

## Modified Adjusted Gross Income (MAGI) Conversion Plan

This MAGI Conversion Plan is being submitted to CMS by **Washington** as required by Section 1902(e)(14)(E) of the Social Security Act, which requires each state to submit for approval the income eligibility thresholds for Medicaid and the Children's Health Insurance Program (CHIP) proposed to be established using modified adjusted gross income (MAGI). As described in the December 28, 2012 State Health Officials' Letter on Modified Adjusted Gross Income (MAGI) income conversion, states can choose among three options to convert net standards for Medicaid and CHIP to MAGI equivalent standards.<sup>1</sup> The purpose of the MAGI Conversion Plan is to provide CMS with information about each state's MAGI conversion methodology, as well as the data used and results of conversion. CMS will be reviewing the submitted materials and notifying the State with their approval or disapproval by **June 15, 2013**.

**Eligibility and FMAP claiming conversions.** States are required to submit information about their conversion methodology, data and results for income conversions related to eligibility and those required for FMAP claiming in accordance with CMS' FMAP rule. For additional information about the FMAP rule, please see: <https://s3.amazonaws.com/public-inspection.federalregister.gov/2013-07599.pdf>.

**Note about Income Eligibility Conversions and State Plan Amendments:** Converted income standards will be used to set maximum MAGI-equivalent standards for adults in 2014 and will be used as the actual income standard in effect for children through October 2019. States will use the state plan amendment (SPA) process to identify the minimum and maximum MAGI-equivalent standards and to select the state's MAGI-based income standard for each eligibility group to which MAGI will apply in 2014. For adults for whom the Maintenance of Effort requirement expires in 2014, the selected income standard in the SPA will be anywhere between the minimum and the maximum derived through the income conversion process.

Please indicate the MAGI conversion method chosen by your state and follow the appropriate directions:

- ✓ **Option 1a** – Standardized Methodology with SIPP data, **no** state data adjustments for time-limited disregards  
Attach Excel spreadsheet with finalized SIPP results of eligibility and FMAP conversions to this cover page and submit to [incomeconversion@cms.hhs.gov](mailto:incomeconversion@cms.hhs.gov).  
[Washington has accepted CMS SIPP data conversion for 1988/1996 adults]

**Option 1b** – Standardized Methodology with SIPP data, **with** state data adjustments for time-limited disregards.

Please follow instructions below and submit to [incomeconversion@cms.hhs.gov](mailto:incomeconversion@cms.hhs.gov)

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<sup>1</sup> SHO letter available at <http://www.medicaid.gov/Federal-Policy-Guidance/downloads/SHO12003.pdf>

- ✓ **Option 2** – Standardized Methodology with State data  
**Washington is using standardized methodology for:**
  - **§1931 Adults**
  - **Pregnant Women**
  - **Children < 19**
  - **Take Charge/Family planning waiver**

Please follow the instructions below and submit this plan to [incomeconversion@cms.hhs.gov](mailto:incomeconversion@cms.hhs.gov).

- ✓ **Option 3** – State proposed Alternative Method  
Please follow the instructions below and submit this plan to [incomeconversion@cms.hhs.gov](mailto:incomeconversion@cms.hhs.gov).

**Washington is using alternative methodology for:**

- **Family-related adult coverage**

	Part 1 – Conversions for Eligibility		Part 2 – Conversions for FMAP Claiming and TB Group	
	Pages to Complete	Due Date	Pages to Complete	Due Date
Option 1a: Standardized Methodology, no adjustments	Page 1	May 31, 2013	Page 1	Fall 2013
Option 1b Standardized Methodology, state adjustments for time limited disregards	Pages 1 and 3	May 31, 2013	Pages 1 and 14	Fall 2013
Standardized Methodology with State Data	Page 4-11	April 30, 2013*	Pages 15-18	Fall 2013
Alternative Methodology	Page 4-13	April 30, 2013*	Pages 15-18	Fall 2013

\*Eligibility conversion plans are due April 30, 2013, or within 15 days of receiving SIPP results, whichever is later.

**Option 1b -- Standardized Methodology with SIPP data, with state adjustments for time limited disregards**

**Eligibility Conversions**

Please provide information about the state-specific weighting strategy and relevant conversions for groups with time limited disregards in the table below.

