Supporting Statement
Health Resources and Services Administration/Bureau of Health Professions
Reconciliation Tool for the Teaching Health Centers Graduate Medical Education Program

A. JUSTIFICATION

1. Circumstances Making the Collection of Information Necessary

This is a request for Office of Management and Budget (OMB) approval to utilize the Reconciliation Tool to reconcile the number of residency positions supported by the Teaching Health Centers Graduate Medical Education Program (THCGME), and to determine the final payment amount (attachment 1). This payment program is authorized under section 340H of the Public Health Service Act and was established by Section 5508 of Public Law 111-148, the Affordable Care Act.

THCGME is an initiative to promote primary care residency training in community-based settings. The THCGME model is one of many different training models supported by the Affordable Care Act to address the shortage in primary care health providers. The majority of residency training in the United States is funded by Centers for Medicare and Medicaid (CMS) reimbursement payments to teaching hospitals. In the THCGME model, funding goes directly to eligible Teaching Health Centers (THCs), allowing the THC to sponsor primary care training directly in the community. The program supports training for primary care residents (including residents in family medicine, internal medicine, pediatrics, internal medicine-pediatrics, obstetrics and gynecology, psychiatry, general dentistry, pediatric dentistry, and geriatrics) in community-based ambulatory patient care settings. The statute allows THCs to receive payments for both direct and indirect costs associated with training residents in community-based ambulatory patient care centers. Direct payments are designed to compensate eligible Teaching Health Centers for those expenses directly associated with resident training, while indirect payments are intended to compensate for the additional costs of training residents in such programs. Payments are made at the beginning of the funding cycle; however, the statute provides for a reconciliation process, through which overpayments may be recouped and underpayments may be adjusted at the end of the Fiscal Year. Eleven THCs received funding in FY 2011. The Reconciliation Tool will be used to collect information relating to the number of Full-Time Equivalents (FTE) supported with THCGME payments in order to reconcile costs for both direct and indirect costs. Although there are 11 awardees this fiscal year, we anticipate that the program will grow to more than 50 awardees over three years.

2. Purpose and Use of Information

There are two purposes for this reconciliation instrument. First, the Teaching Health Centers must confirm that they are training the number and percentage of resident FTEs that they claimed in their application. The reconciliation instrument requests the number and percentage of resident FTEs that are paid by the THC through HRSA THCGME payments.

Second, the reconciliation instrument requires Teaching Health Centers to report the percentage of resident FTE which is being claimed by other payment sources including but not limited to Medicare GME, Medicaid, and other federal payers. Awardees must also report, to the best of their knowledge, the number of residents being trained at hospitals below their Medicare resident cap. This information will be used to ensure that there are no duplicate payments for THC resident training. The statue prohibits the center from receiving funding to support portions of training that will be reimbursed by CMS or any other sources. Hospitals that are below their Medicare resident cap are allowed to request reimbursement for resident training from CMS, ensuring that THCs have knowledge of participating hospital's cap status will help to prevent multiple payments for the same portion of training; especially in cases where the resident is being trained outside of the usual network of hospitals, such as an away rotations or an elective.

HRSA will use the information gathered by the instrument to inform the THCGME payment reconciliation process at the end of this and subsequent fiscal years. Payments which are made during the fiscal year are based on the THC's requested FTEs; these payments must be reconciled with the actual FTEs for THC program and adjusted for any additional sources of payments.

3. Use of Improved Information Technology and Burden Reduction

HRSA will collect reconciliation data via the Electronic Handbook to reduce grantee burden and improve data quality. Every effort was taken to design the tool to collect the least, but appropriate, amount of data needed to reconcile number of FTE positions. From discussions with THC awardees, the data requested are not perceived to be burdensome and are readily available to the awardees.

4. Efforts to Identify Duplication and Use of Similar Information

The THCGME program is a new residency-training model. The information gathered to reconcile the number of FTEs funded is not collected by other HHS agencies or data collection systems. There is no similar information pertaining to the FTEs funded by the THCGME program. The data will be requested annually in accordance with the statute.

5. Impact on Small Business or Other Small Entities

The sponsoring THC, which per the statute may be small entities such as federally qualified health center (FQHC)/FQHC Look-Alike, mental health clinic, rural health clinic, health center operated by the Indian Health Service, or title X clinic, will utilize the Reconciliation Tool. In order to minimize the burden to the sponsoring THC, the tool only requests information required to meet the standard for reconciliation per the statue. The tool is short and concise.

