

## SUPPORTING STATEMENT

### Small Rural Hospital Improvement Program COVID-19 Testing and Mitigation Report (SHIP CTMR) Data Collection

OMB Control No. 0906-0066

#### 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 emergency authorization 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) 2021 American Rescue Plan Act.<sup>1</sup> Signed into law March 11, 2021, the American Rescue Plan Act appropriated \$398 million to small rural hospitals to support COVID-19 testing, COVID-19 mitigation, and COVID-19 testing and mitigation related expenses. HRSA issued funding as one-time payments to 46 State Offices of Rural Health for distribution to 1,540 small rural hospitals, providing states with \$258,376 per participating hospital.

HRSA FORHP developed a data reporting module – the Small Rural Hospital Improvement Program (SHIP) COVID-19 Testing and Mitigation Reporting Portal (CTMR) – to collect information on SHIP COVID-19 Testing and Mitigation (SHIP CTM) Program funded activities. The SHIP CTMR collects quarterly, aggregate data from funded hospital. Funded hospital provide basic identifying information, indicate how they used the funds, and report the total number of COVID-19 tests.<sup>2</sup> No personally identifiable information is being requested. Funded hospitals must report the number of COVID-19 tests on a quarterly basis for the duration of the reporting period (July 1, 2021 to December 31, 2022). Full measures for respondents are presented in in Table 1: SHIP CTMR Measures. HRSA FORHP will use this information to evaluate the effectiveness of SHIP CTM Program at an aggregate level, assist HRSA FORHP in understanding how SHIP CTM Program funding is being used to support hospitals, and ensure that HRSA FORHP is compliant with federal reporting requirements.

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<sup>1</sup> FY2020 American Rescue Plan Act, P.L. 117-2.

<sup>2</sup> Allowable SHIP CTMP categories are described in SHIP COVID Testing and Mitigation Program Terms and Conditions.

**Table 1. SHIP COVID-19 Testing and Mitigation Measures**

<b>Measure</b>	<b>Frequency</b>	<b>Expected Number of Responses per Measure per Organization</b>
CMS Certification Number of the SHIP Hospital	Once	1
Name and address of the SHIP Hospital	Once	1
For what COVID-19 testing or testing related <u>purpose(s)</u> has your hospital used SHIP CTM Program funds? (select all that apply)	Quarterly	6
For what COVID-19 mitigation or mitigation related <u>purpose(s)</u> has your hospital used SHIP CTM Program funds? (select all that apply)	Quarterly	6
Number of COVID-19 tests	Quarterly	6

Emergency authorization of the SHIP CTMR allows HRSA FORHP to obtain data and meet federal reporting requirements as outlined in the American Rescue Plan Act legislation. These data will allow HRSA to ensure SHIP CTM 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 SHIP CTMR collects information from SHIP hospitals who use SHIP CTM Program funding to support COVID-19 testing and mitigation 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 SHIP CTM Program. Specifically, these data will be used to assess the following:

- Whether program funds are being spent for their intended purposes;
- COVID-19 testing or testing related use(s) of SHIP CTM funds;
- COVID-19 mitigation or mitigation related use(s) of SHIP CTM funds; and
- Number of COVID-19 tests.

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

The SHIP CTMR will collect only the minimum information necessary for the purposes of SHIP CTM Program monitoring and reporting. Funded small rural hospitals register and create a profile to report information on SHIPCovidReporting.com and report information quarterly. Profile information will only be required at initial registration to lower the burden for funded hospitals.

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

Data required to evaluate and monitor the SHIP CTM Program funding, such as information on the use of funds, and number of COVID-19 tests by SHIP hospitals are not available elsewhere. This data is aligned, but not duplicative, of the Rural Health Clinic COVID-19 Testing and Mitigation program.

## **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**

SHIP CTMR will collect data on the number of COVID-19 tests and the number of positive COVID-19 tests, as well as the testing use of funds and mitigation use of funds quarterly. Without quarterly reporting on number of COVID-19 tests and use of funds, HRSA FORHP would not be able to carry out its responsibility to oversee compliance with the intent of Congressional appropriations in a timely manner. Quarterly reporting is necessary to determine whether the administration of American Rescue Plan Act funding is responding to the needs of small rural hospitals 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 (FRN) was published in the Federal Register on December 29, 2021, vol. 86, No. 247; p. 52915-52915. There were no public comments.

### **Section 8B:**

HRSA FORHP consulted with the Coronavirus Rural Health Clinic Technical Assistance recipient, Capitol Associates, Inc. in 2021 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. In 2020 and 2021, NARHC and cooperative agreement sub-recipient the National Organization of State Offices of Rural Health (NOSORH) worked with rural health clinics reporting on rhccovidreporting.com for the Rural Health Clinic COVID-19 Testing Program (OMB #0906-0056), on which the SHIPcovidreporting.com is based. Individuals who have reviewed the materials or who have been directly consulted in SHIP CTMR include:

- Nathan Baugh (Capitol Associates, Inc.; NARHC), [baughn@capitolassociates.com](mailto:baughn@capitolassociates.com), (202) 544-1880
- Sarah Hohman (Capitol Associates, Inc.; NARHC), [hohmans@capitolassociate.com](mailto:hohmans@capitolassociate.com), (202) 544-1880

HRSA FORHP also held two webinars, on June 4, 2021 and July 14, 2021, to discuss reporting requirements and gather feedback from the State Offices of Rural Health regarding the data portal.

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

Respondents will not receive any payments or gifts.

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

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

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

The SHIP CTMR 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 small rural hospital. Some small rural hospitals will not accept or use American Rescue Plan Act funding; and thus, will not be required to complete SHIP CTMR.

**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 1,540 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.

**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>
SHIP COVID Testing and Mitigation Reporting Portal (SHIP CTMR)	1,540	6	9,240	0.25	2,310

**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	1,540	\$63.12	\$97,204.80

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

HRSA funded Capitol Associates, Inc. under a cooperative agreement to support the recipients of SHIP COVID-19 Testing and Mitigation Program funding. As part of that cooperative agreement Capitol Associates, Inc. will operate a data reporting website to enable funded SHIP hospitals to easily submit their monthly reports. The cost for website development and operations, including technical assistance to help respondents complete their data reports is estimated as \$100,000 for the entire six quarter reporting

<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>

period. Additionally, government personnel will require 15% of 1 FTE at a GS-13 level, Step 2 (\$16,072) to provide data analysis and reporting. The total annualized cost to the Federal government is \$58,813.50.

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

There are no changes or adjustments.

**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 SHIP CTM Program. This information might be used in the HRSA performance reporting and may be included in presentations used for rural stakeholders. Data from SHIP CTMR will be extracted quarterly to allow for analysis of the use of SHIP CTM Program funding. SHIP CTMR Program data collection ends January 31, 2023.

**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.