

SUPPORTING STATEMENT

Rural Health Clinic COVID-19 Testing Report (RHC CTR) Data Collection

Emergency Clearance Request

A. Justification

1. Circumstances of Information Collection

The Health Resources and Services Administration (HRSA) is requesting an expedited review from the Office of Management and Budget (OMB) for a new data collection module to support the HRSA Federal Office of Rural Health Policy (FORHP) requirement to monitor and report on funds distributed under the fiscal year (FY) 2020 Paycheck Protection Program and Health Care Enhancement Act.¹ Signed into law on April 24, 2020, the Paycheck Protection Program and Health Care Enhancement Act appropriated \$225 million to Rural Health Clinics (RHCs) to support COVID-19 testing efforts, expand access to testing in rural communities, and other related expenses. On May 20, 2020, HRSA issued funding as one-time payments to 2,406 RHC organizations based on the number of certified clinic sites they operate, providing \$49,461.42 per clinic site (4,549 RHC clinic sites total across the country).

HRSA FORHP is proposing a new data reporting module – the Rural Health Clinic COVID-19 Testing Report (RHC CTR) – to collect information on RHC COVID-19 Testing Program funded activities.

The RHC CTR will collect monthly, aggregate data from funded organizations. Funded organizations will provide basic identifying information, report on the number of and location of testing sites, indicate how they used the funds, and report the total number of patients tested and the number of tests with a positive result.² Responses to some measures are only reported during the initial reporting cycle, though respondents may update the data should any of that change during the duration of the reporting period.

Full proposed measures for respondents are presented in in Table 1: Proposed Measures. Funded organizations must report the number of patients tested and the number of positive tests on a monthly basis for the duration of the reporting period. HRSA FORHP will use this information to evaluate the effectiveness of COVID-19 Testing Program at an aggregate level, assist HRSA FORHP in understanding how RHC COVID-19 Testing Program funding is being used to support RHC organizations and patients, and ensure that HRSA FORHP is compliant with federal reporting requirements.

Table 1. Proposed Measures

¹ FY 2020 Paycheck Protection Program and Health Care Enhancement Act, P.L. 116-139.

² Allowable RHC CTR categories are described in Rural Testing Relief Fund Payment Terms and Conditions.

| Measure | Frequency | Expected Number of Responses per Measure per Organization |
|--|-----------|---|
| Tax Identification Number of the Funded Organization | Once | 1 |
| Name and address of the TIN organization | Once | 1 |
| CMS Certification Number(s) for each RHC associated with this TIN organization | Once | 1.9 |
| For what purpose(s) has your TIN organization used or plan to use RHC CTR Testing Funds? (select all that apply) | Once | 0-9 |
| Address of testing sites | Once | Unknown |
| Patients tested in the month | Monthly | 24 |
| Positive tests recorded in the month | Monthly | 24 |

Approval of the RHC CTR is urgent and time-sensitive to meet federal reporting requirements as outlined in the Paycheck Protection Program and Health Care Enhancement Act legislation.³ Because of the urgent nature of the COVID-19 pandemic response, combined with the quick disbursement of and the short-term duration of this funding (one time disbursement in May 2020 of 2-year funds), it is important for HRSA to obtain data as quickly as possible as of the date of this request. The data will allow HRSA to ensure RHC Testing Program recipients are meeting the terms and conditions of their funding, while providing HRSA with information on the effectiveness of funds distributed through this program.

2. Purpose and Use of Information

The RHC CTR is designed to collect information from RHC-funded providers who use RHC COVID-19 Testing Program funding to support COVID-19 testing efforts, expand access to testing in rural communities, and other related expenses. These data are critical to meet HRSA FORHP requirements to monitor and report on how federal funding is being used and to measure the effectiveness of RHC CTR. Specifically, these data will be used to assess the following:

- Whether program funds are being spent for their intended purposes;
- Where COVID-19 testing supported by these funds is occurring; and
- Number of patients tested for COVID-19

- Results of provided COVID-19 tests

3. Use of Improved Information Technology

The RHC CTR will collect only the minimum information necessary for the purposes of RHC COVID-19 Testing Program monitoring and reporting. Funded RHCs will register and create a profile at report information on RHCCovidReporting.com and report information monthly. Profile information will only be required at initial registration to lower the burden for funded RHCs.

4. Efforts to Identify Duplication

Data required to evaluate and monitor the RHC COVID-19 Testing Program funding, such as information on the use of funds, testing site locations, and number of people tested by RHC organizations are not available elsewhere; the Paycheck Protection Program and Health Care Enhancement Act was signed into law for the first time on April 24, 2020.

5. Involvement of Small Entities

The information being requested has been held to the absolute minimum required for the intended use of the data.

