

DRAFT
Supporting Statement – Part A
Inpatient Psychiatric Facilities Patient Assessment Instrument under the Inpatient
Psychiatric Facility Quality Reporting Program:
(OMB 0938-XXXX, CMS-10954)

A. Background

The requirements of the Inpatient Psychiatric Facility (IPF) Quality Reporting Program are set forth under section 1886(s)(4) of the Social Security Act. Under the IPF Quality Reporting Program, starting in fiscal year (FY) 2014, Inpatient Psychiatric Facilities (IPFs) must submit pre-defined quality measures to the Centers for Medicare & Medicaid Services (CMS). IPFs that do not report on the selected quality measures and comply with other program requirements will have their IPF prospective payment system (PPS) payment updates reduced by 2.0 percentage points. Burden associated with submission of quality measure data is covered under OMB control number 0938-1171 (expiration date February 29, 2028).

Section 4125(b)(1) of the Consolidated Appropriations Act (CAA), 2023, amended section 1886(s)(4) of the Social Security Act to require IPFs participating in the IPF Quality Reporting Program to collect and submit to the Secretary certain patient assessment data using a standardized patient assessment instrument (PAI), for rate year (RY) 2028 (FY 2028) and each subsequent RY.¹

This is a new information collection request to address the amended requirements per CAA, 2023 under section 1886(s)(4) of the Social Security Act.

B. Justification

1. Need and Legal Basis

Section 1886(s)(4)(E) of the Social Security Act as amended requires that IPFs must submit patient assessment data with respect to admission and discharge of an individual, and more frequently as the Secretary determines appropriate. For IPFs to meet this new data collection and reporting requirement for FY 2028 and each subsequent year, the Secretary must implement a standardized PAI that collects data with respect to the following categories, as

¹ We note that the statute uses the term “rate year” (RY). However, beginning with the annual update of the inpatient psychiatric facility prospective payment system (IPF PPS) that took effect on July 1, 2011 (RY 2012), we aligned the IPF PPS update with the annual update of the ICD codes, effective on October 1 of each year. This change allowed for annual payment updates and the ICD coding update to occur on the same schedule and appear in the same **Federal Register** document, promoting administrative efficiency. To reflect the change to the annual payment rate update cycle, we revised the regulations at 42 CFR 412.402 to specify that, beginning October 1, 2012, the IPF PPS RY means the 12-month period from October 1 through September 30, which we refer to as a “fiscal year” (FY) (76 FR 26435). Therefore, with respect to the IPF Quality Reporting Program, the terms “rate year,” as used in the statute, and “fiscal year” as used in the regulation, both refer to the period from October 1 through September 30. For more information regarding this terminology change, we refer readers to section III of the RY 2012 IPF PPS final rule (76 FR 26434 through 26435).

required by section 1886(s)(4)(E)(ii) of the Social Security Act: functional status; cognitive function and mental status; special services, treatments, and interventions for psychiatric conditions; medical conditions and comorbidities; impairments; and other categories as determined appropriate by the Secretary. To enable meaningful comparison of the patient assessment data across all IPFs submitting data, the IPF-PAI must be standardized. Each IPF must administer the same assessment instrument with identical questions, response options, standards and definitions.

In the FY 2027 IPF PPS proposed rule, we proposed to implement the IPF-PAI as the assessment instrument for the submission of standardized patient assessment data as required by sections 1886(s)(4)(A) and (E) of the Social Security Act for all patients aged 18 and older to fulfill the requirements of section 4125(b) of the CAA, 2023. The IPF-PAI is intended to meet our statutory obligation to collect standardized patient assessment data on each of the five statutorily-delineated data categories.²

In the FY 2027 IPF PPS proposed rule, we proposed that an IPF would need to complete 100 percent of the IPF-PAI assessment items on 80 percent of the IPF-PAIs submitted to satisfy the IPF Quality Reporting Program data reporting requirements for the applicable annual payment determination. We are proposing this 80 percent threshold as a starting point (rather than proposing a 100 percent threshold), understanding that it will take time for IPFs (especially small IPFs) to become familiar with the data collection and submission workflows of this new program requirement. We will monitor data completion rates and provide training and other implementation resources to help IPFs be successful in meeting or exceeding the 80 percent completion threshold.

