR birth certificate data with identifiers will be ingested and stored in a secure CMS data environment and used only for the purpose of linking VR data to Medicaid claims; VR identifiers will not be used for any other purpose. If VR birth certificate and TAF linkages are successful, CMCS will also request state VR mortality data from a selection of states to link maternal death records to TAF data. Using current state linkages of live births with death certificate data to identify maternal and infant deaths will support further research into better understanding and reducing maternal and infant morbidity and mortality.

The output of this project will be a companion TAF file of clinical characteristics, infants' outcomes, birthing parent-infant dyad indicators, and demographic information that is unavailable or of varying quality in the TAF. Users will be able to merge this file with Medicaid and CHIP enrollment records for birthing parents and infants for the selected states. The output data file that is created (TAF VR companion file) will not include personal identifiers from the record-level VR data obtained from states; only specific data elements from the birth record and, if applicable, death record, will be retained in the TAF VR companion file including: demographic information (maternal and paternal education, ethnicity, race, WIC receipt, and number of previous live births), clinical characteristics (birthweight, obstetric estimation of

gestation, APGAR score, plurality, abnormal conditions of the newborn, congenital anomalies of the newborn, place where birth occurred, hospital transfer, cigarette smoking before and during pregnancy, risk factors in this pregnancy, infections present and/or treated in this pregnancy, obstetric procedures, onset of labor, characteristics of labor and delivery, method of delivery, and maternal morbidity), and death information (cause of death, age at death, and date of death).

We hope that with the improved availability and quality of linked, longitudinal data will increase (1) the efficiency with which studies on maternal and infant health can be designed and conducted, given that researchers and other users of these data will not need to link data themselves, and (2) the robustness of the evidence and knowledge that is generated, by using a more comprehensive set of variables. If these linkages are proven successful, states would be supporting research on a vast number of topics that are of a priority on local and national levels. Linked data will also help support state efforts to improve maternal and child health and better understand maternal and infant morbidity and mortality.

With the approval of this collection, CMS seeks to establish voluntary state reporting of birth certificate (natality) and death certificate (mortality) data.

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' (BLS') May 2022 National Occupational Employment and Wage Estimates for all salary estimates (http://www.bls.gov/oes/may/2022/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 Benefits and Other Indirect Costs (\$/hr)	Adjusted Hourly Wage (\$/hr)
Medical and Health Services Managers	119111	61.53	61.53	123.06

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. 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

States can choose to submit up to two (2) vital records data files, birth certificate (natality), and death certificate (mortality).

We estimate it will take each state 1 hour at \$123.06/hr for a state vital records agency to complete the collection of data and report such data to CMS.

As of March 2024, there is a potential universe of 52 vital records jurisdictions in 50 U.S. states and Washington, D.C that will submit 2 responses.

In aggregate, we estimate a one-time burden of 104 hours (52 respondents x 2 responses x 1 hour/response) at a cost of \$12,798 (\$123.06/hr x 104 responses).

Funding obtained from ASPE (Assistant Secretary for Planning and Evaluation) PCORTF (Patient-Centered Outcome Research Trust Fund) has been earmarked for the vital records data collection efforts. States will be reimbursed actual costs for delivering these data to CMS.

No system changes are required by States to accommodate the collection and reporting.

This is a one-time data transfer from the states to CMS.

Participation in reporting of this data is voluntary.

Information Collection Instruments

- Vital Records Data Elements - Mortality and Natality.

The Excel workbook contains mortality and natality data elements names, definitions, and descriptions. The workbook will not be posted on Medicaid.gov.

We'll be requesting the data elements with the state directly through the Data User Agreement (DUA) request process.

- Creating Data Transfer Files: Instructions for State Vital Records Agencies

States will submit vital records birth certificate and death certificate data using the interjurisdictional data exchange file format. This is a data layout format that states are accustomed to using for existing operational purposes.

E. Timeline

The 14-day notice published in the Federal Register on March 18, 2024 (89 FR 19313). Comments must be received by April 1, 2024.