DATE:	December 8, 2022
TO:	<mark>NAME</mark>, OMB Clearance Officer
FROM:	<mark>NAME</mark>, HRSA Information Collection Desk Officer

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Purpose: On November 4, 2022, the Health Resources and Services Administration (HRSA) Bureau of Primary Health Care (BPHC) program submitted a new information collection request (ICR), Optimizing Virtual Care (OVC) Grant Program Performance Measures, to OIRA for review. The ICR's Supporting Statement Part A (Section 12) discusses how OVC grant recipient feedback received during the 60-day public comment period informed revisions to the burden estimates and the data collection instruments.

While Supporting Statement A elaborated on how HRSA responded to OVC grant recipient feedback, the ICR submitted to OMB inadvertently included the April 2022 versions of the data collection instruments developed *prior* to the 60-day public comment period (Biannual 12-Items Measures Progress Report version 3.1 and OVC Grant Recipient MPR template version 3.5b, dated April 5, 2022). Thus, HRSA is now submitting the revised instruments (OVC Biannual Measures Report Template version 6.0 and OVC Grant Recipient MPR version 4.0, dated December 8, 2022), which include minor revisions made in response to grant recipient and OVC project officer feedback, and align with the burden estimates in the Supporting Statement submitted for OMB review.

This memo explains the changes between the April 2022 and December 2022 versions of the instruments, which are minimal and *would result in no change in the burden estimates published in the 30-Day Federal Register Notice* and described in the Supporting Statement Part A. No public comments were received during the 60-day public comment period or the 30-day public comment period.

Request: Because the overall scope of differences between the April and December 2022 versions of the instruments is minimal and the change in instruments would result in no change to the burden estimates published in the 30-Day Federal Register Notice, HRSA is requesting that OMB review the correct versions of the instruments without requiring an additional 30-day public comment period (OVC Biannual Measures Report Template version 6.0 and OVC Grant Recipient MPR version 4.0).

Changes:	The overall scope of change to each of the instruments is minimal, representing the removal of three tables from the Monthly Progress Report Template (two of which were transferred to the Biannual Measures Report Template), the addition of clarifying instructions for completing each table in the Monthly Progress Report Template, the addition of four tables to the Biannual Measures Report Template, and the revision of several tables in the instruments for clarity and updated instructions.

Table A explains the proposed changes to the OVC Monthly Progress Report and Biannual Measures Report Template, including the relevant section of the instrument where the proposed changes occurred, a description of the proposed change, and the rationale for the change. Table B includes a crosswalk of tables between the old and new report templates given the reformatting of the biannual measures report.

Table A notes that several changes were made to reduce grant recipient burden relative to the April 2022 versions of the two instruments. The Monthly Progress Report Template changes were made in response to grant recipient feedback on the feasibility of reporting, which suggested that the burden estimates published in the 60-day Federal Register Notice were underestimates of the burden for the April 2022 versions of the instruments. Hence, while the estimated burden for the Monthly Progress Report Template remained unchanged (at two hours per instance of reporting) between the 60-day Federal Register Notice and the November ICR submission to OMB, revisions were made to the Monthly Progress Report template so that it could, in fact, be submitted using only two hours of grant recipient staff time.

Similarly, the Biannual Measures Report Template had revisions between April and December 2022 versions to make reporting less burdensome. In addition, the burden estimate per Biannual Measures Report were revised between the 60-day Federal Register Notice and the November ICR submission to OMB to reflect the burden more accurately.

Table A: Differences Between April 2022 and December 2022 to OVC Monthly Progress Report and Biannual Measures Report Templates

