

SUPPORTING STATEMENT A

VETERANS CARE AGREEMENTS (VCAs)

OMB 2900-NEW

A. JUSTIFICATION

1. Explain the circumstances that make the collection of information necessary. Identify legal or administrative requirements that necessitate the collection of information.

Section 102 of the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018 authorizes VA to enter into Veterans Care Agreements (VCA) to furnish required care and services when such care and services are not feasibly available to certain individuals through a VA facility, a contract, or a sharing agreement. VA is seeking a limited 6-month emergency approval to establish a new collection to implement three requirements under section 102 of the MISSION Act:

- a. Certification: Eligible entities and providers will be required to submit to VA information concerning relevant credentials, licenses, and other information as requested by VA to evaluate eligibility for certification. The information to be collected is authorized by 38 U.S.C. 1703A(c).
- b. Discontinuation: Eligible entities and providers would be required to submit to VA a written notice of intent to discontinue a Veterans Care Agreement prior to the date of such discontinuation. The information to be collected is authorized by 38 U.S.C. 1703A(f)(1).
- c. Disputes: Eligible entities and providers would be required to submit to VA written notices of dispute that contain specific information to allow VA to assess and resolve the matter in dispute. The information to be collected is authorized by 38 U.S.C. 1703A(h).

2. Indicate how, by whom, and for what purposes the information is to be used; indicate actual use the agency has made of the information received from current collection.

Approval of this collection of information is required to properly adjudicate and implement the requirements of the MISSION Act.

- a. Certification: The information to be collected is necessary for and would be used by VA to verify that non-VA entities and providers who are furnishing hospital care and medical services to covered veterans meet basic standards to ensure patient safety. VA will not establish a standard form to collect this information, but the associated rulemaking RIN 2900-AQ45 will establish that the provider must submit copies of at least relevant licensure and other relevant information as requested by VA.
- b. Discontinuation: The information to be collected is necessary for and would be used by VA to provide VA with adequate advance notice when an entity or provider intends to discontinue an agreement, for purposes of ensuring continuity of care. VA will not establish a standard form for

the discontinuation notice, but the associated rulemaking RIN 2900-AQ45 will establish that it must be in writing and contain certain minimal information.

- c. Disputes: The information to be collected is necessary for and would be used by VA to permit VA to collect the minimally necessary information to assess and resolve matters in dispute. VA will not establish a standard form for the dispute process, but the associated rulemaking RIN 2900-AQ45 will establish that it must be in writing and contain certain minimal information.

3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses, and the basis for the decision for adopting this means of collection. Also describe any consideration of using information technology to reduce burden.

In accordance with the Government Paperwork Elimination Act (GPEA), this collection meets the established goals, as respondents are permitted to submit information electronically (as one form of “written” notice). Electronic versions of these written notices will reduce the amount of outgoing paper from the agency. Similarly, such an adjustment will reduce the costs acquired from printing and storage of hard copy forms, postage, and hours required in delivering these forms to the public.

4. Describe efforts to identify duplication. Show specifically why any similar information already available cannot be used or modified for use for the purposes described in Item 2 above.

The information gathered from respondents will be unique and not readily available from other VA sources, and there would be no duplication of information collected.

5. If the collection of information impacts small businesses or other small entities, describe any methods used to minimize burden.

This collection will not impose a significant impact on these businesses, as only essential information is requested from each provider.

6. Describe the consequences to Federal program or policy activities if the collection is not conducted or is conducted less frequently, as well as any technical or legal obstacles to reducing burden.

Failure to collect this information would prohibit VA from properly implementing the requirements of section 102 of the MISSION Act. Specifically, failure to collect this information will prevent VA from determining whether community providers are properly licensed to provide medical services. Additionally, VA would be unable to formally track discontinuation requests, or formally resolve disputes, as permitted under section 102 of the MISSION Act.

7. Explain any special circumstances that would cause an information collection to be conducted more often than quarterly or require respondents to prepare written responses to a collection of information in fewer than 30 days after receipt of it; submit more than an original and two copies of any document; retain records, other than health, medical, government contract, grant-in-aid, or tax records for more than three years; in connection with a statistical survey that is not designed to

produce valid and reliable results that can be generalized to the universe of study and require the use of a statistical data classification that has not been reviewed and approved by OMB.

No special circumstances exist.

8. a. If applicable, provide a copy and identify the date and page number of publication in the Federal Register of the sponsor's notice, required by 5 CFR 1320.8(d), soliciting comments on the information collection prior to submission to OMB. Summarize public comments received in response to that notice and describe actions taken by the sponsor in responses to these comments. Specifically address comments received on cost and hour burden.