Eligibility group: Please list each eligibility group (e.g., 1931 parents/caretaker relatives) where your state applied its own weight for time-limited disregards.

Time-Limited weight: Please list, for each relevant eligibility group, the weight your state applied for the conversion. For example, if you determined that 15% of enrollees received time-limited disregards in a given category and applied that as your weight, you would simply list 15%.

Data Used to Derive weight: Please describe, for each relevant eligibility group, the data used to calculate the time-limited weight, e.g. "state data for all 1931 enrolled individuals in March of 2012."

Application of Weight: Please show the formula used to apply the weight, e.g., if standard with time-limited disregard is 100 and without time-limited disregard is 75 and weight is .15, the formula would be  $(100 \times .85) + (75 \times .15) = \underline{\quad 79 \quad}$

Converted standard: Please fill in the converted standard for each eligibility group. This will be the weighted average of the applicant (e.g., standard including time-limited disregards) and beneficiary calculations you originally received from CMS, applying the time-limited weight to the applicant conversion.

<u>Eligibility Group</u>	<u>Time-limited Weight</u>	<u>Data Used to Derive Weight</u>	<u>Application of Weight</u>	<u>Converted Standard</u>

**Options 2 and 3 -- Standardized Methodology with State Data Method  
and  
Alternative Method:**

Please provide a state contact who can answer questions about the conversion plan, data, and methods:

Name: Andy Glenn Title: Forecast Section Manager, Financial Services Division

E-mail: Andy.Glenn@hca.wa.gov Phone: (360) 725-1972

**Supplemental Information:** In addition to the information provided in the attached MAGI Conversion Plan, during the review and approval process, CMS may determine that supplemental information regarding the income conversion results is necessary. If CMS determines that a supplemental review of these results is necessary, your state may be required to submit:

- Descriptive statistics of the data used. Such descriptive statistics could include for each eligibility group converted with state data:
  - Net income statistics and disregard statistics for the full population or sample and for the population used in conversion (e.g., the 25% band) including: Total N, Mean Net Income, Standard Deviation of Mean Net Income, Median Net Income, and Number of individuals with Positive Net Income
- Data files used for conversion
- Annotated programming code used in the analysis

**PART 1: ELIGIBILITY CONVERSIONS- TABLE 1 – DUE APRIL 30, 2013**

For States Using  
Standardized Methodology with State Data  
Or  
Alternative Method

Please fill out Table 1 below to provide CMS with information about how state data were used for MAGI income conversion. All cells in rows for eligibility groups that do not have a converted income standard in your state (for example, if your state does not cover independent foster care adolescents or does not apply an income standard to this group) should be marked “N/A.”

**Instructions for Table 1:**

SIPP results used: Your state may have used SIPP results for converting some groups. For conversions based on SIPP, please mark yes in the first column of Table 1 and provide the converted standard from those results. Please list the group below (e.g., pregnant women) and an explanation of why the SIPP results are being used for this eligibility group (e.g., data unavailable). Also, for groups that have time-limited disregards, if the state chooses to provide its own weighting, please provide the state-specific weighting strategy that was used to derive the converted standard. The explanation of the weighting strategy should include the percent assumed to have time limited disregards and the data on which this calculation was based (e.g., 15%: based on analysis of state data for those enrolled in the 1931 group in CY 2012). Attach additional pages if necessary. **Note that for groups that need to be converted both for eligibility and FMAP purposes (e.g., childless adults) the same income conversion method/data source (i.e., SIPP or state data) must be used.**

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For all conversions using state data, please provide the following information:

Time period-Specify the time period of data that was used, for example, June 2011-May 2012. If a time period other than 12 months was used, please explain why below and summarize the methods used to determine that the time period is unbiased. Attach additional pages if necessary:

**For §1931 adults we analyzed client-level records from Washington State’s eligibility data system (ACES) for active TANF/Family Medicaid assistance units (AUs) in September, 2012. While this analysis is based on the caseload in a single reference month, the data it reflects includes households approved at any time within the preceding year.**