6. Consequences if Information Collected Less Frequently

The first submission for RHC CTR will be due no later than November 1, 2020 and then on a monthly basis thereafter. Because of the urgent nature of the COVID-19 pandemic response, combined with the quick disbursement of and the short-term duration of this funding (one time disbursement in May 2020 of 2-year funds), the first data submission will include 6 distinct reports that collect information on 6 different time periods:

- 5/1-5/31/2020
- 6/1-6/30/2020
- 7/1-7/31/2020
- 8/1-8/31/2020
- 9/1-9/30/2020
- 10/1-10/31/2020

Without monthly reporting on the use of funds and number of COVID-19 tests, HRSA FORHP would not be able to carry out its responsibility to oversee compliance with the intent of Congressional appropriations in a timely manner. Monthly reporting is necessary to determine whether the administration of Paycheck Protection Program and Health Care Enhancement Act funding is responding to the needs of RHC organizations and patients and whether this funding is being spent on its intended purpose.

7. Consistency with Guidelines in 5 CFR 1320.5(d)(2)

The data will be collected in a manner fully consistent with the guidelines in 5 CFR 1320.5(d) (2).

8. Consultation Outside the Agency

Due to the urgent nature of this request, there was not time for a public comment period.

9. Remuneration of Respondents

Respondents will not be remunerated.

10. Assurance of Confidentiality

The RHC CTR does not require any information that could identify individual patients. Aggregate data on the number of patients who received services will be collected, but client names or other personally identifiable information will not be collected.

11. Questions of a Sensitive Nature

The RHC CTR does not collect confidential or protected information. There are no questions of a sensitive nature.

12. Estimates of Annualized Hour Burden

The RHC CTR is a new data module used to collect the minimum data necessary to monitor and support the proper and effective use of funds, at a scale commensurate with the limited amount of funding received per RHC site. Some RHC providers will not accept or use Paycheck Protection Program and Health Care Enhancement Act funding; and thus, will not be required to complete RHC CTR.

Burden estimates for respondents are presented in in Table 2: Estimated Burden of Responses over the Entire Reporting Period. The total estimated burden for RHC CTR respondents is 7,218 hours per year. To assess the burden, HRSA FORHP gathered data on the anticipated number of respondents and responses based on internal data and assessed average burden hours based on input gathered from RHCs by the technical assistance provider. More accurate counts of funded providers will be collected and reported once they are available.

Table 2. Estimated Burden of Responses over the Entire Reporting Period

| Form Name | Number of Respondents | Number of Responses per Respondent | Total Responses | Average Burden per | Total Burden Hours |
|------------------|------------------------------|---|------------------------|---------------------------|---------------------------|
|------------------|------------------------------|---|------------------------|---------------------------|---------------------------|

| | | | | | |
|---|-------|----|--------|--------------------------------|-------|
| | | | | Response (in hours) | |
| RHC COVID-19 Testing Report (RHC CTR) | 2,406 | 12 | 28,872 | .25 | 7,218 |
| Total | 2,406 | | 28,872 | | 7,218 |

13. Estimates of Annualized Cost Burden to Respondents

Table 3: Estimated Annualized Cost

| Type of Respondent | Total Burden Hours | Hourly Wage Rate | Total Respondent Costs |
|--------------------|--------------------|------------------|------------------------|
| Clinic Managers | 7,218 | \$63.12 | \$455,600.16 |

Wages of health care office managers average \$48.55 according to 2019 Occupational Employment Statistics from the U.S. Bureau of Labor Statistics (BLS)³. Benefits and fringe are estimated as 30% of the hourly cost or \$14.57 per hour. The total hourly cost of clinic managers is therefore estimated as \$63.12 per hour composed of \$48.55 + \$14.57.

14. Estimated Cost to the Federal Government

HRSA has funded Capitol Associates under a cooperative agreement to support the recipients of RHC COVID-19 Testing Program funding. As part of that cooperative agreement Capitol Associates proposes to operate a data reporting website to enable funded RHCs to easily submit their monthly reports. The cost for website development and operations is \$64,751. The cost for technical assistance to help respondents complete their data reports is estimated as \$29,476. Additionally, government personnel will require 15% of 1 FTE at a GS-13 level, Step 5 (\$17,453) to provide data analysis and reporting.

The annualized cost to the Federal government is \$55,840 while the total cost to the government of this project for the expected two years of data collection is \$111,680.

15. Changes in Burden

This is a new data collection.

³ Occupational Employment Statistics. U.S. Bureau of Labor Statistics. Occupational Employment and Wages, May 2019: 11-9111 Medical and Health Services Managers. <https://www.bls.gov/oes/current/oes119111.htm>

16. Time Schedule, Publication and Analysis Plans

The RHC CTR will be open for data collection on the 1st of each month (beginning on November 1, 2020 assuming OMB approval is obtained). Respondents will have until the 15th of each month to complete the report. Data from RHC CTR will be extracted within two weeks of the end of the reporting period to allow for analysis of the use of RHC COVID-19 Testing Program funding. RHC COVID-19 Testing Program expected data collection is limited to two years or the duration of the COVID-19 Public Health Emergency.

17. Exemption for Display of Expiration Date

The expiration date will be displayed.

18. Certifications

This project fully complies with 5 CFR 1320.9.