Department of Health

Three Capitol Hill
Providence, RI 02908-5097

TTY: 711
www.health.ri.gov

July 15, 2025

HRSA Information Collection Clearance Officer
Room 14NWH04
5600 Fishers Lane
Rockville, Maryland 20857

Re: Information Collection Request Title: Shortage Designation Management System OMB No. 0906-0029—Extension

Dear HRSA Information Collection Clearance Officer:

HRSA specifically requests comments on: (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.

Burden Reduction Comments:

- **Average burden per response** - The actual level of effort (LOE) required to collect and process data for shortage designation far exceeds HRSA's estimate of 8 hours for designation planning, preparation, and SDMS application entry.
    - Not included in the estimate is the substantial effort required for full statewide provider updates. This includes not only designated or proposed areas, but also undesignated areas.
    - The data processing burden is significantly underestimated. It includes the acquisition, cleaning, analysis, formatting, and uploading of multiple data sources (licensure data, survey results, claims, and other supplemental datasets) into SDMS.

- **Acquisition of data** - Although federal agencies may have mechanisms to acquire key datasets, the burden on states could be reduced if the federal government accessed and shared certain datasets directly.
    - Specifically, we recommend that BHW work with CMS to directly obtain Medicaid claims data and integrate it into SDMS.
    - This would eliminate the need for PCOs to request data from state Medicaid programs or rely on external partners for data processing.

    - We acknowledge that implementing this would require policy development at the federal level—for example, to determine how to handle organizational claims versus individual provider claims.

- **Provider status** - There is currently no standard or centralized dataset that reliably indicates when a provider has exited practice. In the absence of such a system, PCOs often rely on informal information sharing between states, which is inconsistent and inefficient.

- **Matching addresses** - PCOs should be able to run claims, survey, and other datasets with addresses against a standardized BHW address locator, using a consistent, replicable location ID. This would improve efficiency and accuracy in matching providers to service locations.

- **Supplemental data** - Nationally available supplemental data—such as NSDUH or CDC fluoridation data—should be integrated into SDMS wherever applicable. This would eliminate the need for PCOs to independently source, format, and upload these datasets, especially when they are already collected at the federal level.

- **Provider imports** - There are currently no internal system checks or filters applied to NPPES imports, resulting in inaccurate or inappropriate records (e.g., military bases, VA providers). These entries could be flagged, removed, or marked appropriately at the federal level to reduce cleanup work for PCOs.

- **Update stamp** - Each PCO-editable field within SDMS should be tagged with metadata that includes:
    - What was changed
    - Who made the change
    - The date and time of the change

  It would be helpful if this metadata could also be exported as a separate downloadable file to support documentation and version tracking.

- **Address duplications** - The SDMS system currently contains duplicate provider entries with identical practice addresses, which requires manual review and deactivation by PCOs. Introducing system-level checks to reduce duplications would lower the administrative burden.

- **Geocoding** - Expand the settings in the SDMS geocoder tool to allow street-range address matching when an exact match is not found. This would significantly reduce the volume of entries requiring manual geocoding by PCOs.
- **Contiguous areas** - HPSA applications still require submission of contiguous area information for SRSAs. If a HPSA selection is based on an approved SRSA, it would improve efficiency to eliminate the requirement to re-document contiguous areas.

- **Footnotes**
    - Federal policy guidance is needed on the standardized processing of datasets such as Medicaid claims.
    - Policies should clarify how to handle individual NPIs vs. organizational claims in shortage designation determinations.
    - It is unclear whether providers are required to regularly update the NPPES NPI Registry with current practice details. CMS could consider implementing or enforcing an update schedule for NPI data to improve accuracy.

Sincerely,

Manuel Ortiz

Manuel Ortiz, MPA
Chief, Office of Primary Care and Rural Health
Email: Manuel.Ortiz@health.ri.gov