Supporting Statement for Paperwork Reduction Act Submissions – Part A
Generic Clearance for the Health Care Payment Learning and Action Network (CMS-10575)

The purpose of this submission is to request an extension for our current Generic Clearance for the Health Care Payment Learning and Action Network (CMS-10575).

A. Background

The Center for Medicare and Medicaid Services (CMS), through the Center for Medicare and Medicaid Innovation, develops and tests innovative new payment and service delivery models in accordance with the requirements of section 1115A and in consideration of the opportunities and factors set forth in section 1115A(b)(2) of the Act. To date, CMS has built a portfolio of models (in operation or recently announced) that have attracted participation from a broad array of health care providers, states, payers, and other stakeholders. During the development of models, CMS builds on ideas received from stakeholders—consulting with clinical and analytical experts, as well as with representatives of relevant federal and state agencies.

CMS will continue to partner with stakeholders across the health care system to catalyze transformation through the use of alternative payment models. To this end, CMS launched the Health Care Payment Learning and Action Network, an effort to accelerate the transition to alternative payment models, identify best practices in their implementation, collaborate with payers, providers, consumers, purchasers, and other stakeholders, and monitor the adoption of value-based alternative payment models across the health care system. A system wide transition to alternative payment models will strengthen the ability of CMS to implement existing models and design new models that improve quality and decrease costs for CMS beneficiaries.

B. Justification

1. Need and Legal Basis

The CMS Innovation Center was established by section 1115A of the Social Security Act (as added by section 3021 of the Affordable Care Act). Congress created the CMS Innovation Center for the purpose of testing "innovative payment and service delivery models to reduce program expenditures… while preserving or enhancing the quality of care" provided to those individuals who receive Medicare, Medicaid, or Children's Health Insurance Program (CHIP) benefits. The CMS Innovation Center's mandate gives it flexibility within the parameters of section 1115A(b)(2) to select and test the most promising innovative payment and service delivery models. Under section 1115A(a)(3), the CMS Innovation Center is also directed "to consult representatives of relevant Federal agencies, and clinical and analytical experts with expertise in medicine and health care management" and to "use open door forums or other mechanisms to seek input from interested parties" when carrying out 1115A activities.

To more effectively partner with stakeholders across the health care system and accelerate transformation through the use of alternative payment models, CMS launched the Health Care

Payment Learning and Action Network (LAN) through the CMS Alliance to Modernize Healthcare (CAMH) Federally Funded Research and Development Center, operated by The MITRE Corporation. Through CAMH, the LAN will seek to accelerate the transition to Medicare and non-Medicare alternative payment models by collaborating with a broad array of health care delivery stakeholders, identifying best practices in their implementation, and monitoring the adoption of value-based alternative payment models across the U.S. health care system—to include the percentage of Medicare, Medicaid, and non-Medicare payments tied to (and U.S. lives covered by) alternative payment models that reward the quality of care delivered.

CMS requests an extension for its current generic clearance to continue assisting in monitoring and characterizing the adoption of alternative payment models in order to meaningfully inform 1115A model decisions on the design, selection, testing, modification, and expansion of innovative payment and service delivery models in accordance with the requirements of section 1115A, which would in turn contribute to progress toward the Secretary's goal to increase the percentage of payments tied to alternative payment models. To this end, CAMH may use the requested extended generic to make four types of information requests to stakeholders:

a) Requests for self-reported identification information from participants when signing up for the LAN and associated events (LAN Summits, webinars, and other meetings) to understand the types of stakeholders participating in LAN activities (providers, payers, consumers, states, etc.).

b) LAN participant surveys to understand participant opinions, priorities, and issues with respect to how to best increase the adoption of alternative payment models. Surveys will inform decision making about future LAN activities, including LAN Conference sessions, webinar topics, and feedback on LAN work group ideas.

c) Information requests to LAN payers to track the adoption of alternative payment models among LAN participants. Requested information may also include estimated counts of US beneficiaries/consumers who are covered by alternative payment models, and for each respondent, the percentage of payments made through alternative models. This information will help the LAN understand general market trends and the pace of progress toward alternative payment model adoption across public and private payers.

d) Information requests intended to track other characteristics of alternative payment model adoption among certain LAN participant types—employers, providers, states, and so on. This information will help the LAN understand how other stakeholders are contributing to market trends and the pace of progress toward alternative payment model adoption across the U.S. healthcare system. An example could be an information request on employer practices around purchasing health care for employees, to include the types of payment models used.

2. Information Users

The information collected from LAN participants will be used by the CMS Innovation Center to potentially inform the design, selection, testing, modification, and expansion of innovative

payment and service delivery models in accordance with the requirements of section 1115A, while monitoring the percentage of payments tied to alternative payment models across the U.S. health care system. In addition, the requested information will be made publically available so that LAN participants (payers, providers, consumers, employers, state agencies, and patients) can use the information to inform decision making and better understand market dynamics in relation to alternative payment models.

