SUPPORTING STATEMENT

Rural Health Clinic COVID-19 (RHC COVID-19) Reporting Portal Data Collection

OMB Control No. 0906-0056

Revision Request

Terms of Clearance: None

A.   Justification

1.   Circumstances Making the Collection of Information Necessary

The Health Resources and Services Administration (HRSA) is requesting a revision 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.[1] Signed into law March 11, 2021, the American Rescue Plan Act appropriated $460 million to Rural Health Clinics (RHCs) to support COVID-19 testing, COVID-19 mitigation, and COVID-19 testing and mitigation related expenses. HRSA issued funding as one-time payments to approximately 2,300 organizations identified by their Tax Identification Number (TIN) based on the number of certified RHCs they operate, providing $100,000 per clinic site. The RHCCTM Program builds on the May 2020 RHC COVID-19 Testing (RHCCT) Program and will use a similar data collection strategy.

HRSA FORHP supports a data reporting module – the Rural Health Clinic (RHC) COVID-19 Reporting Portal to collect information on RHC COVID-19 Testing and Mitigation (RHCCTM) Program and RHCCT Program funded activities. The RHC COVID-19 Reporting Portal 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 COVID-19 tests and the number of COVID-19 tests with a positive result.[2] Responses to some measures are required quarterly (i.e., testing and testing related purposes; mitigation and mitigation related purposes), though respondents may update the data should any of that change during the quarter. Funded organizations may optionally report on the number of at-home COVID-19 tests distributed (i.e., home collection; direct-to-consumer; over-the-counter). Funded organizations must self-certify complete expenditure of RHCCT Program and RHCCTM Program funds after each program's respective period of availability. No personally identifiable information is being requested. RHCCT Program funded organizations must report on the number of COVID-19 tests and the number of positive COVID-19 tests on a monthly basis for the duration of the reporting period (November 31, 2021 to January 31, 2022). RHCCTM Program funded organizations must report the number of COVID-19 tests and the number of positive COVID-19 tests on a monthly basis for the duration of the reporting period (July 1, 2021 to January 31, 2023). Full measures for respondents are presented in in Table 1: RHC COVID-19 Reporting Portal Measures. HRSA FORHP will use this information to evaluate the effectiveness of RHCCT Program and RHCCTM Program at an aggregate level, assist HRSA FORHP in understanding how RHCCT Program and RHCCTM Program funding is being used to support RHC organizations and

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[1] FY2020 American Rescue Plan Act, P.L. 117-2.

[2] Allowable RHC CTR categories are described in Rural Health Clinic COVID-19 Testing and Mitigation Program Terms and Conditions.

patients, and ensure that HRSA FORHP is compliant with federal reporting requirements.

Table 1. RHC COVID-19 Reporting Portal Measures

Measure	Frequency	Expected Number of Responses per Measure per Organization
Tax Identification Number (TIN) 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 COVID-19 testing or testing related purpose(s) has your TIN organization used RHC COVID-19 Testing or RHC COVID-19 Testing and Mitigation Program funds? (select all that apply)	Quarterly	6
For what COVID-19 mitigation or mitigation related purpose(s) has your TIN organization used RHC COVID-19 Testing and Mitigation Program funds? (select all that apply)	Quarterly	6
Address of testing sites	Once	3,572
Number of COVID-19 tests	Monthly	19
Number of positive COVID-19 tests	Monthly	19
Number of distributed at-home COVID-19 tests	Monthly (optional)	19
Self-certification of complete expenditure of RHCCT Program funds and/or full or partial return of RHCCT Program funds	Once	1
Self-certification of complete expenditure of RHCCTM Program funds and/or full or partial return of RHCCT Program funds	Once	1

Revision of the RHC COVID-19 Reporting Portal allows HRSA FORHP to obtain data and meet federal reporting requirements as outlined in the American Rescue Plan Act legislation.[3] These data will allow HRSA to ensure RHCCT Program and RHCCTM Program recipients are meeting the terms and conditions of their funding, while providing HRSA with information on the effectiveness of funds distributed through

each program.

2. Purpose and Use of Information Collection

The RHC COVID-19 Reporting Portal collects information from RHC-funded providers who use RHCCT Program and RHCCTM Program funding to support COVID-19 testing, COVID-19 mitigation, 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 the RHCCT Program and RHCCTM 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 RHCCTM funds;
- COVID-19 mitigation or mitigation related use(s) of RHCCTM funds;
- Where COVID-19 testing supported by these funds is occurring;
- Number of at-home (i.e. home collection; direct-to-consumer; over-the-counter) COVID-19 tests distributed (optional);
- Number COVID-19 tests;
- Number of positive COVID-19 tests;
- TIN organizations self-certification of complete expenditure of RHCCT Program funds and/or full or partial return of RHCCT Program funds; and
- TIN organizations self-certification of complete expenditure of RHCCTM Program funds and/or full or partial return of RHCCTM Program funds.