The current notice of Information Collection Activity for the Veterans Care Agreements was published in the Federal Register on [insert date RIN 2900-AQ45 publication] (Vol. xx, , Pages xxxx-xxxx). There were no comments (or insert # comments and summarize whether changes were made) received in response to the notice.

b. Describe efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, clarity of instructions and recordkeeping, disclosure or reporting format, and on the data elements to be recorded, disclosed or reported. Explain any circumstances which preclude consultation every three years with representatives of those from whom information is to be obtained.

Outside consultation was conducted with the public through the Federal Register notice and comment period.

9. Explain any decision to provide any payment or gift to respondents, other than remuneration of contractors or grantees.

No payment or gifts will be provided to respondents.

10. Describe any assurance of privacy, to the extent provided by law, to respondents and the basis for the assurance in statute, regulation, or agency policy.

Information collected on these forms or notices is protected by the Privacy Act of 1974, VA confidentiality statutes 38 USC § 5701 and 38 USC § 7332 and 45 CFR Parts 160 and 164, Health Insurance Portability and Accountability Act. Respondents are informed that the information collected will be included as a part of the system of records identified as 54VA16, Health Administration Center Civilian Health and Medical Program Records-VA as set forth in the 2005 Compilation of Privacy Act Issuances via online GPO access at <http://www.gpoaccess.gov/privacyact/index.html> and disclosures made in accordance with the statute.

11. Provide additional justification for any questions of a sensitive nature (information that, with a reasonable degree of medical certainty, is likely to have a serious adverse effect on an individual's mental or physical health if revealed to him or her), such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private; include specific uses to be made of the information, the explanation

to be given to persons from whom the information is requested, and any steps to be taken to obtain their consent.

Regarding dispute notices, this collection may require a provider to furnish claim-specific medical information, including information that is considered sensitive, but would be known to the Veteran based on the consultation with the non-VA health care provider. Examples of documentation are identified within the document.

12. Estimate of the hour burden of the collection of information:

a. The number of respondents, frequency of responses, annual hour burden, and explanation for each form is reported as follows:

VA estimates an average of 15,152 respondents annually will be required to provide copies of licensure and other information for VA's certification process. This average represents the estimated number of eligible providers that will furnish care and services to individuals through a VCA for 2019-2021 (32,181 VCAs in year 1; 8,850 VCAs in year 2; 4,425 VCAs in year 3). VA based this annual average on the following:

- In FY2019 VA estimates that 32,181 VCAs could be executed. Although VA estimates that 40,226 VCAs will be required in FY19, it is unlikely VA could certify this number of providers by the end of FY2019. VA therefore estimates that only 80% would be completed in FY2019 (for the first year of implementing VCAs, VA estimates certifying 32,181 providers, which is 80% of 40,226).
- In FY2020, VA estimates it would certify the remaining 20% of the original 40,226 that it could not certify in the first year (the remaining 8,045 from the original 40,226 VCAs), and VA anticipates that an additional 805 VCAs may be required to meet Veterans health care needs in rural areas or instances where specialty care is needed), for a total VCA caseload in the second year of 8,850.
- In FY2021, VA estimates a 50% decrease in the number of VCA's from the second year, as the contracted provider network should be fully implemented, for a total caseload in the third year of 4,425 VCAs.

VA will require this information to be submitted one time, for a response rate of 1. The submission of the information will take 5 minutes on average, as it is merely submission of information that the provider presently maintains.

VA estimates an average of 152 respondents annually will submit a written notice of discontinuation of any current VCA to which they are a party, based on VA's anecdotal account of very low numbers of provider requests for discontinuation of current Veterans Choice Program provider agreements. VA's calculation assumes that 1 percent of the average annual number of providers VA estimates will enter into VCAs will discontinue their agreements each year. VA will require this information to be submitted one time, for a response rate of 1. The submission of the information will take 10 minutes on average, as it will be required to be a written letter that provides an affirmation to discontinue as well as the intended discontinuation date.

VA estimates an average number of 803 respondents annually will submit a formal written notice of dispute related to scope of authorization or payment issues concerning any VCA to which they are a party, based on VA’s anecdotal account of relatively low numbers of formal written disputes related to current Veterans Choice Program provider agreements. VA’s calculation assumes that 5 percent of the average annual number of providers VA estimates will enter into VCAs will submit a formal written notice of dispute each year. This is a low estimate, as VA’s experience with these providers under Choice Provider Agreements indicates that they largely exercise the process of informal resolution of these issues (e.g. via phone or other contact) with VA personnel, as their interest is for timely resolution. VA will require this information to be submitted one time, for a response rate of 1. The submission of the information will take 20 minutes on average, as it will be required to be a written letter that provides sufficient information to resolve the dispute.

b. If this request for approval covers more than one form, provide separate hour burden estimates for each form and aggregate the hour burdens in Item 13 of OMB 83-I.