Instrument	Instrument Section	Difference between April 2022 and December 2022 Versions	Rationale
OVC monthly progress report	Key Activity Tabs and Access, Quality, Care Coordination and Health Equity tabs (A-D)	Added instructions to include "n/a" in all free text boxes if there is no relevant information to report in a given month and changed formatting so that if grant recipients enter incorrectly formatted data, an informational note will pop up. "Informational" data validation	The updated instructions and formatting will improve the quality and completeness of data collected by HRSA through the OVC monthly progress report.
OVC monthly progress report	Access, Quality, and Care Coordination tabs (A-C)	Added an "Additional Comments" section.	The addition of this response option allows HRSA to collect contextual information relevant to the key population health and clinical domain areas, and aligns with the formatting of the Health Equity Tab D.
OVC monthly progress report	Cover Page tab	Added instructions to clarify the 'Reporting Month/Year' field and removed the 'BHCMIS ID#' field.	The updated instructions will improve the quality and completeness of data collected by HRSA through the OVC monthly progress report.
OVC monthly progress report	Terms and Definitions tab	Added or refined definitions for: • Relevant UDS Service Categories referenced in the template • "Equipment" and "supplies" as referenced in Care Coordination Table C.3 • "Community-based organization" as referenced in Health Equity Table D.1 • Updated all relevant definitions to refer to the 2022 UDS manual rather than the 2021 UDS manual	The updated definitions will improve the accuracy and quality of data collected by HRSA through the OVC monthly progress report.
OVC monthly progress report	Quality Table B.1	Corrected 2 typos: Clinical Activities items to read Breast "Cancer" and Cervical "Cancer" instead of "Care".	The updated definitions will improve the accuracy and quality of data collected by HRSA through the OVC monthly progress report.

Instrument	Instrument Section	Difference between April 2022 and December 2022 Versions	Rationale
OVC monthly progress report	Care Coordination Tables C.1a, C.1b, and C.2.	Removed tables requesting data on health center staffing and virtual care training.	HRSA removed these tables in response to grantee recipient feedback on the burden of monthly reporting on health center staffing and virtual care training. Removing these tables reduces grant recipient burden relative to the April 2022 version of the monthly progress report.
OVC monthly progress report	Care Coordination Table C.3	Added instructions to enter "0" in cells to indicate no spending for the given cell.	The updated instructions will improve the quality and completeness of data collected by HRSA through the OVC monthly progress report.
OVC monthly progress report	Health Equity Table D.1	Updated "community organization" to "community-based organization" to align with HHS terminology. Added directions to reference the Terms and Definitions tab for the HHS definition.	The updated definitions will improve the accuracy and quality of data collected by HRSA through the OVC monthly progress report.
OVC monthly progress report and OVC biannual measures report	Multiple tabs	Throughout both reports, changed references to "2022" UDS Reporting Manual to the "most recent" UDS Reporting Manual, to support future BMR 2023 and 2024 data reporting.	The updated references will mitigate the need to update the report templates as new UDS Reporting Manuals are released.
OVC biannual measures report	All data collection tabs	Revised reporting instructions: • Included additional "instructions" and "purpose" descriptions to each table for clarity, including instructions to protect patient privacy by not entering patient counts fewer than six • Included "pop-up" definitions for key terms in table columns for clarity • Reduced reporting frequency from two, 3-month reporting periods to one, 6-month reporting period • Revised the language used for	The updated instructions will improve the quality and completeness of data collected by HRSA through the OVC biannual measures report. Reducing the reporting frequency will reduce reporting burden for OVC grant recipients relative to the April 2022 version of the biannual measures report.

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		data collection time periods to use "12 months prior to the last day of the reporting period" for clarity • In Table headers and "pop-up" instructions, revised language from "reporting period" to "6-month reporting period" for added clarity	
OVC biannual measures report	Instructions tab	Updated data collection guidance and table descriptions to reflect report changes.	The updated instructions will improve the quality and completeness of data collected by HRSA through the OVC biannual measures report.
OVC biannual measures report	Terms and Definitions tab	Reformatted the tab to include the Key Term, Definition, and Examples and References. Added or refined definitions for: • Consumer Assessment of Healthcare Providers and Systems (or CAHPS) Clinical & Group Adult Visit Survey 4.0 (beta) • Patient Visit (or Countable Visit) • Reporting Period • UDS Service Categories for Countable Visits • Relevant UDS Service Categories referenced in the template • Virtual Care Encounter • Each of the virtual care types referenced in the template • Virtual Care Visit	The updated format and definitions will improve the quality and accuracy of data collected by HRSA through the OVC biannual measures report.
OVC biannual measures report	List of Biannual Measures tab	• Renamed tab to "Reporting Guidance Summary". • Simplified the 'List of Measures' to a list of the table headings with instructions and guidance for the 21 tables included in the template.	The updated format and instructions will improve the quality and accuracy of data collected by HRSA through the OVC biannual measures report.
OVC biannual measures report	Guidance for Tables 10 and 11	Added a tab with detailed instructions for Quality Tables 10 and 11.	This new tab will improve the quality of data collected through the OVC biannual measures report and reduce grantee burden when

