

## **Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0938-1185)**

**PLEASE NOTE:** The URL for the attached registration tool was set out in the Fast Track pkg that was approved by OMB on March 23, 2015. Inadvertently, the tool was not included in that pkg.

The tool is a web-based form that will allow PACE organizations to indicate their interest in testing the quality measures.

The form will add 1 hour (aggregate) to the total estimated time.

While the URL was set out, this pkg adds the form and revises the burden by adding 1 hr to complete the form. No other changes are being proposed.

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

Development, Adaptation, Implementation, and Maintenance of Quality Measures for the Programs of All-Inclusive Care for the Elderly (PACE)

### **PURPOSE:**

CMS has contracted with Econometrica, Inc., to develop, adapt, implement, and maintain quality measures for PACE. To this extent, the Econometrica team is preparing four quality measures. The four measures to be developed and maintained are:

- (1) Number of falls,
- (2) Falls with injury,
- (3) 30-day hospital readmissions, and
- (4) Pressure ulcers (prevention and outcomes).

Four analogous measures have been previously endorsed by the National Quality Forum (NQF) in other care settings (falls, injury falls, acute hospital readmissions, and pressure ulcers) and have detailed measure specifications for the settings for which they were developed. The four NQF-endorsed measures will be reviewed and modified for the PACE population and setting.

This contract has several objectives:

- (1) Analyze existing measure sets to determine the extent to which they can be modified, refined, or enhanced for the PACE setting.
- (2) Identify and address four areas of measurement within the first year of the project.
- (3) Conduct beta testing to assess the feasibility of data collection for the proposed four measures.
- (4) Develop an auditing plan for each measure.

PACE provides comprehensive medical and social services to certain frail, community-dwelling elderly individuals, most of whom are dually eligible for Medicare and Medicaid benefits. An interdisciplinary team of health professionals provides PACE participants with coordinated care.

For most participants, the comprehensive services provided enable participants to remain in the community rather than receive care in a nursing home. Financing for the program is capped and providers must deliver all the services the participants need, rather than only those paid for under Medicare and Medicaid. PACE is a program under Medicare, and states can elect to provide PACE services to Medicaid beneficiaries as an optional Medicaid benefit. The PACE program is the sole source of Medicaid and Medicare benefits for PACE participants.

**DESCRIPTION OF RESPONDENTS:**

A subset of PACE organizations across the Nation.

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

- Customer Comment Card/Complaint Form
- Usability Testing (e.g., Website or Software)
- Focus Group
- Customer Satisfaction Survey
- Small Discussion Group
- Other: Data collection tool for beta testing

**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.
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.

Name: Stacy Davis

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected?  Yes  No  
If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974?  Yes  No  
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**

**Burden associated with adding the registration tool**

Category of Respondent	Number of Respondents	Number of Responses	Burden Hours per Response	Total Burden Hours
Registration Tool	60	1	0.016 (1 min)	1

**Approved by OMB on March 23, 2015 (No Changes)**

Category of Respondent	Number of Respondents	Number of Responses	Burden Hours per Response	Total Burden Hours
Beta Test – Falls Measure	30	4	8	960
Beta Test – Falls With Injury Measure	30	4	8	960
Beta Test – Pressure Ulcer Measure	30	4	8	960
Beta Test – 30-Day All-Cause Readmission Measure	30	4	8	960
Training*	60	N/A	3	180
Evaluation	(30 from above)	30	.5	15
<b>Total</b>	<b>180</b>	<b>46</b>	<b>35.5</b>	<b>4,035</b>

Note: Assumes one full FTE per site/participant to input data.

\*We expect to train 60 individuals (approximately 2 per site at 30 sites for each of the 4 beta tests) for 3 hours each.

**FEDERAL COST:**

CMS has dedicated a Contracting Officer’s Representative and a Government Task Lead to this project. We estimate that these tasks will require about 10 hours of their time, total. This would yield an annual cost of about \$535.

CMS also contracts with Econometric, Inc. to support the overall collection of customer feedback for testing and validity purposes. We estimate approximately 5,000 hours from Econometrica, Inc. This would yield an annual cost of about \$1,087,738.

**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:**

1. 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.

There are a total of 106 sites that participate in the PACE program. In order to beta test the four quality measures in question, we will randomly select 30 sites. The selection of 30 sites will allow for general representativeness of the sites based on geographic area, historical interaction/experience with the program, and size (with “size” defined as the volume of participants receiving care at the site).

While we are selecting a generally representative sample, we do not intend for the sample to be statistically representative. As mentioned in other parts of the information collection request, the results of the beta testing are intended to inform the preselection of measures, which will then be subject to further review by CMS and the NQF and the public comment process before final selection.

**Administration of the Instrument:**

1. How will you collect the information? (Check all that apply.)

Web-based or other forms of Social Media

Telephone

In-person

Mail

Other, Explain

2. Will interviewers or facilitators be used?  Yes  No

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

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