

**SUPPORTING STATEMENT FOR
ELECTRONIC RECORDS EXPRESS (ERE)**

OMB No. 0960-0753

A. Justification

1. Background and Authorization

Electronic Records Express (ERE) is a web-based program originally developed by the Social Security Administration (SSA) under the aegis of the Government Paperwork Elimination Act (GPEA; P.L. 105-277). ERE allows medical providers to electronically submit disability claimant data to SSA. Both medical providers and other third parties with connections to disability applicants/recipients (ex: teachers and school administrators for child disability applicants) can use this system.

Previously, this Information Collection Request (ICR) included the registration process for becoming a certified ERE user (the actual burden for submitting disability claimant/recipient data is part of SSA's individual disability questionnaires, cleared under other OMB numbers). In this OMB clearance, we are expanding this ICR to include increased functionality for ERE, specifically the ability of medical providers to submit invoices electronically. The respondents are new ERE registrants and medical providers who evaluate or treat disability claimants/recipients and are ERE users.

NOTE: The actual burden for uploading medical evidence is covered under a separate ICR, OMB No. 0960-0555 (Clearance of Information Collections Conducted by State Disability Determination Services on Behalf of SSA).

2. How, By Whom, and for What Purpose SSA Uses the Information

SSA will use this ICR to 1) help new users register for ERE and 2) electronically collect information that will allow us to quickly and more efficiently reimburse medical providers. We collect the first type of information via phone (new users call, we confirm their information, which is already on file, and we assign them a PIN/password); we collect the second type of information via the Internet (medical providers submit their reimbursement requests using ERE).

An explanation of how ERE works follows:

ERE users are medical providers, medical facilities, and other third parties (ex: teachers/school administrators covered under collection OMB No. 0960-0646, the Teacher Questionnaire) who already have a relationship with SSA and whose information is on file with the DDSs. However, to access the ERE website, the requestor must first register by providing minimal information to SSA.

The DDSs collect the information required by phone in response to inquiries by individuals or entities expressing interest in this service. The new accounts are set up at

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the time of the conclusion of the call. Identity proofing and licensure checks are part other SSA processes that are needed to permit individuals or entities to do business with SSA; e.g., MER and CE source credentials covered under OMB No. 0960-0555. Therefore, we need not collect information related to these activities again for the Electronic Records Express website access.

The website is accessed by “User ID” [Personal Identification Number (PIN)] and password. All registrants will have already submitted the information needed to register for the website when they submitted professional and payment information, for example, when medical providers became CE or MER vendors. Therefore, with the exception of selecting a PIN (User ID) and, occasionally, an email address, there is no need for additional information from requestors.

Receiving a PIN (User ID) and temporary password permits only first access to the SSA Electronic Records Express website. Upon successful registration and issuance of a temporary password, the provider will be able to access the website. Then the password must be changed to one of the user’s choosing prior to first use to perform uploads of files and/or images of CE reports, documentation and/or MER from the user’s Electronic Health Records (EHR) systems via the registered user’s browser to the secure SSA Electronic Records Express website.

3. Use of Information Technology to Collect the Information

Although SSA assigns the ERE PIN/password by phone, ERE itself is a completely electronic process created under the Agency’s GPEA plan.

4. Duplicate Information

The nature of the information we are collecting and the manner in which we are collecting it preclude duplication. SSA does not use another collection instrument to obtain similar data.

5. Impact on Small Businesses

This collection may affect small businesses or other small entities if they are medical practices seeking to register for ERE or to electronically request reimbursement. However, this impact is a positive one, since it will save these small business/entities the longer completion times required by paper-based procedures.

6. Impact of Not Collecting Information/Collecting Less Frequently

If SSA did not conduct this information collection, we would have no means of 1) registering medical providers and other users for ERE or 2) allowing medical providers to electronically request reimbursement. Since we only collect the information on an as-needed basis, we cannot collect it less frequently.

There are no technical or legal obstacles to burden reduction.

7. Special Circumstances

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There are no special circumstances that would cause SSA to conduct this information collection in a manner inconsistent with 5 CFR 1320.5.

8. Federal Register Notices/Communication with the Public

SSA published the 60-day advance Federal Register Notice on April 7, 2009, at 74 FR 15808, and we did not receive any public comments. SSA published the 30-day Federal Register Notice on June 9, 2009 at 74 FR 27379. If we receive any public comments in response to the 30-day FRN, we will forward them to OMB.

SSA did not consult the public in the development or revision of this ICR.

9. Payment to Respondents

SSA provides no payment or gifts to the respondents, except for the payments due to medical providers for services rendered.

10. Assurances of Confidentiality

SSA protects and holds confidential the information it is requesting in accordance with 42 U.S.C. 1306, 20 CFR 401 and 402, U.S.C. 552 (Freedom of Information Act), 5 U.S.C. 552a (Privacy Act of 1974), and OMB Circular No. A-130.

11. Sensitive Questions

The information collection does not contain any questions of a sensitive nature.

12. Burden Hour Estimates

We estimate that approximately 4,689 new users will register for ERE annually, while there will be 13,000 requests for medical exam reimbursements. The average response time for both activities is 10 minutes, yielding a total burden of 2,948 hours (17,689 x10/60 minutes. NOTE: Due to rounding differences, ROCIS registers this as 2,949 hours). The total burden represents burden hours, and we did not calculate a separate cost burden.

13. Cost to Respondents

There is no known cost burden to the respondents.

14. Federal Government Cost

The total cost of ERE to the Federal Government is approximately \$2,185,872. This figure represents the maintenance of the website, the development of new screens, and the personnel costs associated with processing electronic medical provider payment requests.

15. Change to Public Reporting Burden

The public reporting burden increased since the ICR's initial clearance in 2007, reflecting an increase in reporting time due to the new functionality we are adding to ERE.

16. Publication of the Results of the Information Collection

SSA will not publish the results of the information collection.

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17. Displaying OMB Expiration Date

Since this is an electronic collection, we are not seeking an exemption to publishing the OMB expiration date.

18. Certification Requirements

SSA is not requesting an exception to the certification requirements at 5 CFR 1320.9 and related provisions at 5 CFR 1320.8(b)(3).

B. Collections of Information Employing Statistical Method

SSA does not use statistical methods for this information collection.