

Supporting Statement A

Teaching Health Centers Graduate Medical Education (THCGME) Program Reconciliation Tool

OMB Control No. 0915-0342 (Extension)

Terms of Clearance: None

A. Justification

1. Circumstances Making the Collection of Information Necessary

This is a request for the Office of Management and Budget (OMB) approval to utilize the Teaching Health Centers Graduate Medical Education (THCGME) Program Reconciliation Tool. The Reconciliation Tool is used to reconcile the number of residency positions supported by the THCGME Program (Attachment 1). This payment program is authorized under section 340H of the Public Health Service Act.

THCGME is an initiative to promote primary care residency training in community-based settings. 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 Health Centers, allowing the Health Center 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 Teaching Health Centers (THC) 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 THCs 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.

THCGME payments are made at the beginning of the academic year; however, the statute section 340E(f) of the Public Health Service Act requires the Secretary to determine any changes to the number of residents reported by the THC in order to determine the final amount payable to the THC for both direct expense and indirect expense amounts. Based on such determination, the Secretary is also required to recoup any overpayments. HRSA will use the information gathered by the instrument to

inform the THCGME payment reconciliation process at the end of each academic year. Without approval, there is no alternative method for the Program to collect this information and carry out the statutorily mandated reconciliation process.

2. Purpose and Use of Information Collection

There are two main purposes for this reconciliation instrument. First, to confirm that THCs are training the number and percentage of Full Time Equivalent (FTE) primary care and dentistry residents that they reported at the beginning of the academic year.

Second, the reconciliation instrument requires THCs to report the percentage of any resident FTE, which is being claimed by other payment sources including but not limited to Medicare GME, Medicaid, and other federal payers. THCGME award recipients must also report, to the best of their knowledge, the number of residents trained at hospitals below their Medicare resident cap. This information is used to ensure that there are no duplicate Federal payments for THC resident training.

3. Use of Improved Information Technology and Burden Reduction

HRSA will collect reconciliation data via the Electronic Handbook (EHB) 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. According to THCGME award recipients, the data requested are not burdensome and are readily available. All THCGME award recipients will be required use the electronic Reconciliation Tool as part of their award requirements.

4. Efforts to Identify Duplication and Use of Similar Information

The information gathered in the Reconciliation Tool is used to reconcile the number of resident FTEs reported by award recipients funded by the THCGME program. The information is not collected by other HHS agencies or data collection systems. The data is requested annually in accordance with the statute.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved.

6. Consequences of Collecting the Information 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 direct and indirect payments. If collection of the data is not conducted or is conducted less frequently than annually the THCGME award recipients will not be in compliance with the law.

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

The request fully complies with the regulation.

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

Section 8A:

A 60-day Federal Register Notice was published in the Federal Register on March 27, 2017, Vol. 82, No. 57; pp. 15229. There were no public comments.

Section 8B: The following THCGME program award recipients were consulted on the burden of completing the THCGME Reconciliation Tool. The consultations were administered in March 2017.

Grace Scire	Program Manager	(203) 743-0100	scireg@ct-institue.org	Connecticut Institute for Communities, Inc.
Tracey Eberhart	Program Coordinator	(724) 324-2629	teberhart@cornerstoneccare.com	Cornerstone Care, Inc.
Amanda Castillo	Program Coordinator	(575) 388-1511 ext. 2744	acastillo@hmsnm.org	Hidalgo Medical Services
Danette Roberts	Director	(208) 782-3791	droberts@binghammemorial.org	Idaho Physicians Clinic
Debbie Lupeika	Chief Planning and Development Officer	(530) 246-5817	Dlupeika@shastahealth.org	Shasta Community Health Center
Chris Holland	Business Manager	(479) 424-3115	clholland@uams.edu	University of Arkansas for

				Medical Sciences Research Center
Andrea Decker	Business Manager	(209) 342-3170	Andrea.decker@tenethealth.com	Valley Consortium for Medical Education
David Moreno	Grants & Community Engagement Manager	(312) 432-2082	moreno@eriefamilyhealth.org	Erie Family Health Center/ Northwestern University
Mary Parrigon	Executive Director	(417) 347-7602	mbparrigon@freemanhealth.com	Ozark Center

9. Explanation of any Payment/Gift to Respondents

Respondents do not receive any payments or gifts.

10. Assurance of Confidentiality Provided to Respondents

The information collected is secure and protected.

11. Justification for Sensitive Questions

There are no sensitive questions on the THCGME Reconciliation Tool and no personal identifiable information (PII) is collected.

12. Estimates of Annualized Hour and Cost Burden

The hour burden estimates were derived by survey of THCGME award recipients. The recipients were asked to estimate the amount of time it took to complete the Reconciliation Tool within their institution.

12A. Estimated Annualized Burden Hours

Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
THCGME Reconciliation Tool	59	1	2	118
Total	59			118

12B.

Estimated Annualized Burden Costs

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Administrative Assistant	118	\$17.90/hr	\$2,112.20
Total			\$2,112.20

The hourly wage rates were taken from the Bureau of Labor Statistics, May 2016 National Industry-Specific Occupational Employment and Wage Estimates, Sector 62 – Secretaries and Administrative Assistants. (<https://www.bls.gov/ooh/office-and-administrative-support/secretaries-and-administrative-assistants.htm>)

13. Estimates of other Total Annual Cost Burden to Respondents or Recordkeepers/Capital Costs

Other than their time, there is no cost to respondents.

14. Annualized Cost to Federal Government

An estimated 0.1 FTE at the GS 12 Step level 3 is needed to serve as the coordinator for data evaluation. As coordinator, the Federal employee will provide technical assistance to awardees regarding the data collection process and subsequent evaluation at an estimated cost of \$8,503.50 annually. Using 2017 as a base year, the annual salary of a GS 12 Step 3 is \$85,035.

15. Explanation for Program Changes or Adjustments

There are no changes to this tool.

16. Plans for Tabulation, Publication, and Project Time Schedule

There are no plans for the manipulation or publication of collected data. The THCGME program requires that award recipients submit the data collection instrument at the end of each academic year.

17. Reason(s) Display of OMB Expiration Date is Inappropriate

The OMB number and Expiration date will be displayed on every page of the instrument.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.