Form #	Average Number of Respondents	Response	X Minutes ÷ 60	Annual Hours
N/A (certification)	15,152	1	5	1,263
N/A (discontinuation notice)	152	1	10	25
N/A (dispute notice)	803	1	20	268
TOTALS	16,107			1,556

c. Provide estimates of annual cost to respondents for the hour burdens for collections of information. The cost of contracting out or paying outside parties for information collection activities should not be included here. Instead, this cost should be included in Item 14.

The estimated cost to respondents for certification is \$19,664.91 (15,152 x 5 /60=1,263 hours x 15.57 per hour). According to the latest available BLS data, the mean hourly wage of full-time wage and salary workers was \$15.57 based on the BLS wage code – “31-1000 Healthcare Support Occupations.” This information was taken from the following website: https://www.bls.gov/oes/current/oes_nat.htm. (May 2018).

The estimated cost to respondents for the discontinuation notices is \$389.25(152 x 10 /60= 25 hours x 15.57 per hour). According to the latest available BLS data, the mean hourly wage of full-time wage and salary workers was \$15.57 based on the BLS wage code – “31-1000 Healthcare Support Occupations.” This information was taken from the following website: https://www.bls.gov/oes/current/oes_nat.htm. (May 2018).

The estimated cost to respondents is \$ 4,172.76 (803 x 20 /60= 268 hours x 15.57 per hour). According to the latest available BLS data, the mean hourly wage of full-time wage and salary workers was \$15.57 based on the BLS wage code – “31-1000 Healthcare Support Occupations.” This information was taken from the following website: https://www.bls.gov/oes/current/oes_nat.htm. (May 2018).

VHA estimates the total cost to all respondents to be \$24,226.92 (1,556 burden hours x \$15.57 per hour), using the national average for occupation code 31-1000, Healthcare Support Occupations.

National Occupational Employment and Wage Estimates United States (May 2018):

13. Provide an estimate of the total annual cost burden to respondents or record-keepers resulting from the collection of information. (Do not include the cost of any hour burden shown in Items 12 and 14).

- a. This collection does not have capital, start-up, operation or maintenance costs.
- b. Cost estimates are not expected to vary widely. The only estimated cost is that for the time of respondents.
- b. There is no anticipated recordkeeping burden beyond that which is considered usual and customary.

14. Provide estimates of annual cost to the Federal Government. Also, provide a description of the method used to estimate cost, which should include quantification of hours, operation expenses (such as equipment, overhead, printing, and support staff), and any other expense that would not have been incurred without this collection of information. Agencies also may aggregate cost estimates from Items 12, 13, and 14 in a single table.

VA will require one additional full-time employee (FTE) to assist in the implementation and maintenance of VCAs in FY2019, as this will only be from April 1, 2019 through September 30, 2019. The FY2019 FTE cost is estimated to be \$101,110, which is based on the salary of a GS-11 step 5 (\$101,110) in the Denver locality area and includes a burdened benefit cost of 34%. One additional FTE will be required for out years FY2020 and FY2021.

Grade/Step & Locality	Yearly Salary	Benefits at 34%	FTE Unit Cost
GS-11/5 (Denver)	\$75,455	\$25,654	\$101,110

Travel and training will be required to support the additional FTE. It is anticipated that in FY2019, \$4,000 will be required for travel and training (from April 1, 2019 through September 30, 2019). Travel costs are required to allow for onsite visits to the contractor to review certification documents to ensure appropriate provider certification has been completed, assess current processes, and potential process changes as a result of any new certification requirements.

VA estimates the total administrative FTE costs to be **\$105,110** in FY 2019, and \$513,550 over a three-year period.

15. Explain the reason for any burden hour changes since the last submission.

This is a new information collection request.

16. For collections of information whose results will be published, outline plans for tabulation and publication. Address any complex analytical techniques that will be used. Provide the time

schedule for the entire project, including beginning and ending dates of the collection of information, completion of report, publication dates, and other actions.

There are no plans to publish the results of these collections.

17. If seeking approval to omit the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.

VA is not seeking approval to omit the expiration date.

18. Explain each exception to the certification statement identified in Item 19, "Certification for Paperwork Reduction Act Submissions," of OMB 83-I.

There are no exceptions.