2. Information Users

As provided by section 1886(s)(6) of the Social Security Act, added by section 4125(b) of the CAA, 2023, data collected through the IPF-PAI may be considered in future revisions to the methodology for determining the IPF PPS payment. CMS also anticipates using results and feedback from the proposed IPF-PAI to inform future potential revisions or improvements to the IPF-PAI.

3. Use of Information Technology

CMS has proposed to offer facilities two digital tools to integrate into their existing systems and workflows: the free CMS-developed web application (web app) and Fast Healthcare Interoperability Resources[®] (FHIR[®]) application programming interfaces (APIs). Both methods of data submission would require user or system authentication using CMS' Health Care Quality Information Systems (HCQIS) Access Roles and Profile (HARP), or equivalent CMS-designated identity management system, consistent with CMS security and access control requirements. This is the same identity management system that IPFs and their authorized vendors currently use to submit other IPF Quality Reporting Program data to the CMS Hospital Quality Reporting system. Both proposed methods of IPF-PAI data submission would transmit IPF-PAI data securely to CMS, using data security standards required for any

² Sections 1886(s)(4)(E)(ii)(I) through 1886(s)(4)(E)(ii)(V) of the Social Security Act.

CMS system, where it would be received and reside in the CMS Internet Quality Improvement and Evaluation System (iQIES)³ environment, or a successor system. Data transfer to CMS via either method—the FHIR® API or web app—would follow standard HIPAA-compliant encryption protocols. By leveraging FHIR® APIs, facilities could transmit required IPF-PAI elements directly from their EHRs, reducing duplicative data entry and associated administrative burden. Because FHIR® uses standardized data structures and vocabularies, it also enables more consistent, interoperable exchange of health information across systems and vendors.

IPFs that would elect to submit IPF-PAI data using the web app could access the web app directly through a web browser, or via their electronic health record (EHR) using Substitutable Medical Applications and Reusable Technologies (SMART) on FHIR®.⁴ IPFs could also use a third party vendor to submit IPF-PAI data via the web app on the IPF's behalf. IPFs that would elect to submit IPF-PAI data using the web app would be able to review, correct, and change data until the close of each submission deadline. In accordance with the Source code Harmonization And Reuse in Information Technology Act (SHARE IT Act; Pub. L. No. 118-187), we would ensure that the source code, documentation, configuration scripts, as appropriate, revision history, and other files are located in a software storage location (that is, a public repository) to which access is open to the public.

IPFs would also be able to elect to submit IPF-PAI data using APIs that use the FHIR® standard to iQIES or a successor system via the Internet. This method would be suitable for IPFs that use health IT or that engage with third-party vendors to implement a custom tool or a custom SMART on FHIR® application using these APIs to collect and submit IPF-PAI data to CMS. Under this submission method, an IPF could integrate IPF-PAI data collection and submission within their EHR workflow using one API to retrieve the applicable IPF-PAI assessment items from the EHR, and another API to submit IPF-PAI data to CMS. An IPF could use a third-party vendor to submit IPF-PAI data via the FHIR® API on the IPF's behalf. For this proposed implementation of the IPF-PAI, the Data Element Library (DEL) FHIR® API and associated DEL FHIR® Implementation Guide would support the retrieval of the assessment items, while the iQIES FHIR® API and associated iQIES FHIR® Receiving System Implementation Guide would support the submission to CMS. Current draft versions of the DEL FHIR® Implementation Guide and the iQIES FHIR® Receiving System Implementation Guide are available under the Resources section at:

<https://qualitynet.cms.gov/ipf/PAI>. These implementation guides would be updated as needed on an annual basis for technical updates. IPFs and their vendors would need to use the most recent versions of the implementation guide for the applicable IPF-PAI reporting period. Additional technical resources for IPFs and health IT vendors would be made available in the Resources section <https://qualitynet.cms.gov/ipf/PAI> as necessary to support FHIR® API implementation. We would also engage with software developers and vendors through various stakeholder engagement efforts, during which we would respond to questions,

³ <https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-general-information/internet-quality-improvement-evaluation-system-iqies>.