**For pregnant women\*, and children we analyzed client-level records from Washington State’s eligibility data system (ACES) for active Medicaid/CHIP assistance units (AUs) in September, 2012. While this analysis is based on the caseload in a single reference month, the data it reflects includes households approved at any time within the preceding year\*. Because our state employs continuous eligibility for children and pregnant women, seasonal fluctuations in employment have little impact upon ongoing eligibility.**

**For the Take Charge/Family Planning waiver we analyzed client-level records from Washington State’s eligibility data system (ACES) for active Medicaid assistance units (AUs) in July, 2013. While this analysis is based on the caseload in a single reference month, the data it reflects includes households approved at any time within the preceding year.**

**\*data for approvals based on pregnancy is any time within the preceding 11 months.**

Sampling: Please mark this column yes or no. If yes (in other words, the analysis did not include all records in the eligibility group), please provide a detailed explanation below of the sampling approach that was used (i.e., simple random sample, stratified sample, etc.). Please also provide information about the total population and the number of records sampled. Attach additional pages if necessary. **For §1931 adults, Pregnant women, children, and Take Charge we sampled active records within 25%FPL of the net income limit as follows:**

<b>Group</b>	<b>Sampled AUs</b>	<b>Recipients</b>
<b>§1931 Adults</b>	<b>9,246</b>	<b>35,516</b>
<b>Pregnant</b>	<b>620</b>	<b>926</b>
<b>Children&lt;19</b>	<b>16,576</b>	<b>57,992</b>
<b>CHIP &lt;19</b>	<b>1,453</b>	<b>5,001</b>
<b>CHIP – unborn</b>	<b>111</b>	<b>111</b>
<b>Take Charge</b>	<b>95</b>	<b>95</b>

Net income standard- Please fill in the net standard that was converted for each eligibility group. This should reflect the bolded standard from the eligibility template that you developed with CMS. For conversions that were based on fixed dollar thresholds, please specify the net standard for each family size. You may use fewer or more family sizes than indicated in Table 1. For 1115 demonstrations, please enter a row for each MAGI-included 1115 demonstration group, specifying whether it is Medicaid or S-CHIP.

Income band used in conversion-This column should reflect the net standard minus 25 percentage points of FPL. For example, if the net standard was 120% FPL, the income band used in conversion would be 95% FPL to 120% FPL. For standards at or below 25% FPL, the income band will include all records—e.g., for a net standard of 18% FPL, the income band used in conversion should be 0-18% FPL. For conversions of fixed dollar thresholds, please specify the income band (expressed as a percentage of FPL) for each family size.<sup>2</sup> For states using an alternative method, this column should only be filled out if it is applicable (e.g., if the marginal approach was used).

Converted standard -Please fill in the converted standard. Fixed dollar standards should be given in dollars for each family size.

***Special note for premium payment groups:*** If your state charges premiums for any eligibility group, please indicate which method you selected below and attach a separate sheet showing the MAGI Conversion Plan information requested (time period, net income standard, income band used in conversion, and the converted standard) for each income level used to determine premium payments.

***Premium conversion method:*** Premiums may be converted either using the Standardized MAGI Conversion Methodology; or, using a ratio of the converted standard for the group to the net standard for the group for which premiums are charged. For example, if your state charges premiums for people between 150% and 300% FPL and the standard for 300% of FPL converted to 309%, you would multiple the remaining levels by 1.03 (309/300).

Please indicate which approach was used and provide upper income net and converted standards if you applied the ratio method:

Standardized method

✓ Ratio Method

Upper income level, net standard                      300

Upper income level, converted standard              312

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<sup>2</sup> See page 15 of *How States Can Implement the Standardized Modified Adjusted Gross Income (MAGI) Conversion Methodology from State Medicaid and CHIP Data* for more information on converting fixed dollar standards to FPL.

<http://aspe.hhs.gov/health/reports/2013/MAGIHowTo/rb.cfm>.

