

## **Supporting Statement**

### **Health Resources and Services Administration/Bureau of Health Professions**

### **Teaching Health Centers Graduate Medical Education (THCGME) Program Reconciliation Tool**

**(OMB No. 0915-0342) Revision**

**Terms of Clearance: None**

#### **1. Circumstances Making the Collection of Information Necessary**

This is a request for Office of Management and Budget (OMB) approval to utilize the Teaching Health Center Graduate Medical Education (THCGME) Program Reconciliation Tool. The Reconciliation Tool is used to reconcile the number of residency positions supported by the Teaching Health Centers Graduate Medical Education Program (THCGME) (attachment 1). This payment program is authorized under section 340H of the Public Health Service Act and was established by Section 5508 of Public Law 111-148, the Affordable Care Act.

THCGME is an initiative to promote primary care residency training in community-based settings. The majority of residency training in the United States is funded by Centers for Medicare and Medicaid (CMS) reimbursement payments to teaching hospitals. In the THCGME model funding goes directly to eligible Health Centers, allowing the Health Center to sponsor primary care training directly in the community. 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) in community-based ambulatory patient care settings. 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 Teaching Health Centers 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. Payments are made at the beginning of the funding cycle; however, the statute provides for a reconciliation process, through which overpayments may be recouped and underpayments may be adjusted at the end of the Fiscal Year. The Reconciliation Tool will be used to collect information relating to the amount of Full-Time Equivalents (FTE) supported with THCGME payments in order to reconcile cost for both direct and indirect costs.

#### **2. Purpose and Use of Information Collection**

There are two main purposes for this reconciliation instrument. First, the Teaching Health Centers must confirm that they are training the number and percentage of FTE primary care residents that they claimed in their initial application. The reconciliation instrument requests the number and percentage of FTE residents who are being paid by the THC through HRSA THCGME payments.

Second, the reconciliation instrument requires Teaching Health Centers 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 being trained at hospitals below their Medicare resident cap. This information will be used to ensure that there are no duplicate Federal payments for THC resident training.

HRSA will use the information gathered by the instrument to inform the THCGME payment reconciliation process at the end of this and subsequent fiscal years. Payments which are made during the fiscal year are based on the THC's requested FTEs; these payments must be reconciled with the actual FTEs for THC program and adjusted for any additional sources of payments. The request for this information collection has been previously approved (OMB 0915-0342).

### **3. Use of Improved Information Technology and Burden Reduction**

HRSA will collect reconciliation data via the Electronic Handbook (EHB) 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. From discussions with THCGME award recipients, the data requested are not perceived to be 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 THCGME program is a new residency-training model. The information gathered to reconcile the number of FTEs funded is not collected by other HHS agencies or data collection systems. There is no similar information pertaining to the FTEs funded by the THCGME program. The data will be requested annually in accordance with the statute.

### **5. Impact on Small Business 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 Public Health Service 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**

All guidelines relating to 5 CFR 1320.5 are met. The request for reconciliation of FTEs by all THCGME award recipients fully complies with the regulation.

## 8. Comments in Response to the Federal Register Notice/Outside Consultation

8A. A 60-day Federal Register Notice was published in the Federal Register on January 28, 2014, Vol. 79, No. 18; pp. 4475-4476. There was one comment from the public requesting a copy of the Reconciliation Tool.

8B. The following THCGME program award recipients were consulted on the burden of completing the THCGME Reconciliation Tool. The consultations were administered in October 2013.