⁴ SMART on FHIR® is a set of standards that enables third-party application to securely integrate with electronic health records. <https://smarthealthit.org/>.

comments, and suggestions about technical requirements.

4. Duplication of Efforts

The IPF-PAI collects data on all individuals admitted to IPFs, and therefore is not available from any other source. This data collection does not duplicate any other effort; no other data sets provide comparable information on all patients admitted to IPFs.

5. Small Business

Information collection requirements are designed to allow maximum flexibility specifically to small IPF providers participating in the IPF Quality Reporting Program. CMS provides a dedicated help desk to support users and respond to questions about the data collection. Additionally, a dedicated IRF QRP webpage houses multiple modes of tools, such as instructional videos, case studies, user manuals, and frequently asked questions which support understanding of the IRF-PAI, and can be used by current and assist new users of the IRF-PAI. CMS utilizes a listserv to facilitate outreach to users, such as communicating timely and important new material(s), as well as reminders and alerts related to the IRF-PAI completion. Finally, CMS provides a free internet-based system through which users can access on-demand reports for feedback on the collection of the IRF-PAI associated with their facility.

This initial version of the IPF-PAI is intended to meet our statutory obligation to collect standardized patient assessment data on each of the statutorily-delineated data categories while being mindful of reporting burden on IPFs; we purposefully selected a minimal set of assessment items to propose at this time. We acknowledge that this new requirement of the IPF Quality Reporting Program may initially impact workflow and increase administrative burden, especially as IPFs become familiar with the proposed assessment and work to integrate it into their workflow. The IPF Quality Reporting Program strives to maintain a minimal set of requirements while meeting statutory requirements and incentivizing quality through transparency and public reporting.

6. Less Frequent Collection

IPFs are statutorily required to submit IPF-PAI data with respect to admissions to and discharges of an individual from the IPF, and more frequently as the Secretary determines appropriate beginning with rate year 2028 and each subsequent rate year. In the FY 2027 IPF PPS proposed rule, we have proposed that IPFs would only be required to collect data at admission and discharge and to report such data to CMS based on quarterly submission deadlines.

7. Special Circumstances

There are no special circumstances that with respect to the information collection covered in this package.

8. Federal Register Notice/Outside Consultation

a. Federal Register Notice

A 60-day *Federal Register* notice of the FY 2027 IPF PPS proposed rule (CMS-1847-P, RIN 0938-AV77) was published on April 7, 2026 (91 FR 17720).

b. Outside Consultation

Between 2023 and 2025, CMS and its contractors engaged in a multi-stage process to conceptualize and scope a new, statutorily mandated PAI for the IPF setting that included: identifying key clinical topic areas within the broad CAA, 2023 data categories, identifying and evaluating candidate assessment items within those topic areas, and conducting formative (alpha) and field (beta) testing on those candidate assessment items. This process also included engagement with subject matter experts, clinicians and administrators at IPFs, and individuals with lived experience, as well as guidance from interoperability experts on how to structure assessment items and their related data elements so that the patient-level data that are collected by the IPF-PAI would be interoperable and aligned with current health IT standards. In addition, a technical expert panel (TEP) was convened by the IPF-PAI development contractor to give input on the extent to which topics of assessment items were clinically relevant to patient care in IPFs, likely to inform CMS' understanding of resource use or costs of care, and considered feasible and relatively low burden to collect. The TEP included clinicians and administrators at IPFs, behavioral health clinicians, academic researchers, health information technology specialists, and individuals with experience as patients in the IPF setting.

9. Payment/Gift to Respondent

IPFs must submit their IPF-PAI data to receive the full market basket update for a given FY. If data are not submitted to CMS, the IPF receives a 2.0 percentage point reduction to its APU, as required by section 1886(s)(4)(A) of the Social Security Act.