6. Consequences If Information Collected Less Frequently

There are legal consequences to collecting the information less frequently. Respondents will complete the Reconciliation Tool annually to satisfy the legislative requirement in section 340H(f) of the Public Health Service Act which requires annual reconciliation of payments. If

collection of the data is not conducted or is conducted less frequently then annually the THCs and HRSA will not be in compliance with the law.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

All guidelines relating to 5 CFR 1320.5 are met. The request for reconciliation of FTEs by the THC fully complies with the regulation.

8. Comments in Response to the Federal Register Notice/Outside Consultation

8A.The notice required in 5 CFR 1320.5 was published in the *Federal Register* on March 29, 2011, vol.76 No. 60; page 17423 (attachment 3). There were three comments from the public requesting a copy of the tool.

The following program participants were consulted on the availability of the data requested, frequency of the collection, burden and the clarity of the instructions for reporting information.

Name	Title	Telephone number	Email	Organization
Dr. Russell Maier	Residency Program Director	(509) 574-6126	russell.maier@commhealthcw.org	Community Health of Central Washington
Mr. Charles Hunt	Chief Executive Officer	(304) 461-3332	chunt@accesshealthwv.com	Community Health Systems, Inc.
Dr. Ted Epperly	Residency Program Director	(208) 367-6042	ted.epperly@fmridaho.org	Family Medicine Residency of Idaho
Dr. Joseph Gravel	Chief Executive Officer & Residency Program Director	(781) 771-8634	jgravel@glfhc.org	Greater Lawrence Family Health Center
Ms. Maxine Golub	Senior VP, Planning & Development		mgolub@institute2000.org	Institute for Family Health
Ms. Jennie Faulkner	Medical Education Director	(936) 523-5247	jfaulkner@lonestarfamily.org	LoneStar Community Health Center
Ms. Nancy Taylor	VP of Clinical & Educational Services	(406) 247-3295	nancy.tay@riverstonehealth.org	Montana Family Medicine Residency
Dr. Deborah Edberg	Residency Program Director		dedberg@eriefamilyhealth.org	Northwestern University
Dr. Beth Mahoney	Director of Development	(207) 992-9200	emahoney@pchcbangor.org	Penobscot Community Health Center, Inc.

9. Explanation of any Payment/Gift to Respondents

No remuneration was given to the respondents.

10. Assurance of Confidentiality Provided to Respondents

The information collected will be kept secure and protected. Information containing personal identifiers will not be requested. Instead, sponsored THCs are instructed to develop a unique identifier for each training position supported by THCGME funds. The resident occupying the position will not be identified; rather each resident position funded by the THCGME program will be tracked separately. This will allow for accurate reconciliation as the resident occupying the position progresses through the training without personally identifiable information. Separate tracking of the funded resident position will assist HRSA in ensuring that the intent of the legislation is met.

11. Justification for Sensitive Questions

There are no sensitive questions in the Reconciliation Tool.

12. Explanation of how the hour burden estimates were derived.

The hour burden estimates were derived by survey of award recipients. Respondents were shown a draft of the Tool and instructions. They were asked to estimate the amount of time it would take to complete the tool annually within their institution. Respondents agreed that an administrative assistant would typically perform the task. The sum of the estimates was divided by the number of responses to arrive at 5 hours.

12 A. Estimated Annualized Burden Hours

Instrument Name	Number of Respondents	Number of Responses per Respondent	Total responses	Hours per Response	Total Burden Hours
THC Reconciliation Tool	51	1	51	5	255
Total	51	------	51	5	255

12. B Estimated Annualized Burden Costs

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Grants Representative/ Administrative Representative	255	$18.00/hr	$4590
Total			$4590

13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers/Capital Costs

There are no costs outside of the customary and usual business practices. Residency programs are required to collect and maintain data on FTE status of all residents in the program to maintain academic accreditation.

14. Estimates of Annualized Cost to the Government

An estimated 0.1 FTE at the GS 11 level is needed to serve as the coordinator for data evaluation and to provide technical assistance to grantees regarding the data collection process and subsequent evaluation at an estimated cost of $8,903.30 annually.

15. Explanation for Program Changes or Adjustments

This is a new collection. There are no changes or adjustments requested of the program required to report the data in the Reconciliation tool.

16. Plans for Tabulation and Publication and Project Time Schedule

Authorizing legislation for the THCGME program provides for a reconciliation process, through which overpayments to awardees may be recouped and underpayments adjusted. The data will be collected in the fourth quarter for reconciliation in September.

There are no plans for the manipulation or publication of collected data. The reconciliation process is subject to audit per the statue. Tabulation will be conducted as needed to complete an internal review sufficient to satisfy an OMB audit.

17. Reason Display of OMB Expiration Date is Inappropriate

Not applicable.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.