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			completing Quality Tables 10 and 11 when compared to the April 2022 version of the biannual measures report.
OVC biannual measures report	Cover Page tab	Removed "BCHMIS ID" field and added a Reporting Period Guidance table showing the data collection months for each reporting period.	The updated instructions will improve the quality and completeness of data collected by HRSA through the OVC biannual measures report.
OVC biannual measures report	Access (Tables 1-3) tab	Added Tables 1 and 3 to collect the number of unique health center visits with countable visits and the number of countable visits per service category for each reporting period.	Adding Tables 1 and 3 allows HRSA to collect data that will better contextualize the data collected through Access Tables 2 and 4-9.
OVC biannual measures report	Access (Tables 4-9) tab	Created an additional tab for Access Tables 4-9. Added Table 4 to collect the number of patients with virtual care encounters for each reporting period. Updated instructions and format for Tables 6-9 to clarify reporting instructions for patients with an asynchronous telehealth encounter during the reporting period.	The updated formatting and instructions will improve the quality and completeness of data collected by HRSA through the OVC biannual measures report. Adding Table 4 allows HRSA to collect data that will better contextualize the data collected through Access Tables 5-9.
OVC biannual measures report	Quality (Tables 10-13) tab	• Removed Tables 8 and 9 capturing virtual care encounters stratified by race/ethnicity and health insurance status. • Restructured Tables 10 and 11 to capture virtual care encounter and quality of care screening and health outcome measure data. Updated guidance for Tables 10 and 11 to allow grant recipients to select three quality of care measures and one health outcome measure. • Revised Tables 10 and 11 to include CMS eCQM ID where applicable, better align with the current UDS manual for measures based on current UDS	Removing Tables 8 and 9 will reduce grant recipient burden when compared to the April 2022 version of the OVC biannual measures report. The updated formatting and instructions for Tables 10 and 11 will improve the quality and completeness of data collected by HRSA through the OVC biannual measures report.

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		• reporting. • Removed the option to report on other surveys on this tab.	
OVC biannual measures report	Care Coordination (Tables 14-20) tab	• Added Tables 14 and 15 to capture data on health center staffing. Revised instructions to indicate reporting on FTEs and virtual care training for FTEs for the entire health center. • Added Table 16 to request narrative data on virtual care claims reimbursement changes. • Changed the status of Tables 17 and 18 to 'optional' for the first reporting period. • Revised Tables 19 and 20 to allow grant recipients to report on median appointment wait time using an alternative metric (third next available appointment).	Adding Tables 14 and 15 reflects feedback shared by OVC grant recipients on the burden of the April 2022 monthly progress report. OVC grant recipients indicated that collecting and reporting this data biannually is feasible, and the revised instructions will improve the quality of data collected through this section of the OVC biannual measures report. Adding Table 16 allows HRSA to collect narrative data on virtual care claims reimbursement changes to better contextualize the claims data reported in Table 17. Changing the status of Tables 17 and 18 to optional will provide grant recipients six additional months to implement the measures. The updated instructions for Tables 19 and 20 will improve the quality and completeness of data collected by HRSA through the OVC biannual measures report.
OVC biannual measures report	VCSD Self-Assessment tab	• Moved the VCSD scoring table from the Care Coordination tab to the VCSD Self-Assessment Tab. • Added additional instructions for completing the VCSD self-assessment for clarity. • Restructured the VCSD self-assessment scoring table for ease of use and clarity. • Revised cell D32 to reflect "Advanced-Level Maturity" (previously "Foundational", a typo).	The updated formatting and instructions will improve the quality and completeness of data collected by HRSA through the OVC biannual measures report.
OVC biannual measures	Share Additional	Moved the tab to the end of the	Improved usability of template for

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report	Information tab	template.	OVC grant recipients.