**Table 1**

Coverage Category	SIPP Results used (Yes/No)	Time Period	Sampling (yes/no)	Net Income Standard	Income band used in conversion (Alternative Method states to fill out only if applicable)	Converted Standard
Parents and other caretaker relatives (mandatory under Section 1931)	No	September 2012	Yes	% FPL _____ or Fixed dollar standards Family size 1 \$359 2 \$453 3 \$562 4 \$661 5 \$762 6 \$866 7 \$1000 Add-on for additional family members if relevant _____	<del>% FPL 12% - 37%__ or % FPL by Family size (for groups with fixed dollar standards) 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____</del>	% FPL _____ or Fixed dollar standards Family size 1 \$511 2 \$658 3 \$820 4 \$972 5 \$1127 6 \$1284 7 \$1471 8 \$1631 9 \$1792 10 \$1951 Add-on for additional family members if relevant __N/A__
Parents and other caretaker relatives (optional under 1902(a)(10)(A)(ii)(I))	Not addressed in the current proposal; the state may submit additional proposals in future relating to determining MAGI-based income eligibility standards for other coverage categories (N/A)					
Pregnant women, full benefits	No	September 2012	Yes	185%	160% - 185%	193%
Pregnant women, pregnancy only coverage	No	September 2012	Yes	185%	160% - 185%	193%
Children under age 1	No	September 2012	Yes	200%	175% - 200%	210%
Children ages 1 to 5	No	September 2012	Yes	200%	175% - 200%	210%



Coverage Category	SIPP Results used (Yes/No)	Time Period	Sampling (yes/no)	Net Income Standard	Income band used in conversion (Alternative Method states to fill out only if applicable)	Converted Standard
Children ages 6 to 18	No	September 2012	Yes	200%	175% - 200%	210%
M-CHIP optional targeted low-income children	N/A	N/A	N/A	N/A	N/A	N/A
Optional reasonable classifications of individuals under age 21 (State plan template S52) Newly added population for 1/1/14 – Pregnant teens < age 19*	N/A	N/A	N/A	N/A	N/A	*No conversion standard provided. Income is disregarded under section 1902(r)(2).
State adoption assistance	N/A	N/A	N/A	N/A	N/A	N/A
Independent foster care adolescents	N/A	N/A	N/A	N/A	N/A	N/A
Family planning services “Take Charge” 1115 waiver for individuals age 10 – 55 not otherwise eligible for Medicaid.	No	July, 2013	Yes	250%	225% - 250%	260%
Other Medicaid section 1115 demonstration (e.g., childless adults). Insert more rows if needed. Childless adults aged 19-64, operated under 1115 demonstration “Bridge” waiver	N/A*	N/A*	N/A*	N/A*	N/A*	*No converted standard provided as this waiver will expire 12/31/13. This population will be subsumed into the new adult population under 1902(a)(10)(A)(i)(VIII).

<b>Coverage Category</b>	<b>SIPP Results used (Yes/No)</b>	<b>Time Period</b>	<b>Sampling (yes/no)</b>	<b>Net Income Standard</b>	<b>Income band used in conversion (Alternative Method states to fill out only if applicable)</b>	<b>Converted Standard</b>
<b>WA Basic Health for adults aged 19-64 operated under 1115 demonstration "Bridge" waiver.</b>	N/A*	N/A*	N/A*	N/A*	N/A*	<b>*No converted standard provided as the waiver for this premium based program will expire 12/31/13. This population will be subsumed into the new adult population under 1902(a)(10)(A)(i)(VIII).</b>
Separate CHIP State plan • Children	No	September 2012	Yes	300%	275% - 300%	312%
Separate CHIP State plan • Pregnant Women option	N/A	N/A	N/A	N/A	N/A	N/A
Separate CHIP State plan • Unborn child option	No	September 2012	Yes	185%	160%-185%	193%
Other S-CHIP section 1115 demonstration (e.g., pregnant women). Insert more rows if needed.	N/A	N/A	N/A	N/A	N/A	N/A

