Supporting Statement A

COVID–19 Provider Relief Programs Application and Attestation Portal, and Claims Reimbursement Submission Activities

OMB Control No. 0906-XXXX

Terms of Clearance: None

A. Justification

1. Circumstances Making the Collection of Information Necessary

Providers who apply for Provider Relief Programs (i.e., Provider Relief Fund (PRF), American Rescue Plan Act Rural (ARP-R), Coverage Assistance Fund (CAF), and Uninsured Provider (UIP) payments) must apply for direct provider payments or claims reimbursement and attest to a set of terms and conditions to enable HRSA's appropriate disbursement and oversight of recipients' use of funds, which total up to almost $200 billion. Information collected will allow for (1) assessing if recipients have met statutory and programmatic requirements, (2) conducting audits, (3) gathering data required to calculate, disburse, and report on PRF, ARP-R, CAF, and UIP payments, and (4) program evaluation. HRSA staff will also use information collected to identify and report on trends in the effect of the COVID-19 pandemic on healthcare providers and uninsured or underinsured patients throughout the United States. The respondents include approximately 280,000 providers in the United States.

Authorizing laws include the Coronavirus Aid, Relief and Economic Security Act (P.L. 116-136), Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139), Coronavirus Response and Relief Supplemental Appropriations Act (Division M of P.L. 116-260), the Families First Coronavirus Response Act (P.L. 116-127), and the American Rescue Plan Act of 2021 (P.L. 117-2).

2. Purpose and Use of Information Collection

HRSA will use the information for the purposes of 1) ensuring that providers who receive funding from any of the Provider Relief Programs attest to terms and conditions, and 2) evaluating applications for the funding. The information will also support program evaluation, including audits and reviews of the funding programs. If the information is not collected, then HRSA will not be able to collect applications for PRF programs, creating an undesirable scenario where a distribution cycle would forcibly pause and would 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 audits on appropriate entities will be jeopardized if we cannot verify who has attested to the terms and conditions of the various programs. Finally, effective program evaluation of almost $200 billion 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 almost $200 billion of the Provider Relief Programs - can be provided electronically by answering questions via easily accessible portals, thus meeting the requirements of the Government Paperwork Elimination Act, P.L. 105-277, title XVII.

4. Efforts to Identify Duplication and Use of Similar Information

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 none of this data collection has occurred previously.

5. Impact on Small Businesses or Other Small Entities

The collection of information does impact physicians, who are considered small businesses, however all respondents are required to complete the entire questionnaire, as is the case for most HHS data collections. The information requested has been held to the absolute minimum required for the intended use of the data.

6. Consequences of Collecting the Information Less Frequently

The information is collected only once. If it is collected less than that, then the information is not collected at all and distribution and oversight of almost $200 billion of programs is severely jeopardized. A legal obstacle to reduce the burden is the Coronavirus Aid, Relief and Economic Security Act (P.L. 116-136), which requires an eligible health care provider to submit "an application that includes a statement justifying the need of the provider for the payment and the eligible health care provider shall have a valid tax identification number." While an application is required, information technology has been used to reduce the burden (see section 3).

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

The request fully complies with the regulation.

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

Section 8A:

A 60-day notice was published in the *Federal Register,* 86 *Fed. Reg.* 47119 (August 23, 2021). A 30-day notice was published in the *Federal Register,* 86 *Fed. Reg.* 69657 (December 8, 2021). No public comments were received on either FRN.

Section 8B:

The Provider Relief Programs are new and unique and there was no rationale for consulting with persons outside the agency to obtain their views on the availability of data, frequency of collection, and the data elements to be reported.

9. Explanation of any Payment/Gift to Respondents

Respondents will not receive any payments or gifts for providing the data collection information. The nature of the Provider Relief Programs is that respondents do receive payments to prevent, prepare for, and respond to coronavirus, but it is not a payment or remuneration for providing information, which is the context of this section.

10. Assurance of Confidentiality Provided to Respondents

Data will be kept private to the extent allowed by law, however HHS makes publicly available the names of payment recipients and the aggregate amounts received, for all providers who attest to receipt of a payment and acceptance of the terms and conditions or who retain payments for more than 90 days and are deemed to have accepted the terms and conditions. By accepting funds, the recipient consents to HHS publicly disclosing the payments that the recipient has received.