3.   Use of Information Technology

The forms for collecting this information from LAN participants will be available in electronic format, and we expect every submittal to be completed using the electronic format. The forms create streamlined and structured data, decreasing the time required by LAN participants to develop their submissions to CMS via CAMH.

4.   Duplication of Efforts

This information collection does not duplicate any other effort and the information cannot be obtained from any other source. Similar efforts in the U.S. health care system to monitor value-based payments will be leveraged as appropriate.

5.   Small Businesses

We expect the impact on small businesses who are LAN participants to be minimal. We also plan to engage small businesses in the survey design phases to ensure the questions being asked are well structured and minimize burden.

6.   Less Frequent Collection

Absent the ability to collect the three types of information from LAN participants, CMS will not be able adequately track the adoption of alternative payment models across the U.S. health care system, to include using this information to meaningfully inform 1115A model decisions on the design, selection, testing, modification, and expansion of innovative payment and service delivery models in accordance with the requirements of section 1115A.

7.   Special Circumstances

We do not expect these requests for information from LAN participants to require special circumstances.

8.   Federal Register/Outside Consultation

The 60-day Federal Register notice published on November 20, 2018 (83 FR 58572). There were no public comments.

The 30-day Federal Register notice published on February 1, 2019 (84 FR 1150).

9.   Payments/Gifts to Respondents

There is no payment or gift to respondents.

10.   Confidentiality

Submissions of information to CMS via CAMH from LAN participants will be considered public information and there will be no personal identifying information collected. No assurance of confidentiality will be provided to respondents.

11.   Sensitive Questions

There will be no questions of a sensitive nature.

12.   Burden Estimates (Hours & Wages)

CMS expects to generate four types of information requests to monitor the adoption of the alternative payment models across the U.S. health care system to inform the design, selection, testing, modification, and expansion of innovative payment and service delivery models in accordance with the requirements of section 1115A:

a)   The first type of information request involves collecting self-reported identification information from participants when signing up for the LAN and associated events (LAN Summits, webinars, and other meetings) to understand the types of stakeholders participating in LAN activities (providers, payers, consumers, states, etc.). To date, over 7,100 public and private health care organizations, to include interested individuals, have signed up to participate in the LAN since its launch on March 26, 2015. Each LAN participant will be asked to provide basic identification and opinion information when signing up for the LAN and associated events through collection instruments that CMS estimates will require no more than 10 minutes to complete. Assuming CMS requests registration information for all the events planned during 2019, CMS estimates a total a maximum of 10,000 registration respondents for an annual hour burden of 1,667 (.1667 per response x 10,000 LAN respondents) resulting in an estimated annual cost burden of $71,367 (1,667annual hour burden x $42.82 per hour).
b)   The second type of information request involves conducting simple LAN participant

surveys to understand LAN participant opinions, priorities, and issues with respect to how to best increase the adoption of alternative payment models. Surveys will inform decision making about future LAN activities, including LAN Conference sessions, webinar topics, and feedback on LAN work group ideas. Assuming CMS requests survey information for all the events planned during 2019 with a 30% response rate, CMS estimates a total of 3,000 responses out of 10,000 survey respondents for an annual hour burden of 1,500 (.5 per response x 3,000 LAN responses), resulting in an estimated annual cost burden of $64,230 (1,500 annual hour burden x $42.82 per hour).

c) The third type of information request will be directed to LAN payers to track the percentage of US health care payments made to providers that are tied to alternative payment models. Requested information may also include estimated counts of US beneficiaries/consumers who are covered by alternative payment models. This information will help the LAN understand general market trends and the pace of progress toward alternative payment model adoption across public and private payers. To date, the LAN has conducted three such surveys in 2016, 2017 and 2018 through a collection instrument that health plans have reported requires 25 hours to complete. Assuming similar participation in the LAN's measurement effort as prior years and a cost per response of $42.82 per hour, the annual hour burden will be 2,750 (25hrs x 110 payers), resulting in an estimated annual cost burden of $117,755 (2,750 annual hour burden x $42,82 per hour).

d) The fourth type of collection will involve information requests intended to track other characteristics of alternative payment model adoption among certain LAN participant types —employers, providers, states, and so on. This information will help the LAN understand how other stakeholders are contributing to market trends and the pace of progress toward alternative payment model adoption across the U.S. healthcare system. An example could be an information request on employer practices around purchasing health care for employees, to include the types of payment models used. To date, approximately 7,100individuals, employers, payers, consumers, providers, local, state and federal agencies have signed up to participate in the LAN. Each LAN organization type could be asked to provide information related to participation in alternative payment models, depending on the purpose of the information request. CMS estimates these types of collection instruments will require 2 hours to complete. Assuming a total of 10,000 LAN participants responded to these requests and a cost per response of $42.82 per hour,the annual hour burden will be 20,000 (2 hrs x 10,000 participants) resulting in an estimated annual cost burden of $ 856,400 (20,000 annual hour burden x $42.82 per hour).