Coverage Category	SIPP Results used (Yes/No)	Time Period	Sampling (yes/no)	Net Income Standard	Income band used in conversion (Alternative Method states to fill out only if applicable)	Converted Standard
AFDC payment standard 5/1/1988	No	April 2010	No	Fixed dollar standards Family size 1_ <b>\$314</b> 2_ <b>\$397</b> 3_ <b>\$492</b> 4_ <b>\$578</b> 5_ <b>\$666</b> 6_ <b>\$756</b> 7_ <b>\$873</b> Add-on for additional family members if relevant_____	<del>% FPL by family size 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant_____</del>	% FPL _____ Fixed dollar standards Family size 1_ <b>396</b> 2_ <b>507</b> 3_ <b>630</b> 4_ <b>745</b> 5_ <b>861</b> 6_ <b>979</b> 7_ <b>1124</b> Add-on for additional family members if relevant <u>N/A</u> <b>[Presented as a fixed dollar standard based on CMS provided SIPP data at 42%FPL]</b>
AFDC payment standard 7/16/1996	No	April 2010	No	Fixed dollar standards Family size 1_ <b>\$349</b> 2_ <b>\$440</b> 3_ <b>\$546</b> 4_ <b>\$642</b> 5_ <b>\$740</b> 6_ <b>\$841</b> 7_ <b>\$971</b> Add-on for additional family members if relevant_____	<del>% FPL by family size 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant_____</del>	% FPL _____ Fixed dollar standards Family size 1_ <b>439</b> 2_ <b>561</b> 3_ <b>698</b> 4_ <b>825</b> 5_ <b>954</b> 6_ <b>1086</b> 7_ <b>1247</b> Add-on for additional family members if relevant <u>N/A</u> <b>[Presented as a fixed dollar standard based on CMS provided SIPP data at 46%FPL]</b>

Coverage Category	SIPP Results used (Yes/No)	Time Period	Sampling (yes/no)	Net Income Standard	Income band used in conversion (Alternative Method states to fill out only if applicable)	Converted Standard
Pre-CHIP Medicaid as of 3/31/97	N/A	N/A	N/A	< age 1 _____ 1-5 _____ 6-13 _____ 14-18 _____	< age 1 _____ 1-5 _____ 6-13 _____ 14-18 _____	< age 1 _____ 1-5 _____ 6-13 _____ 14-18 _____

**Premium Payment Determination:** Please indicate whether the Standardized MAGI Conversion methodology was used or a ratio of the converted standard at the upper ranges of the eligibility threshold was used.

**A ratio of the converted standard was used.**

Coverage Category	Time Period	Current FPL Std	Avg. disregard FPL	MAGI Gross FPL (lower bound)	MAGI Gross FPL (upper bound)	% Increase
CHIP - children < age 19	September, 2012	300%	12%		312%	<b>1.04</b>
CHIP - Tier 1 (200 - 250%)		250%		209%	260%	
CHIP - Tier 2 (250 - 300%)		300%		261%	312%	

## **PART 1: ELIGIBILITY CONVERSIONS**

### Option 3-- Alternative Method, additional information

Please provide a summary of the alternative method and data source or sources used for income conversion, including how the method differs from the Standardized MAGI Conversion Methodology specified in the December 28, 2012 State Health Officials' Letter on Modified Adjusted Gross Income (MAGI) Income Conversion. Please include equations showing how the method is applied mathematically and a description of how fixed dollar standards were converted, if relevant. Attach additional pages if necessary.

Please provide a description below of how your method meets the criteria specified in the December 28, 2012 State Health Officials' Letter on Modified Adjusted Gross Income (MAGI) Conversion: unbiased, accuracy, precision, and data quality. Attach additional pages if necessary. More detailed information about these criteria is available in the ASPE issue brief *Modified Adjusted Gross Income (MAGI) Income Conversion Methodologies*.<sup>3</sup>

Unbiased: Across all eligibility categories, the method does not systematically increase or decrease the number of eligible individuals within a given eligibility group or systematically increase or decrease the costs to states.

Accuracy: To the extent possible, the method minimizes changes in eligibility status by minimizing losses and gains in eligibility for a given category of coverage.

Precision: The converted standard must be stable and repeatable. In other words, if the methodology to arrive at the converted standard were repeated, it would arrive at the same result. For example, if a sampling methodology is used, the sample size must be large enough to ensure that the conversion method, if calculated on another sample, would in general yield the same converted standard.

Data quality: The data used are representative of the income and disregards of the population so as not to bias the converted standard due to poor data quality.

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<sup>3</sup> See [http://www.shadac.org/files/2.%20ASPE%20Brief%20-%20MAGI%20Income%20Conversion%20Methodologies%20\(March%202013\).pdf](http://www.shadac.org/files/2.%20ASPE%20Brief%20-%20MAGI%20Income%20Conversion%20Methodologies%20(March%202013).pdf).