3. Use of Improved Information Technology and Burden Reduction

The RHC COVID-19 Reporting Portal will collect only the minimum information necessary for the purposes of RHCCT Program and RHCCTM 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 RHCCT Program and RHCCTM Program funding, such as information on the use of funds, testing site locations, and number of COVID-19 tests by RHC organizations are not available elsewhere; the Paperwork Protection Program and the Healthcare Enhancement Act was signed into law on April 16, 2020 and the American Rescue Plan Act was signed into law on March 11, 2021.

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

The RHC COVID-19 Reporting Portal will collect data on the number of COVID-19 tests and the number of positive COVID-19 tests from TIN organizations monthly. The RHC COVID-19 Reporting Portal will collect data on the testing use of funds and mitigation use of funds quarterly. At-home COVID-19 tests distributed monthly data collection is optional. Without monthly reporting on number of COVID-19 tests and quarterly reporting on the 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. Monthly and quarterly reporting is necessary to determine whether the administration of American Rescue Plan Act funding is responding to the needs of RHC organizations and patients and whether this funding is being spent on its intended purpose. TIN organizations self-certification of complete expenditure of RHCCT Program and RHCCTM Program funds and/or full or partial return of RHCCT Program and RHCCTM Program funds is necessary to confirm TIN organization completion of each respective program and provide records of completion and closeout for HRSA and TIN organizations. There are no legal obstacles to reduce the burden.

7. <u>Circumstances Relating to the Guidelines in 5 CFR 1320. 5</u>

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

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

Section 8A:

A 60-day Federal Register Notice was published in the Federal Register on January 3, 2022, vol. 87, No. 1; p. 103-104. No comments were received. A 30-day Federal Register Notice was published in the Federal Register on February 24, 2021, vol. 86, No. 35; p. 11304-11305. No comments were received. The Rural Health Clinic COVID-19 (RHC COVID-19) Testing Program Data Collection (OMB #0906-0056) was approved April 28, 2021 and expires on April 30, 2024.

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. Capitol Associates, Inc. acts on behalf of the National Association of Rural Health Clinics (NARHC). In 2020 and 2021, NARHC and cooperative agreement sub-recipient the National Organization of State Offices of Rural Health (NOSORH) worked with RHCs reporting on rhccovidreporting.com for the Rural Health Clinic COVID-19 Testing Program (OMB #0906-0056). NARHC consolidated and summarized feedback and used the test results to recommend mitigation reporting measures, at-home COVID-19 test data collection, simplification and clarification of the current data collection questions, and self-certification of Program completion. These improvements were incorporated in the RHC COVID-19 Reporting Portal. No major problems were identified during consultation. Individuals who have reviewed the materials or who have been directly consulted in RHC COVID-19 Reporting Portal include:

- Bill Finerfrock (Capitol Associates, Inc.; NARHC), bf@capitolassociates.com, (202) 544-1880
- Nathan Baugh (Capitol Associates, Inc.; NARHC), baughn@capitolassociates.com, (202) 544-1880
- Sarah Hohman (Capitol Associates, Inc.; NARHC), hohmans@capitolassociate.com, (202) 544-1880

- Teryl Eisinger (NOSORH), teryle@nosorh.org, (888) 391-7258
- Tammy Norville (NOSORH), tammyn@nosorh.org, (888) 391-7258
- Shannon Chambers (NOSORH), shannonc@nosorh.org, (803) 828-5256
- Lynette Dickson (NOSORH), 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 COVID-19 Reporting Portal 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 COVID-19 Reporting Portal 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 COVID-19 Reporting Portal 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 American Rescue Plan Act and the Paycheck Protection Program and Healthcare Enhancement Act funding; and thus, will not be required to complete RHC COVID-19 Reporting Portal.

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 COVID-19 Reporting Portal respondents is 9,112 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

Form Name	Number of Respondents	Number of Responses per Respondent	Total Responses	Average Burden per Response (in hours)	Total Burden Hours
RHC COVID-19 Reporting Portal	2,301	19	43,719	0.33	14,427

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)[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.

Table 3: Estimated Annualized Cost

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Clinic Managers	9,112	$63.12	$575,149

14. Annualized Cost to the Federal Government

HRSA funded Capitol Associates, Inc. under a cooperative agreement to support the recipients of RHCCTM 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 operations is $17,025. The cost for technical assistance to help respondents complete their data reports is estimated as $26,251. Additionally, government personnel will require 15% of 1 FTE at a GS-13 level, Step 5 ($17,627) to provide data analysis and reporting. The total annualized cost to the Federal government is $60,903.

The total cost to the government of this project for the expected two years of data collection is $121,806. The total annual cost to the government for this project is $60,903.

15. Explanation for Program Changes or Adjustments

The burden is estimated to increase by five minutes per respondent due to the addition of information collection about COVID-19 mitigation activities and self-certification of completion. The number of responses expected per respondent increased due to the longer duration of the RHCCTM Program.

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 RHCCTM Program and the RHCCT Program. This information might be used in the HRSA performance reporting and may be included in presentations used for rural stakeholders. Data from RHC COVID-19 Reporting Portal will be extracted weekly to allow for analysis of the use of RHCCTM Program and RHCCTM Program funding. RHCCT Program data collection ends January 31, 2022. RHCCTM 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

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[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

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