

## **CMS 10916 AHQT Supporting Statement – Part B**

### **Collections of Information Employing Statistical Methods**

1. Describe (including a numerical estimate) the potential respondent universe and any sampling or other respondent selection method to be used. Data on the number of entities (e.g., establishments, State and local government units, households, or persons) in the universe covered by the collection and in the corresponding sample are to be provided in tabular form for the universe as a whole and for each of the strata in the proposed sample. Indicate expected response rates for the collection as a whole. If the collection had been conducted previously, include the actual response rate achieved during the last collection.

There is no sampling. The health care providers targeted are the same and are showing in Table 1. All providers eligible to receive services under the 13<sup>th</sup> Statement of Work (SOW) Quality Improvement Organization (QIO) program will be asked to complete an initial assessment (as soon as PRA approval is obtained), and a final assessment at the end of the program in 2030. All providers targeted to receive these services are certified by Medicare. To develop criteria to determine the list of serviced providers to target for QIO efforts, CMS used 2022 data to evaluate: (1) poor performance on selected quality metrics; (2) analysis of area deprivation index and dual eligibility data for beneficiaries served by each provider; (3) enforcement data; and (4) entities not submitting quality reporting data. We also targeted all critical access hospitals, since these hospitals tend to be smaller and serve rural populations.

Table 1 includes estimates which were rounded up to address potential closings or reorganizations.

Table 1. Estimated numbers of facilities targeted for baseline and final assessment.

Wave	Setting	Universe/ Maximum Number Targeted	Expected Response Rate
Initial Assessment	Acute care hospitals (inpatient prospective payment system, critical access, and rural emergency)	3,500	100%
Initial Assessment	Nursing homes (facilities providing long-stay, short-stay, or both types of services)	8,500	100%
Initial Assessment	Outpatient Clinical Practices (have 1 or more practitioners Medicare for primary care or behavioral health care or both)	13,000	100%
Initial Assessment	AIAN Facilities	300	100%
Initial Assessment	All Settings	25,300	100%
Final Assessment	Acute care hospitals (inpatient prospective payment system, critical access, and rural emergency)	3,500	90%
Final Assessment	Nursing homes (facilities providing long-stay, short-stay, or both types of services)	8,500	90%

Final Assessment	Outpatient Clinical Practices (have 1 or more practitioners Medicare for primary care or behavioral health care or both)	13,000	50%
Final Assessment	AIAN Facilities	300	70%
Final Assessment	All Settings	25,300	69%

There will be two QIO programs utilizing the AHQT readiness assessment, the American Indian Alaskan Native (AIAN) and the Quality Innovation Networks (QINs). The AHQT assessment will be fully implemented to the 300 facilities in the AIAN program. These 300 AIAN facilities will have an initial assessment and final assessment as seen in table 1.

In addition, to the main assessment which will be conducted twice, an interim assessment will be conducted for the providers targeted by the QIN program to be included in the pilot (Table 2). Pilot states were selected to be distributed across 7 QIN regions (consolidated from the HHS regions to make them equal in size), and based on projected numbers of acute care hospitals, nursing homes, and outpatient practices in Tier 1 status and agreeing to participate in the pilot. Like the other two assessments, the intention of this assessment is to provide the QIN with one-on-one feedback of where the particular provider is in its technological readiness and if it has progressed during the interim period. Since the purpose of the collection is to support tailored delivery of services, there is no sampling.

Table 2. Estimated numbers of facilities targeted for the interim assessment.

Wave	Setting	Estimated Number in Universe	Expected Response Rate
Pilot Only Interim	Acute care hospitals in pilot states* with tier 1 status at baseline.	374	90%
Pilot Only Interim	Nursing homes in pilot states* with tier 1 status at baseline	863	90%
Pilot Only Interim	Outpatient Clinical Practices in pilot states* with tier 1 status at baseline	1,717	50%

\*Pilot states are New York, Maine, Maryland, West Virginia, Georgia, Mississippi, Indiana, Ohio, Louisiana, Oklahoma, Colorado, Missouri, Arizona, Hawaii, Nevada.

This is a new collection. There are no prior response rates. Response rates are expected to be high, as completion of this assessment is needed to ensure that targeted providers receive support appropriate to the level of available technology. If a provider refuses to provide this data, the QIO cannot tailor services to their level of technological readiness. Response rates are potentially lower for the final assessment once services have been received.

2. Describe the procedures for the collection of information including:

- Statistical methodology for stratification and sample selection,
- Estimation procedure,
- Degree of accuracy needed for the purpose described in the justification,
- Unusual problems requiring specialized sampling procedures, and
- Any use of periodic (less frequent than annual) data collection cycles to reduce burden.

The assessment has been tailored for each of the 3 different settings. However, the purpose of the assessment is operational to support delivery of services to individual providers based on a standardized assessment. For this reason, there is no statistical methodology or sample selection, estimate procedure, degree of accuracy needed for the purpose; or unusual problems requiring specialized sampling procedures.

As described above, the assessments are designed to be performed 2 times over a 5-year period for 25,300 respondents, and 3 times over a 5-year period for 3,000 respondents.

3. Describe methods to maximize response rates and to deal with issues of non-response. The accuracy and reliability of information collected must be shown to be adequate for intended uses. For collections based on sampling, a special justification must be provided for any collection that will not yield 'reliable' data that can be generalized to the universe studied.

This is not a standardized information collection but not primarily intended as a statistical collection. Therefore, this is largely not applicable. The fact that QIOs have personal relationships with providers that they will be offering services to on an ongoing basis should facilitate high response rates.

4. Describe any tests of procedures or methods to be undertaken. Testing is encouraged as an effective means of refining collections of information to minimize burden and improve utility. Tests must be approved if they call for answers to identical questions from 10 or more respondents. A proposed test or set of tests may be submitted for approval separately or in combination with the main collection of information.

The time necessary to complete this form was estimated by having employees with the relevant clinical background complete the form. We plan to perform more design-based testing with up to 3 nursing home, 3 hospital, and 3 outpatient practice respondents during the public comment period for this assessment tool.

5. Provide the name and telephone number of individuals consulted on statistical aspects of the design and the name of the agency unit, contractor(s), grantee(s), or other person(s) who will

actually collect and/or analyze the information for the agency.

Name	Telephone #	Agency	Job Title	Role
Geoffrey Berryman	410-299-7390	CMS	Data Scientist	Technical Advisor for Program Planning, Monitoring, and Evaluation, QIO Program.
Mark Canfield	410-786-4701	CMS	Deputy Director, ISG/DHAQS	Project Leadership
Kevin Shang	716-418-9031	Program Monitoring and Evaluation Contractor (Booz Allen Hamilton)	Lead Survey Methodologist and Statistician	Survey Task Lead and Survey Data Analyst for the Program Monitoring and Evaluation Contractor