Including the estimated $400,000 additional cost to CMS based on data collections in three prior years to carry out this work via CAMH, the total annual cost burden across all four information collection types is estimated at $ 1,509,752 (see Estimated Burden Table below). Note that the cost per response assumes $42.82 per hour based on the 2018 GS 14 step 1 hourly rate, which CMS believes is a comparable estimate for the types of employees who will respond to these information requests on behalf of the various types of organizations participating in the LAN.

Estimate of Burden Hours

Type of Collection	Estimated Annual # of Respondents	Estimated # of Responses	Time per Response	Hours per Response	Annual Hour Burden	Cost per Response	Annual Cost Burden
LAN Registrations (12.a)	10,000	10,000	10 minutes	0.1667	1,667	$42.82	$71,367
LAN Surveys (12.b)	10,000	3,000	30 minutes	0.5000	1,500	$42.82	$64,230
LAN Payer APM Tracking (12.c)	110	110	25 hours	25.00	2,750	$42.82	$117,755
LAN APM Characteristics (12.d)	10,000	10,000	2 hours	2.00	20,000	$42.82	$856,400
TOTALS	30,110	23,110			25,917	$42.82	$1,109,752
					Estimated Annual Federal Cost		$400,000
					Total Annual Cost Burden		$1,509,752

13. Capital Costs

There are no capital costs associated with this information collection.

14. Cost to Federal Government

CMS launched the LAN through the CMS Alliance to Modernize Healthcare (CAMH) Federally Funded Research and Development Center, operated by The MITRE Corporation. Based on the proposal and award amount, CMS estimates that CAMH will expend $400,000 annually to carry out the task of developing a measurement and collection methodology to monitor both public and private participation in the LAN and the adoption of value-based alternative payment models across the U.S. health care system.

15. Changes to Burden

CMS is requesting 25,917 burden hours in this extension to its current generic clearance. The total number of burden hours already approved (49,400) has been reduced by previously-approved GenICs as follows:

GenIC Title	Burden Hours Deducted From Total
LAN Documents (CMS-10602, CMS-10603 and CMS-10604)	648
LAN Documents (CMS-10606, CMS-10607 and CMS-10608)	666
LAN Documents (CMS-10612, CMS-10613 and CMS-10614)	231
LAN Documents (CMS-10616, CMS-10617 and CMS-10618)	56
(CMS-10620) Tracking the adoption of alternative payment models	13,640
CMS-10640 (MAC) Participant Form	6
(CMS-10644) LAN Forum Registration Form	83
(CMS-10648) LAN Forum –Event Evaluations	42
Tracking the Adoption of Alternative Payment Models (CMS-10620)	1,150
LAN Document (CMS-10655)	149
LAN Documents (CMS-10659 and CMS-10660)	147
Tracking the Adoption of Alternative Payment Models (CMS-10620)	1,875
LAN Documents (CMS- 10670, CMS-10671, and CMS-10672)	414
Total Hours Actually Used for Information Collections Under Currently Approved ICR:	**19,107**
Total Hours Remaining for Information Collections Under Currently Approved ICR:	**30,293**

16. Publication/Tabulation Dates

a) Requests for self-reported identification information from participants when signing up for the LAN and associated events may be posted publically at the discretion of the LAN. For the most part, this information will be used for internal decision-making purposes.
b) LAN participant surveys to understand LAN participant opinions, priorities, and issues with respect to how to best increase the adoption of alternative payment models may be posted publically at the discretion of the LAN. For the most part, this information will be used for internal decision-making purposes.
c) The aggregated results and collection methodologies from information requests to LAN payers to track health care payments made by LAN members who respond to the survey to providers that are tied to alternative payment models will be announced and posted publically through a variety of communication mechanisms—websites, blogs, listservs, publications, and so on. This information will help the LAN and participating payers understand general market trends and the pace of progress toward alternative payment model adoption across public and private payers.
d) The aggregated results and collection methodologies from information requests intended to track other characteristics of alternative payment model adoption among certain LAN participant types (employers, providers, states, and others) may be announced publically through a variety of communication mechanisms—websites, blogs, listservs, publications, and so on. This information will help the LAN understand how other stakeholders are contributing to market trends and the pace of progress toward alternative payment model adoption across the U.S. healthcare system. However, this information may only be used for internal decision-making purposes, depending on the specific information request.

17. Expiration Date

CMS does not oppose the display of the expiration date.

18. Certification Statement

The use of statistical methods does not apply for the purposes of this form.