

Supporting Statement A

Teaching Health Centers Graduate Medical Education (THCGME) Program Reconciliation Tool OMB Control No. 0915-0342 - Revision

Terms of Clearance: None

A. Justification

1. Circumstances Making the Collection of Information Necessary

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

The THCGME Program increases the number of primary care physicians and dental residents, increasing the overall number of these primary care providers. Most residency training in the United States is funded by Centers for Medicare & Medicaid (CMS) reimbursement payments to teaching hospitals. In the THCGME model, funding goes directly to eligible community-based ambulatory care settings, as opposed to in-patient care settings in hospitals. 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.

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, section 340E(f) of the Public Health Service (PHS) 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 uses the information gathered by this 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 a web-based grants management program 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 PHS 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 May 16, 2025, Vol. 90, No. 94; pp.21051-52. There were nine public comments.

Comments received from the 60-day FRN included support for the collection of data necessary to make accurate grant awards. One commenter mentioned that the burden hour estimate did not accurately reflect the time needed to complete the Reconciliation Tool. Other commenters addressed items outside the scope of this notice, including a standardized funding framework across federal graduate medical education funding agencies, program expansion, recoupment methodology, and other program policies

HRSA appreciates the time and effort taken by grantees to complete the Annual Reconciliation Tool. Burden hours were estimated based on grant recipients' responses, which can vary greatly based on the number of awarded resident Full Time Equivalents. Due to the significant differences among the Teaching Health Centers, HRSA will adjust the burden hours to reflect grant recipients with smallest and largest awarded resident FTEs within calculated average. HRSA will survey each grant recipient and provide a range of burden hours on future OMB documents to reflect this marked difference.

HRSA commends respondents sharing their views and willingness to support HRSA's administration of the THCGME program. While we are not responding to comments for topics outside the scope of this notice, HRSA will take these comments into consideration for future policy development.

A 30-day Federal Register Notice was published in the Federal Register on September 17, 2025, Vol. 90, No. 178; pp.44829-30. There were nine public comments.

Section 8B: In June 2025, nine THCGME Program participating health centers reviewed the reconciliation tool to determine the burden estimate and for the clarity of the form and instructions. Based on their feedback, the total burden hours for the form have been revised to reflect an increase from 174 hours as provided in the previously published 60-day FRN to a total of 435 burden hours in the 30 day FRN.

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 will be kept private to the extent allowed by the law.

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 number of respondents is based off the number of THCGME award recipients. 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. However, because some commenters on the 60-day FRN indicated the average burden response was too low, the average burden was increased to take into account larger award recipients as described in section 8A.

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	87	1	5	435
Total	87			435

12B. Estimated Annualized Burden Costs

Type of Respondent	Total Burden Hours	Hourly Wage Rate (x2) (adjusted for overhead costs)¹	Total Respondent Costs
Administrative Assistant	435	\$45.64/hr	\$19,853.40
Total	435		\$19,853.40

¹ The hourly wage rates were taken from the Bureau of Labor Statistics, May 2021 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 \$16,243 annually. Using 2025 as a base year, the annual salary of a GS 12 Step 3 is \$162,243.²

15. Explanation for Program Changes or Adjustments

There is a 269 hour increase in the total burden hours estimate from the previous information collection request due to an increase in the number of respondents as well as the average burden per response.

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

HRSA currently publishes aggregate THCGME Program reconciliation tool data to demonstrate performance highlights and accomplishments, to meet the GPRA reporting requirements, inform Congressional Budget Justifications, and respond to Freedom of Information Act requests and inquiries from OMB and Congress. Additional publication of information and data are not currently planned, however HRSA may want to publish additional aggregate highlights from our THCGME health centers in the future. Data will also be analyzed for internal administrative purposes and for tracking the performance indicators.

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.

² Salary was updated based off of OPM Salary Table 2025-DCB <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2025/DCB.pdf>. Salary multiplied by 1.5 to account for overhead costs.