

From: [Martinsen, Kristin \(HRSA\)](#)
To: [Martinsen, Kristin \(HRSA\)](#)
Subject: FW: Request for Data Collection Plan/Instruments
Date: Wednesday, January 27, 2016 4:47:15 PM

From: Wright-Solomon, Lisa (HRSA)
Sent: Monday, July 27, 2015 7:56 AM
To: Chaney, Kevin (HRSA)
Cc: Bowman, Elyana (HRSA); HRSA Paperwork; Martinsen, Kristin (HRSA); McNeely, Michael (HRSA)
Subject: Request for Data Collection Plan/Instruments

Kevin,

The person below has requested a copy of the draft data collection plan/instrument(s) in response to your *Federal Register* notice for OMB #0915-0363, Medicare Rural Hospital Flexibility Grant Program.

Sarah Roberts
785-291-3796
sroberts@kdheks.gov

Within one week, could you please respond directly to the commenter/requester, and copy this mailbox (paperwork@hrsa.gov)?

Please let me know if you have any questions.

Thank you,

Lisa

Lisa Wright-Solomon
Information Collections Clearance Officer
Health Resources Services Administration
Office of Planning, Analysis and Evaluation
Office of Research and Evaluation
5600 Fishers Lane
Room 10C16 Parklawn
Rockville, MD 20857
301-443-1984

From: [Martinsen, Kristin \(HRSA\)](#)
To: [Martinsen, Kristin \(HRSA\)](#)
Subject: FW: Flex 60 Day Notice for Comment on Performance Measurement Collection
Date: Wednesday, January 27, 2016 4:47:32 PM

From: Don Wood Jr [mailto:donwood@utah.gov]
Sent: Friday, June 12, 2015 12:38 PM
To: Chaney, Kevin (HRSA)
Cc: Stack, Suzanne (HRSA)
Subject: Re: Flex 60 Day Notice for Comment on Performance Measurement Collection

Kevin

Thanks for the heads up on the FR notice. I shared it and got a bunch of feed back. None the less was unanimous concern that there were really no specifics on the data (or potential data) being referenced (other than PIMS). So how could we comment when we dont know the full scope of the measures. Especially if the measures increase in volume. Additionally, a comment I will provide as quoted so that I don't misinterpret the intent of the quote.

"Why wouldn't Kevin Cheney pass the proposed PIMS changes by the state Flex program directors and coordinators before submitting for public comment? Seems like the cart is coming before the horse."

and

"My overall feedback is PIMS seems to be redundant. For example, we send the ED transfer in on a quarterly basis, so why do we need to submit in PIMS also."

I agree with both of the above comments and await your response on those and mine. Many were concerned that the proposed changes are not specified. I'm not sure if we are reading this correctly and interpreting properly so thought you might clarify. Looking forward to seeing you at the reverse site visit. Let me know if I can address or clarify anything.
Thanks.....Don

On Wed, May 27, 2015 at 11:52 AM, Chaney, Kevin (HRSA) <KChaney@hrsa.gov> wrote:
Dear Flex Coordinators and Related Staff,

I wanted to inform you that a 60-Day Federal Register Notice went out today, which announces the Flex Program's intent to update our performance measures (which you report to us via PIMS). The official 60 day notice can be found here:
<https://federalregister.gov/a/2015-12700>.

Annually, state programs submit data via, which helps us track and monitor program progression. It also helps us demonstrate what impact our grant funds are having from an aggregate level. Our office is working diligently to update the kinds of measures we will be requiring, which should be easier for you to identify, collect and report for the FY 15 Flex program.

If you have any questions, please contact me.

Cheers,

Kevin

Kevin Chaney, MGS

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Don Wood MD
Director, Office of Primary Care and Rural Health
Utah Department of Health
801 273 6619

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July 22, 2015

Health Resources Services Administration

Reports Clearance Officer, Room 10–29,
Park lawn Building, 5600 Fishers Lane,
Rockville, MD 20857

Subject: FR Doc. 2015–30255 Medicare Rural Hospital Flexibility Grant Program Performance
OMB No. 0915-0363 - Rev.

To Whom It May Concern:

The National Organization of State Offices of Rural Health (NOSORH) is pleased to have the opportunity to respond to the Health Resources and Services Administration comment request regarding information collection for the Medicare Rural Hospital Flexibility Grant Program Performance.

NOSORH is the national non-profit membership organization of the fifty State Offices of Rural Health (SORH). Our mission is to promote the capacity of State Offices of Rural Health to improve health care in rural America through leadership development, education, and partnerships. The SORH are anchors of rural health activity throughout the nation and have responsibility for information dissemination, coordination, data collection and technical assistance to support rural communities. There are 45 Medicare Rural Hospital Flexibility Grantees; most are State Offices of Rural Health or are contracted by the State Office of Rural Health.

The comments below are provided on the four key areas for which information has been requested, without benefit of any knowledge of the data collection plans or draft instruments.

Necessity and utility of the proposed information collection for the proper performance of the agency's functions

NOSORH strongly supports appropriate reporting requirements to obtain a measure of the accomplishment of the FLEX program major aims. Performance measures should be transparent and meaningful representation of activities for which the FLEX program has control. In order to ensure that the performance measures meet these elements, it is essential that FLEX grantees be engaged in the planning and development of standards for measurement. NOSORH is poised to assist the Federal Office of Rural Health Policy in this effort through its FLEX Committee, which serves as an important link between State Offices of Rural Health and others implementing the Rural Hospital Flexibility Program.

Alignment of proposed performance measures to other reporting requirements

Measures should be designed to align with other reporting requirements such as the Federal Office of Rural Health Policy's Medicare Beneficiary Quality Improvement Project and the Partnership for Patients Initiative. Reporting requirements for FLEX grantees should only include data that are unique to the measurement of the grantees' objectives, and data which cannot be captured from other data sources.

NOSORH provides State Office of Rural Health with a web-based performance measure tool (TruServe) for their use in tracking all technical assistance and program activity. Approximately 70% of FLEX grantees currently utilize this web-based performance measurement tool to collect measures of some of their program activities. An analysis of existing data in TruServe may provide a starting point to informing the Federal Office of Rural Health Policy.

Accuracy of the estimated burden

Without a copy of the proposed instrument it is impossible to comment on validity and reasonably on estimated burden. NOSORH is poised to help the Federal Office of Rural Health Policy to assess a more accurate estimate of the reporting burden when more details about proposed measures become available. The use of automated collection techniques must be fostered in order to document the collective impact of the FLEX program. Any requirements for the use of automated collection tools should ensure no additional burden of reporting.

NOSORH appreciates the opportunity to offer our comments early in the process of identifying meaningful measures of the FLEX grant program. We are committed to ensuring the impact of the FLEX program is quantified in a meaningful way and look forward to future work with HRSA.

For clarification, additional comment or questions, please don't hesitate to contact me by email at any time teryle@nosorh.org.

Sincerely,



Teryl E. Eisinger, MA
Executive Director