10. Confidentiality

We pledge privacy to the extent provided by law. As a matter of policy, CMS will prevent the disclosure of personally identifiable information contained in the data submitted. All information collected under the IPFQR Program will be maintained in strict accordance with statutes and regulations governing confidentiality requirements for CMS data, including the Privacy Act of 1974 (5 U.S.C. 552a) and the Health Insurance Portability and Accountability Act (HIPAA). In addition, the tools used for transmission of data are considered confidential forms of communication, and there are safeguards in place in accordance with HIPAA Privacy and Security Rules to protect the submission of patient information, at 45 CFR Part 160 and 164, Subparts A, C, and E.

The system of records notices (SORN) establishes privacy stringent requirements. If the IPF-PAI is finalized in the FY 2027 IPF PPS final rule, we will subsequently publish a request for approval for a SORN for the IPF-PAI in the *Federal Register*.

11. Sensitive Questions

The IPF-PAI does not solicit questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private external to the IPF setting. However, for assessment items that collect information that might be considered private such as type of admission, psychiatric services, treatments and interventions (includes restrictive interventions), primary diagnosis, and suicide screening; we note that assessment items developed for use in the IPF-PAI were selected to address categories required by the statute. For example, section 1886(s)(4)(E)(i)(III) of the Social Security Act requires the inclusion of patient assessment data with respect to special services, treatments, and interventions for psychiatric conditions. Assessment items were also selected to focus on patient characteristics or aspects of treatment that would be appropriate to consider in revisions to the IPF PPS payment model, as required by section 1886(s)(6) of the Social Security Act.

Case-specific data will not be released to the public and are not releasable by requests under the Freedom of Information Act.

12. Burden Estimates

The burden estimate associated with the IPF-PAI is the time and effort required for IPF staff to collect and input responses to IPF-PAI assessment items into the web application. We note that our burden estimate assumes manual entry of patient assessment data (that is, entry using the web application) for all IPFs and represents the most conservative estimate. Therefore, we did not separately estimate burden for data collection via FHIR[®] APIs although we expect that some IPFs will utilize the FHIR[®] APIs to partially or fully automate their data collection and submission process, thereby reducing the collection of information burden.

We propose to include in the IPF-PAI assessment items for each of the five data categories required by statute, and data elements in a proposed category of administrative items as an additional category determined appropriate by the Secretary that are necessary for record matching and database management. Table 1 lists the proposed IPF-PAI assessment items by category. The instructional text and response options of the proposed IPF-PAI that would be available through the web application.

TABLE 1: PROPOSED ASSESSMENT ITEMS TO BE INCLUDED IN THE IPF-PAI

CAA, 2023 Category	Proposed Assessment Item
Functional status	Mobility: Chair/Bed-to-Chair Transfer
Cognitive function and mental status	Suicide Screening
Special services, treatments, and interventions	Special Services, Treatments, and Interventions in the Inpatient Psychiatric Setting (Psychiatric Treatments, Restrictive Interventions)
Medical conditions and comorbidities	Primary Medical Condition Category
Impairments	Hearing; Speech Clarity; Vision
Administrative: Assessment items required for record matching and database management	Legal Name of Patient, Birth Date, Sex, Social Security and Medicare Numbers (Social Security Number, Medicare Number), Facility Provider Numbers (National Provider Identifier, CMS Certification Number), Admission/Discharge Date, Payer Information—Primary Payer, Type of Record, Assessment Reference Date, Reason for Assessment, Type of Admission/Type of Discharge, IPF-PAI Completion Date

