



Protecting, Maintaining and Improving the Health of All Minnesotans

January 6, 2024

Department of Health and Human Services

Health Resources and Services Administration

Submitted electronically at: paperwork@hrsa.gov

Attention: Medicare Rural Hospital Flexibility Program Performance, OMB No. 0915-0363-Revision

Dear Health Resources and Services Administration:

The Minnesota Department of Health (MDH) is pleased to submit comments on the Medicare Rural Hospital Flexibility Program Performance, OMB No. 0915-0363-Revision. The following comments align with HRSA's specific requests which include: 1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions, 2) the accuracy of the estimated burden, 3) ways to enhance the quality, utility, and clarity of the information to be collected and 4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden. MDH appreciates this work and recognizes the need to implement changes to the current data collection tool to improve efficiency and track progress of flex-funded activities.

Please consider the following comments related to OMB No. 0915-0363-Revision. They were developed with input from the Minnesota Department of Health - Office of Rural Health and Primary Care.

Sincerely,

A handwritten signature in cursive script that reads 'Zora Radosevich'.

Zora Radosevich
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Minnesota Department of Health
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Comments on the necessity and utility of the proposed information collection for the proper performance of the agency's functions

- Minnesota agrees the current data collection method in PIMS is time intensive and could be improved to better demonstrate the accomplishments of the Flex program or reporting on Flex expenditures. We agree the system should be updated to make Flex program reporting requirements more efficient and beneficial in tracking progress toward achieving program goals.

Comments on the accuracy of the estimated burden

- The estimated time burden is 70 hours per Flex state. Minnesota has 76 CAHs that could potentially engage in Flex-funded projects. The time to complete required Flex reporting will vary depending on factors such as number of active projects required for reporting, number of hospitals participating in each project and how the new reporting system is formatted. Currently the PIMS system takes approximately 20 hours for the Minnesota Flex Program staff to compile, enter and review the submission. Modifying the format of the PIMS data will be the most impactful way to decrease the time burden. Reducing the number of measures being reported will also effect reducing this burden.
- MN currently uses the same proposed database and reporting system for our Small Rural Hospital Improvement Program. This program has a similar number of participating hospitals and data entry takes one staff person 10 hours to compile and enter data and another staff person an additional 90 minutes to review the report prior to submission. This second review is necessary because each hospital has its own field that requires individual data entry, leaving significant room for error. MN Flex recommends against modeling the PIMs changes off the SHIP program's annual reports.
- To enter the individual hospital outcomes data for the current Flex workplan's improvement projects would require MN to enter up to 10-15 hospitals for 4-6 improvement projects. Assuming the format for individual improvement projects would be a similar structure to the SHIP report, that would mean entering or updating 40 – 90 fields of individual hospital improvement data annually. This would not substantially change our reporting burden from the current format and is not a recommended format for HRSA to collect this data.

Comments on ways to enhance the quality, utility, and clarity of the information to be collected

- MN Flex recommends the PIMs data to be directly reflective of our workplan to reduce the administrative burden of tracking measures that are not related to our workplan and to increase the effectiveness of the required state evaluation plan. The proposed use of drop-down selections could be more effective than the current check boxes; however, this would not work well if the drop-downs are formatted by hospitals as stated by the estimated time burden above. MN Flex recommends that the drop-downs are formatted by funding area,

program topic or measure to ensure alignment with the Flex workplan to report project level outcomes.

- If HRSA chooses to use a drop-down field, MN recommends including categories for other or the ability to enter state specific information. This would ensure measurement is more relevant to the state's own workplan.

Comments on the use of automated collection techniques or other forms of information technology to minimize the information collection burden

- MN Flex recommends using the reporting system to also report our required workplan and have each State's workplan fields automatically populate into the performance report to reduce the need to re-enter data.
- Without more clarity on what fields of the workplan will be requested in the performance report, it is hard to provide feedback. Minnesota recommends having a second opportunity to review a draft of the performance report and provide user feedback before the system is in the final stages of development.