**Option 1b -- Standardized Methodology with SIPP data, with state adjustments for time limited disregards**

**Eligibility Conversions**

Please provide information about the state-specific weighting strategy and relevant conversions for groups with time limited disregards in the table below.

Eligibility group: Please list each eligibility group (e.g., 1931 parents/caretaker relatives) where your state applied its own weight for time-limited disregards.

Time-Limited weight: Please list, for each relevant eligibility group, the weight your state applied for the conversion. For example, if you determined that 15% of enrollees received time-limited disregards in a given category and applied that as your weight, you would simply list 15%.

Data Used to Derive weight: Please describe, for each relevant eligibility group, the data used to calculate the time-limited weight, e.g. "state data for all 1931 enrolled individuals in March of 2012."

Application of Weight: Please show the formula used to apply the weight, e.g., if standard with time-limited disregard is 100 and without time-limited disregard is 75 and weight is .15, the formula would be  $(100 \times .85) + (75 \times .15) = \underline{\quad 79 \quad}$

Converted standard: Please fill in the converted standard for each eligibility group. This will be the weighted average of the applicant (e.g., standard including time-limited disregards) and beneficiary calculations you originally received from CMS, applying the time-limited weight to the applicant conversion.

<u>Eligibility Group</u>	<u>Time-limited Weight</u>	<u>Data Used to Derive Weight</u>	<u>Application of Weight</u>	<u>Converted Standard</u>

## **PART 2: FMAP CONVERSIONS – DUE FALL 2013**

Options 2 and 3 -- For States Using  
Standardized Methodology with State Data  
Or  
Alternative Method

Please fill out Table 2 below to provide CMS with information about how state data were used for FMAP related conversions. If your state did not cover a certain eligibility group on December 1, 2009, all cells in that row should be marked “N/A.” **All states** must fill out relevant conversions under “TB conversion”, “MAGI groups relevant for FMAP” and “optional ABD groups.” **209(b) states** must also fill out information for the relevant mandatory groups listed at the end of the table if the state applied a disregard on December 1, 2009 that varied from the standard SSI-related methodology disregards. All cells in rows for eligibility groups that do not have a converted income standard in your state (for example, if your state does not cover the options group for individuals who meet the requirements of SSI or optional state supplement, but who do not receive cash assistance) should be marked “N/A”. In addition, if your state has elected the state TB group option for eligibility, please include those conversion results with Part 2.<sup>4</sup>

**Instructions for Table 2:** This template assumes that the information about sampling and income bands (if relevant) you provided for eligibility conversions in Part 1 of this plan also apply to the FMAP conversions in part 2. If not, please attach a separate explanation of how and why they differ. Similarly, it assumes that if an alternate methodology was used in part 1, the same was used for part 2, so the information provided on pages 12 and 13 apply. If not, please attach a separate explanation of how and why they differ.

SIPP results used: Your state may have used SIPP results for converting some groups. For conversions based on SIPP, please mark yes in the first column of Table 1 and provide the converted standard from those results. Please list the group below (e.g., the optional aged, blind or disabled poverty level group) and an explanation of why the SIPP results are being used for this eligibility group (e.g., state data unavailable). Also, for groups that have time-limited disregards, if the state chooses to provide its own weighting, please provide the state-specific weighting strategy that was used to derive the converted standard. The explanation of the weighting strategy should include the percent assumed to have time limited disregards and the data on which this calculation was based (e.g., 15% receive the \$65 or \$85 if no unearned income, and on-half of other earned income disregard based on analysis of state data for those enrolled in the

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<sup>4</sup> CMS did not complete SIPP conversions for the TB group during Phase 1 of the “template project” and will be completing them during Phase 2 when FMAP conversions are being done. Consequently, reporting of TB group conversions has been included with Phase 2 FMAP conversions.





**Table 2**

<b>Eligibility Group</b>	<b>SIPP Results used (Yes/No)</b>	<b>Time Period</b>	<b>Net Income Standard % FPL or fixed dollar standards by family size if applicable</b>	<b>Converted Standard</b>
<b>FMAP Conversions</b>				

**PRA Disclosure Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 20 per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.