The IPF-PAI admission and discharge assessments consist of 26 and 23 assessment item parts⁵, respectively. For the purposes of estimating collection of information burden, we estimate that each assessment item part in the IPF-PAI will require approximately 0.3 minutes to complete. Our estimate of 0.3 minutes is similar to estimates used in other CMS PAI data collections,⁶ and is supported by the IPF-PAI field (beta) test. In field testing, which used volunteer assessors and a convenience sample of patients, assessors completed the beta test assessments, which contained 86 assessment item parts at Admission and 85 assessment parts at Discharge, in a median time of 13 minutes, or approximately 0.15 minutes per assessment item part; time per assessment item part was slightly higher for admission assessments (median time to complete of 16 minutes, or 0.19 minutes per assessment item part) than for discharges assessments (median time to complete of 11 minutes, or 0.13 minutes).⁷ We use 0.3 minutes for each assessment item part as a conservative estimate in alignment with other CMS PAI data collections, and estimate that the IPF-PAI will require 14.7 minutes (0.3 minutes x 49 assessment item parts) or 0.245 hours per patient.

In the FY 2027 IPF PPS proposed rule, we proposed to implement mandatory reporting of the IPF-PAI beginning with Quarter 4 of the CY 2027 reporting period, impacting the FY 2029 payment determination. That is, IPFs would be required to collect and submit IPF-PAI admission and discharge assessments for all patients age 12 years and older, regardless of payer, beginning October 1, 2027; admission and discharge assessments conducted October 1, 2027, through December 31, 2027, would impact the FY 2029 payment determination.

⁵ For the purposes of estimating information collection burden, some multi-part assessment items are counted as more than one item, out of recognition that they may require multiple responses.

⁶ The Inpatient Rehabilitation Facility-PAI (OMB control number 0938-0842), the Outcome and Assessment Information Set (OMB control number 0938-1279), the Long-Term Care Hospital (LTCH) Continuity Assessment Record and Evaluation (CARE) Data Set (OMB control number 0938-1163), and the Minimum Data Set (OMB control number 0938-1140) estimate time required to complete assessment items at 0.15, 0.25, and/or 0.3 minutes.

⁷ CMS internal analysis based on IPF-PAI Testing Report, available under IPF-PAI Development and Testing resources at <https://qualitynet.cms.gov/ipf/pai>.

Beginning with the FY 2030 payment determination and for subsequent years, we proposed that an IPF must report data with respect to admissions and discharges for all patients age 12 years and older that occur during the calendar year from January 1 through December 31, that is, the calendar year two years preceding the FY payment determination year (for example, January 1, 2028 through December 31, 2028 for the FY 2030 payment determination, January 1, 2029 through December 31, 2029 for the FY 2031 payment determination, and so on). We proposed that for each calendar year reporting period, the IPF-PAI data must be submitted as quarterly reporting periods by the submission deadline, that is, the 15th day of the second month following the end of the calendar quarter, as outlined in Table 2. See Table 2 for submission deadlines through the FY 2031 payment determination.

TABLE 2: PROPOSED DATA SUBMISSION DEADLINES AND ASSOCIATED PAYMENT DETERMINATION YEARS FOR THE IPF-PAI

Quarter of IPF-PAI data collection	Data Submission deadline*	Applicable Payment Determination
Q4 2027 (Oct 1 – Dec 31, 2027)	February 15, 2028	FY 2029
Q1 2028 (Jan 1 – Mar 31, 2028)	May 15, 2028	FY 2030
Q2 2028 (Apr 1 – Jun 30, 2028)	August 15, 2028	
Q3 2028 (Jul 1 – Sept 30, 2028)	November 15, 2028	
Q4 2028 (Oct 1 – Dec 31, 2028)	February 15, 2029	
Q1 2029 (Jan 1 – Mar 31, 2029)	May 15, 2029	FY 2031
Q2 2029 (Apr 1 – Jun 30, 2029)	August 15, 2029	
Q3 2029 (Jul 1 – Sept 30, 2029)	November 15, 2029	
Q4 2029 (Oct 1 – Dec 31, 2029)	February 19, 2030	

* Submission deadlines reflect consideration of federal holidays and weekends. When that occurs, the data submission deadline would be moved to the next business day.

