

**Health Resources and Services Administration**  
**SUPPORTING STATEMENT**  
**COVID-19 Provider Relief Fund (PRF) Reporting Activities**

**OMB No. 0906-XXXX-New**

**A. Justification**

1. Circumstances of Information Collection

The Health Resources and Services Administration (HRSA) is submitting this information collection request to OMB for review and approval of the COVID-19 Provider Relief Fund (PRF) Reporting Activities. The Coronavirus Aid, Relief, and Economic Security (CARES) Act (P.L. 116-136), the Paycheck Protection Program (PPP) and Health Care Enhancement Act (P.L. 116-139), and the Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act (Division M of P.L. 116-260) appropriated funds to reimburse eligible health care providers to prevent, prepare for, and respond to coronavirus, including for related expenses or lost revenues attributable to coronavirus. Providers include public entities, Medicare or Medicaid enrolled suppliers and providers, and for-profit and not-for-profit entities that provide diagnosis, testing, or care for individuals with possible or actual cases of COVID-19. Providers who have accepted the Terms and Conditions regarding their PRF payment(s), including the requirement that the provider "shall submit reports as the Secretary determines are needed to ensure compliance with conditions that are imposed on this Payment, and such reports shall be in such form, with such content, as specified by the Secretary in future program instructions directed to all Recipients," will be using the PRF Reporting Portal to submit information about their use of PRF payments.

HRSA is currently operating under the Paperwork Reduction Act (PRA) Public Health Emergency (PHE) waiver that was approved by the Office of the Assistant Secretary for Planning and Evaluation (ASPE) on January 14, 2021. In anticipation of the PHE waiver expiring, HRSA is undergoing the OMB clearance process as the data will be collected beyond the PHE.

2. Purpose and Use of the Information

The information collected on the PRF Reporting Portal forms will be used by HRSA to (1) assess whether recipients have met statutory and programmatic requirements, (2) conduct audits, (3) gather data required to report on findings with respect to the disbursements of PRF payments, and (4) support program evaluation. HRSA staff will also use information collected to identify and report on trends in health care metrics and expenditures before and during the allowable period for expending PRF payments. If the information is not collected, HRSA will not be able to administer the programs and future distribution cycles would forcibly pause and delay or prevent the distribution of remaining appropriations to providers who are providing critical services during the

pandemic. In addition, HRSA's ability to conduct review and audits on appropriate entities will be jeopardized if data that informs the program review and audit strategies cannot be collected. Finally, effective program evaluation will be severely limited and the program itself will be unable to operate in a fiscally prudent manner.

3. Use of Improved Information Technology and Burden Reduction

Information technology has been used to reduce burden. All data requested - which is the minimum necessary to achieve proper oversight of the Provider Relief Fund - can be provided electronically by answering questions via an easily accessible portal, thus meeting the requirements of the Government Paperwork Elimination Act, P.L. 105-277, title XVII. If information collected applies to subsequent reporting periods, the information from a previously submitted report will be pre-populated in all future reporting periods (if applicable).

4. Efforts to Avoid Duplication

The information is not duplicative of any other information collection. The Provider Relief Programs were established by Congress in 2020 and early 2021 and have had no precedent in U.S. history and therefore no data collection has previously occurred.

5. Involvement of Small Entities

The collection of information will impact small businesses, including physician practices that identify as such. The information requested has been held to the absolute minimum required for the intended use of the data.

6. Consequences if Information Collected Less Frequently

The information is collected only once per reporting period, if applicable. If it is collected less than once per reporting period, effective program and fiscal oversight of PRF would be severely jeopardized.

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

This request will be implemented in a manner fully consistent with 5 CFR 1320.5(d)(2).

8. Consultation outside the Agency

A 60-day Federal Register Notice was published in the Federal Register, 86 Fed. Reg. 40064, (July 26, 2021). There were 15 public comments. See attached.

9. Remuneration of Respondents

No payments or gifts have or will be provided to any respondents for providing the data collection information.