Table B: OVC Biannual Measures Report Data Collection Table Crosswalk

Biannual 12-Items Measures Progress Report Version 3.1 (April 2022) Data Collection Tables	Biannual Measures Report Version 6.0 (December 2022) Data Collection Tables
Not Applicable	*(Added Table)* Table 1: Number of Unique Health Center Patients with Countable Visits
Not Applicable	*(Added Table)* Table 2: Number of Unique Health Center Patients with Countable Visits by Service Category
Table 1: Patient Visits by Service Category	Table 3: Number of Countable Visits by Service Category
Not Applicable	*(Added Table)* Table 4: Number of Health Center Patients with Virtual Care Encounters During the Reporting Period
Table 2: Patient Utilization of All Virtual Care Modalities by Service Category	Table 5: Number of Health Center Patients with Virtual Care Encounters During the Reporting Period, by Service Category
Table 3: Patient Utilization of All Virtual Care Modalities by Race and Ethnicity	Table 6: Number of Health Center Patients with Virtual Care Visits or Encounters During the Reporting Period by Race and Hispanic or Latino/a Ethnicity
Table 4: Patient Utilization of All Virtual Care Modalities by Special and Other Populations	Table 7: Number of Health Center Patients with Virtual Care Visits or Encounters During the Reporting Period by Patient Special and Other Populations
Table 5: Patient Utilization of All Virtual Care Modalities by Medical Insurance Type	Table 8: Number of Health Center Patients with Virtual Care Visits or Encounters During the Reporting Period by Patient Medical Insurance Type
Table 6: Patient Utilization of All Virtual Care Modalities by Age	Table 9: Number of Health Center Patients with Virtual Care Visits or Encounters During the Reporting Period by Patient Age
Table 7: Percent of patients with Health Screenings and Outcomes by Virtual Care Type	*(Table 7 from v3.1 separated into two tables)* Table 10: Number of Health Center Patients with Countable Visits by In-Person or Virtual Care Types and Quality of Care Screening Completion (Select 3 Measures) and Table 11: Number of Health Center Patients with Countable Visits by In-Person or Virtual Care Types and Health Outcome Measures Achievement (Select 1 Measure)
Table 8: Percent of Patients with Health Screenings and Outcomes by Patient's Race and Ethnicity	*Table removed from the biannual measures report*
Table 9: Percent of Patients with Health Screenings and Outcomes by Patient's Primary Medical Insurance	*Table removed from the biannual measures report*

Biannual 12-Items Measures Progress Report Version 3.1 (April 2022) Data Collection Tables	Biannual Measures Report Version 6.0 (December 2022) Data Collection Tables
Table 10: Patient Overall Rating of Most Recent Visit and Report of Virtual Video Visit Training, by Visit Type	Table 12: Health Center Patient Overall Rating of Most Recent Countable Visit (Optional)
Table 11: Patients Who Reported Receiving Instructions for Synchronous Video Virtual Care Visit	Table 13: Health Center Patients Who Reported Receiving Instructions for Synchronous Video Virtual Care Visit (Optional)
Moved from monthly progress report	Table 14: Overall Health Center Staffing, *formerly monthly progress report Table C.1a.*
Moved from monthly progress report	Table 15: FTE Virtual Care Training for the Entire Health Center, *formerly monthly progress report table C.1b.*
Not Applicable	*(Added Table with narrative data)* Table 16: Virtual Care Claims Reimbursement Changes
Table 12: Virtual Care Claims Submitted Versus Reimbursed by Virtual Care Types	Table 17: Virtual Care Claims Submitted Versus Reimbursed by Virtual Care Types (Optional)
Table 13: Virtual Care Claims Submitted Versus Reimbursed by Patience Primary Medical Insurance Type	Table 18: Virtual Care Claims Submitted Versus Reimbursed by Patient Primary Medical Insurance Type
Table 14: Median Appointment Wait Time by Service Category	Table 19: Median Appointment Wait Time by Service Category
Table 15: Median Appointment Wait Time by Visit Type	Table 20: Median Appointment Wait Time by Visit Type
Table 16: Virtual Care Strategic Assessment Composite Score *(See instructions on the VCSD Self-Assessment Model Tool tab)*	Table 21: Virtual Care Strategic Deployment Self-Assessment Model Instrument