In the FY 2027 IPF PPS proposed rule, we proposed that all eligible IPFs paid under the IPF PPS would be required to complete 100 percent of the IPF-PAI assessment items on 80 percent of the IPF-PAIs submitted to satisfy the IPF Quality Reporting Program data reporting requirements. Because we are currently unable to estimate the percent of IPF-PAIs submitted that may have less than 100 percent of assessment items completed, for burden estimating purposes, we assume 100 percent of assessment items will be completed for 100 percent of IPF-PAIs submitted.

We estimate that there are approximately 1,564 facilities eligible to participate in the IPF Quality Reporting Program with an average of 1,342 discharges per IPF (based on data from the FY 2027 payment determination). Because historical data indicate that almost all facilities participate, and because we wish to be conservative in our estimates, we estimated that all eligible facilities will complete the IPF-PAI assessments. To calculate the number of patients for which the IPF-PAI will be administered, we multiply the number of IPFs by the average discharges per IPF, for a total of 2,098,888 patients (1,564 IPFs x 1,342 discharges/IPF).

We also assume the IPF-PAI will be completed by a variety of clinical or support staff. As shown in Table 3, we estimate that approximately 50 percent of data collection associated with the IPF-PAI will be completed by Medical Records Specialists with the remaining 50 percent being split

equally by Registered Nurses (RNs), Licensed Practical/Licensed Vocational Nurses (LP/LVNs), and Mental Health and Substance Abuse Social Workers. We utilized the BLS median hourly wage rates of \$27.53/hour, \$46.74/hour, \$28.09/hour, and \$37.49/hour for Medical Records Specialists (SOC 29-2072), RNs (SOC 29-1141), LP/LVNs (SOC 29-2061), and Mental Health and Substance Abuse Social Workers (SOC 21-1023), respectively, for the industry, “general medical and surgical hospitals”⁸ and calculated the cost of overhead, including fringe benefits, at 100 percent of the median hourly wage. As a result, we use a weighted average labor rate of \$65.04/hour $[(\$27.53/\text{hour} \times 2 \times 50 \text{ percent}) + (\$46.74/\text{hour} \times 2 \times 16.7 \text{ percent}) + (\$28.09/\text{hour} \times 2 \times 16.7 \text{ percent}) + (\$37.49/\text{hour} \times 2 \times 16.7 \text{ percent})]$.

TABLE 3: WAGE INFORMATION

Role	Occupation Code, if applicable	Hourly Wage (\$/hour)	Fringe Benefits and Overhead (\$/hour)	Adjusted Hourly Wage (\$/hour)	Weight	Weighted Rate (\$/hour)
Medical Records Specialist	29-2072	27.53	27.53	55.06	50.0%	27.53
Registered Nurses	29-1141	46.74	46.74	93.48	16.7%	15.61
Licensed Practical/Licensed Vocational Nurses	29-2061	28.09	28.09	56.18	16.7%	9.38
Mental Health and Substance Abuse Social Workers	21-1023	37.49	37.49	74.98	16.7%	12.52
Total					100.0%	65.04

We estimate the proposed requirements for the IPF-PAI would result in a burden of 514,228 hours annually (0.245 hours x 2,098,888 patients) at a cost of \$33,445,389 (514,228 x \$65.04/hour) for all IPFs, beginning with the CY 2028 reporting period which is the first full reporting period that the IPF-PAI will be implemented. For each IPF, we estimate an annual burden of approximately 329 hours (514,228 ÷ 1,564 IPFs) at a cost of \$21,385 (\$33,445,389 ÷ 1,564 IPFs).

Because we are proposing to implement the IPF-PAI beginning with Quarter 4 of the CY 2027 reporting period, we estimate the number of patients for which the IPF-PAI will be administered to be 25 percent of the annual total of 2,098,888 patients, or 524,722 patients (2,098,888 patients x 25 percent). As a result, for the CY 2027 reporting period, we estimate the proposed requirements for the IPF-PAI would result in burden of 128,557 hours (0.245 hours x 524,722 patients) at a cost of \$8,361,347 (128,557 x \$65.04/hour). For each IPF, we estimate a burden of approximately 82 hours (128,557 ÷ 1,564 IPFs) at a cost of \$5,346 (\$8,361,347 ÷ 1,564 IPFs) for the CY 2027 reporting period.

