

## SUPPORTING STATEMENT

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

OMB Control No. 0906-0056

#### Extension Request

**Terms of Clearance: None**

#### **A. Justification**

##### **1. Circumstances Making the Collection of Information Necessary**

The Health Resources and Services Administration (HRSA) is requesting an extension from the Office of Management and Budget (OMB) for a collection of information 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.<sup>1</sup> 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. HRSA issued funding as one-time payments to over 2,500 organizations identified by their Tax Identification Number (TIN) based on the number of certified clinic sites they operate, providing \$49,461.42 per clinic site.

HRSA FORHP supports a 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 collects monthly, aggregate data from funded organizations. Funded organizations 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.<sup>2</sup> 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 measures for respondents are presented in in Table 1: RHC CTR 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.

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

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

**Table 1. RHC CTR Measures**

<b>Measure</b>	<b>Frequency</b>	<b>Expected Number of Responses per Measure per Organization</b>
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

Extension of the RHC CTR allows HRSA FORHP to obtain data and meet federal reporting requirements as outlined in the Paycheck Protection Program and Health Care Enhancement Act legislation.<sup>3</sup> These 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 Collection**

The RHC CTR collects 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;
- Number of patients tested for COVID-19; and
- Results of provided COVID-19 tests.

**3. Use of Improved Information Technology and Burden Reduction**

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

#### **4. Efforts to Identify Duplication and Use of Similar Information**

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. Impact on Small Businesses or Other 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**

RHC CTR will collect data from TIN organizations monthly. 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. There are no legal obstacles to reduce the burden.

#### **7. Circumstances Relating to the Guidelines in 5 CFR 1320. 5**

The data will be collected in a manner fully consistent with the guidelines in 5 CFR 1320. 5(d)(2).

#### **8. Comments in Response to the Federal Register Notice/Outside Consultation**

##### **Section 8A:**

A 60-day Federal Register Notice was published in the Federal Register on December 10, 2020, vol. 85, No. 238; p. 79492. No comments were received.

##### **Section 8B:**

HRSA FORHP consulted with the Coronavirus Rural Health Clinic Technical Assistance recipient, Capitol Associates, Inc. in 2020 to obtain their views on the availability of data, frequency of collection, the clarity of instructions and record keeping, disclosure, or reporting format, and on the data elements to be recorded, disclosed, or reported. Capitol Associates, Inc. acts on behalf of the National Association of Rural Health Clinics (NARHC). In 2020, NARHC and cooperative agreement sub-recipient the National Organization of State Offices of Rural Health (NOSORH) worked with rural health clinics who volunteered to pilot test the RHC CTR. NARHC consolidated and summarized the feedback from the pilot tests and used the test results to recommend simplification and clarification of the data collection questions. These improvements were incorporated in the RHC CTR. No major problems were identified during consultation. Individuals who have reviewed the materials or who have been directly consulted in RHC CTR include:

- Bill Finerfrock (Capitol Associates, Inc.; NARHC), [bf@capitolassociates.com](mailto:bf@capitolassociates.com), (202) 544-1880

- Nathan Baugh (Capitol Associates, Inc.; NARHC), [baughn@capitolassociates.com](mailto:baughn@capitolassociates.com), (202) 544-1880
- Teryl Eisinger (NOSORH), [teryle@nosorh.org](mailto:teryle@nosorh.org), (888) 391-7258
- Tammy Norville (NOSORH), [tammyn@nosorh.org](mailto:tammyn@nosorh.org), (888) 391-7258
- Shannon Chambers (NOSORH), [shannonc@nosorh.org](mailto:shannonc@nosorh.org), (803) 828-5256
- Lynette Dickson (NOSORH), [ldickson@nosorh.org](mailto:ldickson@nosorh.org), (701) 864-2901

**9. Explanation of any Payment/Gift to Respondents**

Respondents will not receive any payments or gifts.

**10. Assurance of Confidentiality Provided to Respondents**

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. Justification for Sensitive Questions**

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

**12. Estimates of Annualized Hour and Cost Burden**

The RHC CTR is a 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.

**12A. Estimated Annualized Burden Hours**

Burden hour estimates for respondents are presented in in Table 2: Estimated Burden Hours of Responses over the Entire Reporting Period. The total estimated burden for RHC CTR respondents is 14,436 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 Hours of Responses over the Entire Reporting Period**

<b>Form Name</b>	<b>Number of Respondents</b>	<b>Number of Responses per Respondent</b>	<b>Total Responses</b>	<b>Average Burden per Response (in hours)</b>	<b>Total Burden Hours</b>
RHC COVID-19 Testing Report (RHC CTR)	2,406	12	28,872	.25	7,218

## **12B. Estimated Annualized Burden Costs**

Burden cost estimates for respondents are presented in in Table 3: Estimated Annualized Cost. Wages of health care office managers average \$48.55 according to 2019 Occupational Employment Statistics from the U. S. Bureau of Labor Statistics (BLS)<sup>3</sup>. 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.

**Table 3: Estimated Annualized Cost**

<b>Type of Respondent</b>	<b>Total Burden Hours</b>	<b>Hourly Wage Rate</b>	<b>Total Respondent Costs</b>
Clinic Managers	7,218	\$63.12	\$455,600.16

## **14. Annualized Cost to the Federal Government**

HRSA funded Capitol Associates, Inc. under a cooperative agreement to support the recipients of RHC COVID-19 Testing Program funding. As part of that cooperative agreement Capitol Associates, Inc. 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 total annualized cost to the Federal government is \$55,840.

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

## **15. Explanation for Program Changes or Adjustments**

The burden has not changed from the burden shown in the current inventory.

## **16. Plans for Tabulation, Publication, and Project Time Schedule Time Schedule**

The data may be used on an aggregate level to demonstrate the effectiveness and key successes of the RHC COVID-19 Testing Program. This information might be used in the HRSA performance reporting and may be included in presentations used for rural stakeholders. Data from RHC CTR will be extracted bi-weekly 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. Reason(s) Display of OMB Expiration Date is Inappropriate**

The OMB number and Expiration date will be displayed on every page of every form/instrument.

## **18. Exceptions to Certification for Paperwork Reduction Act Submissions**

This project fully complies with 5 CFR 1320.9. There are no exceptions to the certification.

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<sup>3</sup> 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>