10. Assurance of Confidentiality

The information collected will be kept secure and protected. Information containing personal identifiers will not be requested.

HRSA and its contractors will comply with the HHS Standard for Encryption of Computing Devices and Information to prevent unauthorized access to government information.

11. Questions of a Sensitive Nature

Sensitive questions (such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private), will not be asked.

12. Estimates of Annualized Hour Burden

The following is the hour burden estimate for this information collection request.

*Annual burden estimates:*

Form Name	Number of Respondents	Number of Responses per Respondent	Total Responses	Average Burden per Response (in hours)	Total Burden Hours
PRF Reporting Portal, Reporting Period 1 (Providers who received payments April 10, 2020 to June 30, 2020)	126,831	1	126,831	5.6	710,254
PRF Reporting Portal, Reporting Period 2 (Providers who received payments July 1, 2020 to December 31, 2020)	120,536	1	120,536	4.2	506,251
PRF Reporting Portal, Reporting Period 3 (Providers who received payments, January 1, 2021 to June 30, 2021)	19,962	1	19,962	5.6	111,787
PRF Reporting Portal, Reporting Period 4 (Providers who received payments July 1, 2021 to December 31, 2021)	40,700	1	40,700	5.6	227,920
Total	308,029		308,029		1,556,212

The number of respondents was estimated using the estimated number of PRF payments made to providers for each reporting period. The average response burden per response for providers who received payments between \$10,000 and \$100,000 was three (3) hours. The average response burden per response for providers who received payments between \$100,001 and \$500,000 was eight (8) hours. The average response burden per response for providers who received payments over \$500,000 was eighteen (18) hours. Please see PRF Reporting Burden Hour Justification Formula (attached). In subsequent reporting periods, HRSA accounted for providers who would have previously reported by reducing the burden by one (1) hour to account for system familiarity and auto-population of data that may have been previously submitted.

13. Estimates of Annualized Cost Burden to Respondents

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs	X2 for employer overhead and fringe benefits
Administrative Representative	577,238	\$19.71/hour	\$11,377,361	\$22,754,722
Accountant	932,625	\$35.37/hour	\$32,986,946	\$65,973,893
Total	1,509,863		\$44,364,307	\$88,728,615

The annualized burden costs for recipients reflects current Bureau of Labor Statistics data (September 2020) and are doubled to account for employer overhead and fringe benefits.

The estimated annualized burden costs was calculated using the current median pay wage for Administrative Representatives and Accountants. For provider payments between \$10,000 and \$100,000, the typical respondent will be an administrative representative or similar professional. For provider payments over \$100,001, the typical respondent will be an accountant or similar professional. Please see PRF Reporting Burden Hour Justification Formula (attached).

14. Estimates of Annualized Cost to the Government

HRSA estimates an annual government cost to be an average of \$13,385,981.23. This amount represents the cost of contracts, IT systems and labor, non-IT services, and federal employee FTEs associated with this data collection. The average employee salary is at a GS13, Step 6 rate.

<b>FY21</b>	
IT Systems and Labor	\$ 5,929,195.64
Non-IT Services	\$ 2,339,030.70
Fed-FTEs	\$ 2,372,400.00
Sub total	\$ 10,640,626.34
<b>FY22</b>	
IT Systems and Labor	\$ 11,419,905.41
Non-IT Services Projected	\$ 2,339,030.70
Fed-FTEs	\$ 2,372,400.00
Sub total	\$ 16,131,336.11
Avg annual cost for reporting	
	\$ 13,385,981.23

15. Change in Burden

Not Applicable. This is a new information collection form.

16. Plans for Analysis and Timetable of Key Activities

The information collection requirements will not be published, tabulated or manipulated and there will be no publication on the internet.

17. Exemption for Display of Expiration Date

No exemption is being requested. The expiration date will be displayed.

18. Certifications

There are no exceptions to the certification for Paperwork Reduction Act Submissions.