- According Supporting Statement A, one of the changes to UDS in this revision is "Update and align UDS clinical quality measures in accordance with the corresponding CMS eCQMs updates for 2020 calendar year reporting." Has the program consulted with CMS regarding the use of these eCQMs? No such consultation is referenced in #8 of Supporting Statement A.

HRSA staff the CMS' eCQM Governance Group, during which measure alignment and any issues with existing eCQMs are discussed with agencies across HHS.

The majority of health center patients are Medicaid or Medicare beneficiaries and many health centers participate in some sort of quality reporting program using CMS measures. Rather than create unique measures for the Health Center Program, HRSA decided to align UDS clinical quality measures with CMS eCQM measures to reduce reporting burden and create greater efficiencies and comparability. This decision was made several years ago and alignment with CMS measures has been a part of previous UDS clearance packages.

- One of the primary purposes of the generic PRA clearance is the testing of agency information collections. Using generic clearance, an agency can create a generic umbrella (e.g., testing forms to reduce burden) and put this umbrella clearance out for comment. Once that umbrella has been approved, the agency can quickly and easily create and modify generic information collection instruments under that umbrella without going through public comment. The generic clearance is a flexibility that OMB makes available to agencies to reduce the streamline the PRA process. Based on my review of ROCIS, HRSA currently has no active generic clearances. Rather than adding the UDS Test Cooperative (UTC) as a component of this ICR, I encourage the agency to consider creating a generic clearance for formative testing. The UTC would fit nicely under such an umbrella and this would provide the flexibility of the generic clearance for other programs and HRSA components.

There are approximately 2,900 hours remaining in the burden hour inventory for the established HRSA generic pre-testing clearance. We are estimating that UTC tests would result in 24,000 burden hours, therefore we are unable to use the HRSA generic pre-testing clearance for UTC testing.

Please double the BLS hourly rate in #12 of Supporting Statement A to reflect fringe benefits and employer overhead.

See revised Supporting Statement A.

- The PRA boilerplate language on some or all of the instruments is incomplete. Please ensure that all of the required components (see attached) are included on all instruments.

See attached.

- #13 on Supporting Statement A indicates that respondents will incur no additional costs (beyond burden hours) to fulfil the requirements of the revised UDS. Aren't these grantees and clinics going to need to update their systems to reflect these new requirements? Please clarify.

No. An advantage of using CMS eCQMs is that they are already built into Electronic Health Records (EHRs). Given that nearly 97% of health centers use EHRs, updating systems to reflect these new requirements should not be an issue.