

Supporting Statement – Part B:
13th SOW QIN-QIO and AIAN
Measure Data Collection

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.

The QIO program uses quality measure data to quantify and understand the state of healthcare quality in enrolled hospitals, nursing homes, and outpatient clinical practices. Over the course of the five-year period of performance, quality measures will be constantly monitored and analyzed by CMS and its contractors. Data and analyses will be shared with enrolled providers and practices to provide insight into their own operations and used directly by CMS to assess the impact of specific program activities and guide strategic direction. Finally, quality measure data will be the primary input to the Return on Investment calculations used to assess the overall impact of the program and justify its cost to the taxpayer.

There is no sampling for this data collection. 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.

Measures will be collected quarterly from each provider/practice over the course of the five year period of performance.

CMS will receive reports containing metrics regarding assessment completion on an ongoing basis for program monitoring purposes during the entire data collection period. CMS will provide the submitters and the QI contractors supporting them with access to their submitted data in dashboards that contain trend and benchmark information. CMS publishes aggregated QIO program information in its annual Report to Congress, which is posted on its public-facing website and after the conclusion of each Statement of Work.

(See: <https://www.cms.gov/medicare/quality/quality-improvement-organizations>)

The QIN-QIO contractors are expected to recruit a maximum of 25,000 providers and practices in the 13th SOW. The AIAN contractor is expected to recruit 261 providers and practices. See table below.

Table 1: QIN-QIO and AIAN Recruitment

Setting/ Category	Projected number of QIN-QIO Program participants	Projected number of AIAN Program participants	Existing Data Sources	Proposed New Measure Data Collection
Nursing Homes	8500	26	Multiple programs, extensive frequent collection of measure data	N/A
Critical Access Hospitals	1361	15	A few major measures, exempt from most requirements	10 QI measures listed in section 12B of the Supporting Statement A
IPPS Hospitals	2139	31	Multiple programs, extensive frequent collection, some critical gaps	2 new measures currently pending implementation by other programs
Outpatient Clinical Practices	13000	189	Annual collection of 6 measures self-selected from a list of 22 to 63 MIPS measures depending on specialty	Quarterly collection of 6 measures self-selected from a list of 10 MIPS measures

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.

Other CMS quality improvement programs collect extensive data from nursing homes, allowing

both the QIN-QIO and AIAN programs to execute their goals in this setting without additional quality measure data collection. Hospital data collection is somewhat unevenly distributed, with extensive data collection from hospitals enrolled in the Inpatient Prospective Payment System (IPPS) and limited data collected from Critical Access Hospitals. Outpatient clinical practices enrolled in MIPS choose several measures to report annually. This provides some information at an aggregate level but is too infrequent or inconsistent to support intensive QI work and inform strategic course corrections. This collection is carefully tailored in each setting to complement existing data collection and fill gaps where necessary without duplication of effort or unnecessary burden on program participants.

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.

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 QIN-QIO and AIAN programs make extensive use of quality measure data collected by numerous programs within CMS and partner agencies. Healthcare quality data is already collected by other CMS programs, such as the Hospital Value Based Purchasing Program (HVBP) and the Merit-based Incentive Payment System (MIPS). Measure data reporting in these programs has been extensively tested to refine collection processes and reduce burden, and this new collection will largely replicate the processes established by these program. Any elements of the data system introduced for this collection, such as the CQP software interface, will be tested internally on a continuous basis during development and implementation.

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.
Mike Shirk (POC)	410-786-2774	CMS	QIO IT Portfolio Manager	Project Manager (PM) responsible for the web-based collection tool (CMS QIO Platform)
Program Monitoring and Evaluation Contractor (TBD)	TBD	TBD	TBD	Analyze data