Robert Mt. Joy	Project Director/CEO	(724) 943-3308	<a href="mailto:rmtjoy@cornerstonecare.com">rmtjoy@cornerstonecare.com</a>	Cornerstone Care Inc.
Tamera Ahner	Program Coordinator	(575) 388-1577 ext. 2726	<a href="mailto:tahner@hmsnm.org">tahner@hmsnm.org</a>	Hidalgo Medical Services
Diane Hauser	Department Administrator	(212) 659-1406	<a href="mailto:Dhauser@institute2000.org">Dhauser@institute2000.org</a>	The Institute for Family Health (Harlem)
Julie Desch	Administrator	(845) 802-7600 ext. 3489	<a href="mailto:idesch@institute2000.org">idesch@institute2000.org</a>	Institute for Family Health (Mid-Hudson)
Marie Barnett	Grants Manager /Compliance Officer	(936) 523-5236	<a href="mailto:mbarnett@lonestarfamil.org">mbarnett@lonestarfamil.org</a>	Lone Star Community Health Center ,Inc.
Katie Conver	Grants Specialist	(406)651-6479	<a href="mailto:Katie.con@riverstonehealth.org">Katie.con@riverstonehealth.org</a>	Montana Family Medicine Residency

Maiuri Ranchhod	Chief Operations Officer	(918) 295-9352	<a href="mailto:mranchhod@mortonhealth.org">mranchhod@mortonhealth.org</a>	Morton Comprehensive Health
Cristine Serrano	Grant/Research Coordinator	(312) 432-2772	<a href="mailto:cserrano@eriefamilyhealth.org">cserrano@eriefamilyhealth.org</a>	Northwestern University
Jeff Hackler	Treasurer	(918) 584-4611	Jeff.hackler@okstate.edu	Osteopathic Medical Education Consortium of Oklahoma (OMEKO)

**9. Explanation of any Payment/Gift to Respondents**

No remuneration was given to the respondents.

**10. Assurance of Confidentiality Provided to Respondents**

The information collected will be kept secure and protected. Information containing personal identifiers will not be requested.

**11. Justification for Sensitive Questions**

There are no sensitive questions in the THCGME Reconciliation Tool.

**12. Estimates of Annualized Hour and Cost Burden**

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. Respondents agreed that an administrative assistant would typically perform the task.

**12A: Estimated Annualized Burden Hours**

Form Name	Number of Respondents	Number of Responses per	Average Burden per	Total Burden
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		<b>Respondent</b>	<b>Response (in hours)</b>	<b>Hours</b>
THCGME Reconciliation Tool	44	1	2	88
Total				88

**12B: Estimated Annualized Burden Costs**

<b>Type of Respondent</b>	<b>Total Burden Hours</b>	<b>Hourly Wage Rate</b>	<b>Total Respondent Costs</b>
Administrative Assistant	88	\$16.78/hr	\$1,476.64
Total			\$1,476.64

According to the United States Department of Labor Bureau for Labor Statistics, the average hourly wage rate for an Administrative Assistant is \$16.78 per hour.

<http://www.bls.gov/oes/current/oes430000.htm>

**13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers/Capital Costs**

There are no costs outside of the customary and usual business practices. Residency programs are required to collect and maintain data on FTE status of all residents in the program to maintain academic accreditation.

**14. Estimates of Annualized Cost to the Government**

An estimated 0.1 FTE at the GS 12 Step 3 level is needed to serve as the coordinator for data evaluation and to provide technical assistance to grantees regarding the data collection process and subsequent evaluation. at an estimated cost of \$8,066.20 annually. Using 2014 as a base year, the annual salary of a GS 12 Step 3 is \$80,662.

**15. Explanation for Program Changes or Adjustments**

The initial request was developed during the first year of the program. The original number of respondents was based on projected program growth. The number of respondents has been adjusted to reflect the actual number of THCGME programs. The Reconciliation Tool has been utilized by THC awardees for three cycles and takes less time to complete than projected at the start of the program.

A column requesting the date of an absence was added to the tool. There are two THCGME payments each fiscal year. One payment covers three months of training and the other payment covers nine months of training. Identifying the point within the fiscal year that an absence in training occurred ensures an accurate recoupment amount.

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

There are no plans for the manipulation or publication of collected data. Tabulation will be conducted as needed to complete an internal review sufficient to satisfy an OMB audit.

**17. Reason Display of OMB Expiration Date is Inappropriate**

An expiration date and OMB number will be shown.

**18. Exceptions to Certification for Paperwork Reduction Act Submissions**

There are no exceptions to the certification.