

## **Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0938-NEW)**

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### **TITLE OF INFORMATION COLLECTION:**

Health Care Payment Learning and Action Network

### **PURPOSE:**

Section 3021 of the ACA established the Center for Medicare and Medicaid Innovation. The statute states that the Secretary shall focus on models expected to reduce program costs under the applicable title while preserving or enhancing the quality of care received by individuals receiving benefits under such titles. Secretary Burwell announced Medicare goals for value based care, care that improves quality and lowers cost, during January 2015. Changes to Medicare alone, however, cannot produce fundamental transformation within the US health care system. The Health Care Payment Learning and Action Network (HCPLAN) has been established to help all U.S. health care payment (private and public) meet or exceed the recently announced Medicare goals for value-based payments. To help move away from volume based incentives, HHS has set a goal of moving 30 percent of Medicare fee-for-services payments into alternative payment models by the end of 2016 and 50 percent into alternative payment models by the end of 2018. Alternative payment models include systems such as Accountable Care Organizations (ACOs), bundled payments, and advanced primary care medical home models. Overall, HHS seeks to have 85 percent of Medicare fee-for-service payments tied to quality of value by 2016 and 90 percent by 2018.

The Learning and Action Network will serve as a forum where payers, providers, employers, purchasers, consumers, and state partners can discuss how to transition away from pure fee-for-service payments towards alternative payment models and value-based payments. The network will act as a convener and facilitator. As a convener, the network will identify discussion topics and will bring together technical experts from the payer, provider, purchaser, employer, state, and consumer communities — creating workgroups that will catalogue best practices and implementation successes for alternative payment models. As a facilitator, the network will provide logistical support to workgroups and help disseminate best practices to all network participants. By moving together, the public and private sector health systems can more quickly and effectively reach our goals for value based care

The approval of this data collection process is required to identify organizations who will participate as leaders in the Network. Approximately 2,500 participants from across the US are registered for the Network and it is unclear who has registered as an individual and who is registering on behalf of their organizations. Without the identification of organizations, it is impossible to fully populate the Network’s Guiding Committee or to comprehensively identify workgroup participants. Large innovative organizations can easily be identified at the national level. The registration process allows for smaller organizations to indicate their interest and support for the learning network. With the information collected in this request, the Network contractor will have a more complete range of organizations to consider for the Guiding Committee and workgroups. Greater geographic diversity and organization size will be obtained through this process. In the absence of this change, the Guiding Committee could be dominated by large national organization. Additionally, early identification of these groups will allow them to be recognized at the March 25<sup>th</sup> Network Kickoff which will allow the Network to use the

momentum generated by the White House launch. This momentum will allow the Network to demonstrate that it is open to all organizations, large and small who represent broad geographic diversity.

**DESCRIPTION OF RESPONDENTS:**

Respondents are individuals who have registered to participate in the Health Care Payment Learning and Action Network. CMS has not limited participation, but most registered individuals are from health care payers, purchasers, delivery system providers, and consumers.

**TYPE OF COLLECTION:** (Check one)

- |   |   |
|---|---|
| <input type="checkbox"/> Customer Comment Card/Complaint Form         | <input type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software | <input type="checkbox"/> Small Discussion Group       |
| <input checked="" type="checkbox"/> Focus Group                       | <input type="checkbox"/> Other: _____                 |

**CERTIFICATION:**

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
  - **The questions specifically ask for permission to share that they support the Network by posting on the website or in press releases. For those who respond ‘yes’, we will disclose the organization name to the public. For those who respond ‘no’, we will not disclose to the public. Similarly, we ask if they are willing to speak to the press. If they respond ‘yes’, we will disclose to the public. If they respond ‘no’ we will make no disclosure.**
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

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To assist review, please provide answers to the following question:

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected?  Yes  No
  - **This is only contact information and does not go beyond name, email, phone number, and address which we already have from their registration with the Network.**
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974?  Yes  No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published?  Yes  No

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?  Yes  No

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden
Private Sector (Business or other for-profits and Not-for-profit institutions)	1,000	6 min per response	100 hours
<b>Totals</b>	<b>1000</b>	<b>.10 hours</b>	<b>100 hours</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$4626.

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The selection of your targeted respondents**

- Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?  
 Yes       No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

**We have a list of respondents that signed up to participate in the Learning and Action Network. We are sending the questions to the entire list. No sampling is involved.**

**Administration of the Instrument**

- How will you collect the information? (Check all that apply)
  - Web-based or other forms of Social Media
  - Telephone
  - In-person
  - Mail
  - Other, Explain

We have inserted the questions in the email and asked respondents to send their responses back to us by replying to the email.

- Will interviewers or facilitators be used?  Yes  No

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**

## **Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”**

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**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**DESCRIPTION OF RESPONDENTS:** Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Provide answers to the questions. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

**Gifts or Payments:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

### **BURDEN HOURS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.

**No. of Respondents:** Provide an estimate of the Number of respondents.

**Participation Time:** Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

**Burden:** Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The selection of your targeted respondents.** Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

**Submit all instruments, instructions, and scripts are submitted with the request.**