11. Justification for Sensitive Questions

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 and Cost Burden

12A. Estimated Annualized Burden Hours

The type of respondent is an individual who is authorized to sign on behalf of the entity attesting to or applying for one of the Provider Relief Programs. In some cases this may be a senior executive of the entity (for example, hospital or physician group), but in all likelihood, it is most probably an administrative person with the authority to sign on behalf of the entity. The estimate of the annualized cost to respondents (12B below) assumes that most respondents are professionals, but not senior executives. The burden was estimated based on a reasonable amount of time to review the instructions, gather the data needed to answer the questions, and then answering the questions. While consultation of potential respondents was not made, several individuals within HRSA and our contracting agent who built the portals conducted demonstrations and determined the average burden per response.

- The ***Attestation Portal*** consists of 15 screens with fields by content area (e.g., enter your Taxpayer Identification Number, contact information, and attest to agreeing to the terms and conditions) and should take no more than 15 minutes total to read and answer the questions. Several of the screens are informational only and require no action. Three of the screens just require clicking on a “radio” button.

- The ***Application Portal*** consists of as many as 32 screens and requires somewhat more complex information (e.g., patient care operating revenues broken out by calendar year quarters) and thus should take about one hour to complete.
- The ***CAF Application*** has fewer screens than the Application Portal, but requires about the same amount of information and thus should also take about one hour to complete.
- The ***UIP Application*** has 56 screens and is the most complex of all of the programs, but is still estimated to take about one hour to complete.

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Attestation Portal	380,000	1	380,000	0.25	95,000
Application Portal	140,000	1	140,000	1.00	140,000
CAF Application	15,000	1	15,000	1.00	15,000
UIP Application	280,000	1	280,000	1.00	280,000
Total	815,000		815,000		530,000

12B.

Given the number of respondents, it is not reasonable to have each type of respondent identified. As stated in section 12A, the assumption is that most respondents are professionals, but not senior executives. Accordingly, the Department of Labor website (http://www.bls.gov/bls/blswage.htm) was used to determine the appropriate wage rates for respondents and that wage rate was for Medical and Health Services Managers (defined as "Plan, direct, or coordinate medical and health services in hospitals, clinics, managed care organizations, public health agencies, or similar organizations."). The median hourly wage for that group is $50.13 and for estimating purposes, $50 was used. For comparison, the median hourly wage for Financial Specialists (another group that might include some of the respondents) is $40.22. Thus, it is reasonable to expect that a fair estimate would be between $40 and $50 an hour and using the rate of $50 provides the highest burden possible, but using a figure of $45 an hour would also be reasonable.

Estimated Annualized Burden Costs

Given the total burden hours of 530,000 and the $50 an hour wage, the total estimated annualized burden costs are $26,500,000 ($26.5 million).

13. Estimates of other Total Annual Cost Burden to Respondents or Recordkeepers/Capital Costs

Other than their time, there is no cost to respondents.

14. Annualized Cost to Federal Government

The cost of the contracts associated with the information collection is about $2 million. Those costs have already been paid and will not occur again. For the years 2021 through 2023, several GS employees (on average, their grade and step is GS-13, step 5) will use the information collected. Each year the collective number of hours is about 2,080 and thus the average annual

cost will be $117,516 or about $120,000 for each of the three years, assuming a 2% pay increase each year, and ignoring fringe benefits. Thus, while the total cost to the Federal Government for this information collection could be viewed as high as $2,360,000 (cost of the contracts plus the salaries of Government employees), to be fair only a small portion (perhaps no more than 5-10%) of the contract cost of developing the portals should be assigned to that of the information collection effort, as the primary purpose of the portals was not to collect information, but to disburse almost $200 billion to end a pandemic. Accordingly, the annualized cost to the Federal Government is in the neighborhood of less than $190,000 and perhaps as low as approximately $150,000.

15. Explanation for Program Changes or Adjustments

This is a new information collection.

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

The information collection requirements will not be published, tabulated or manipulated and there will be no publication on the Internet. The information collection is only for the purpose of ensuring that the almost $200 billion for the Provider Relief Programs is adequately monitored. A 3-year clearance is requested because not all payments have been made yet and once those payments have been made there will audits in subsequent years of those payments. Data collection has already begun because it has been authorized by a PRA waiver signed by the Secretary on April 24, 2020. The information collection will not use statistical methods such as sampling, imputation, or other statistical estimation techniques and therefore there is no need for a supporting statement Part B.

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

There are no exceptions to the certification.