⁸ U.S. Bureau of Labor Statistics. Occupational Employment and Wage Statistics: General Medical and Surgical Hospitals, Medical Records Specialists. Accessed January 8, 2026. Available at: <https://data.bls.gov/oes/#/industry/622100>.

TABLE 3: TOTAL CY 2027 IPF-PAI BURDEN

Response Description	Number Respondents	Number of Responses/ Respondent	Total Responses	Time per Response (hrs)	Time per Facility (hrs)	Total Time (hrs)	Total Cost (\$)
IPF-PAI	1,564	335.5	524,722	0.245	82	128,557	8,361,347

TABLE 4: TOTAL ANNUAL IPF-PAI BURDEN BEGINNING IN CY 2028

Response Description	Number Respondents	Number of Responses/ Respondent	Total Responses	Time per Response (hrs)	Time per Facility (hrs)	Total Time (hrs)	Total Cost (\$)
IPF-PAI	1,564	1,342	2,098,888	0.245	329	514,228	33,445,389

13. Capital Costs (Maintenance of Capital Costs)

There may be non-recurring costs associated with changes in workflow and information systems to administer the IPF-PAI and collect the data which would be variable among IPFs. IPFs would have the option of two methods for submission of IPF-PAI data to CMS: web application and FHIR[®] API. As IPFs have not yet used FHIR[®] for program data submission, we acknowledge that technological, financial, and staffing barriers may present challenges to adoption and use in some facilities. We also recognize that IPFs and the health IT vendors that support IPFs would require time to develop and implement data collection and submission tools for the proposed IPF-PAI. Because each IPF and health IT vendor is unique and we lack sufficient insight into the individual workflows and decisions or each, the extent of these costs is difficult to quantify.

14. Cost to Federal Government

The Department of Health & Human Services (DHHS) will incur costs associated with the implementation of the IPF-PAI, including costs associated with the IT system used to process IPF-PAI submissions to CMS and analysis of the data received.

An in-house CMS contractor will be utilized to create and manage an online reporting/IT platform for the IPF-PAI. This contractor works with the CMS Center for Clinical Standards and Quality, Division of Post-Acute and Chronic Care (DCPAC) to support the IT needs of multiple patient assessment instruments and quality reporting programs and will also support the IPF-PAI. When IPFs transmit the data contained within the IPF-PAI to CMS it is received by this contractor. Upon receipt of all data sets for each quarter the contractor performs some basic analysis which helps to determine IPF compliance with the IPF Quality Reporting Program reporting requirement. The findings are communicated to the IPF Quality Reporting Program Lead in a report. Contractor costs include the development, testing, and roll-out of updates to data submission systems.

DCPAC has retained the services of another contractor to assist us with provider training and support services related to the IPF-PAI.

In addition to the contractor costs, the total includes the cost of the following Federal employee:

- GS-13 (locality pay area of Washington-Baltimore-Northern Virginia) at 100% effort for 3 years, or \$414,072, or \$138,024 annually.

The estimated cost to the federal government for the contractor is as follows:

CMS in-house contractor – Maintenance and support of IT platform that Supports the IPF-PAI	\$ 875,000
Provider training & help desk contractor.....	\$1,000,000
GS-13 Federal Employee (100% x 3 years at \$138,024 annually).....	\$ 414,072
Total Cost to Federal Government	\$2,289,072

15. Program and Burden Changes

This is a new information collection request, there are no changes to burden.

16. Publication/Tabulation Dates

There is no public reporting of IPF-PAI data being proposed at this time.

17. Expiration Date

We will display the approved PRA expiration date on the instructional text and response options of the IPF-PAI included as appendix to this PRA.

18. Certification Statement

We are not claiming any exceptions to the Certification for Paperwork Reduction Act Submissions Statement.

C. Collection of Information Employing Statistical Methods

The IPF-PAI does not require sampling and CMS will not employ any statistical methods or sampling in the calculation of assessment results.