Supporting Statement for Form SSA-680
Social Security Administration Health IT Partner Program Assessment –
Participating Facilities and Available Content Form
20 CFR 404.1614, 416.1014
OMB No. 0960-0798

A. Justification

1. Introduction/Authoring Laws and Regulations

The *Health Information Technology for Economic and Clinical Health (HITECH) Act*, enacted as part of the *American Recovery and Reinvestment Act of 2009*, promotes the adoption and meaningful use of health information technology. Federal agencies (as defined in an Executive Order issued on August 22, 2006, relating to promoting quality and efficient health care in Federal Government-administered, or –sponsored, health care programs) who contract or enter into agreements with health care providers, health plans, or health insurance issuers, agree to use health information technology systems and products that meet the standards and implementation specifications adopted under Section *3004* of the *Public Health Service Act*, as added by section *13101*. In addition, per sections *20 CFR 404.1614* and *416.1014* of the *Code of Federal Regulations*, SSA secures evidence from the claimant, or other sources, as needed to make a disability determination. This includes procuring evidence from health care providers, health plans, or health insurance issuers.

Since 2008, the Social Security Administration (SSA) continues working to enable the electronic exchange of health information. We believe we can improve the speed and consistency of disability determinations with the use of health information technology (health IT). Health IT enables SSA to reduce the amount of time needed to make a disability determination by allowing the Agency to electronically request and receive health records. SSA implemented a health IT process with several large healthcare providers or "partners." With this health IT process, we hope to demonstrate that we can successfully exchange health information electronically with providers in a production setting. Our success depends not only on the partner's technological capabilities, but also the content of the medical information they can provide in response to SSA's requests (e.g., what data is captured in the healthcare provider's electronic health record {EHR} system, and in what format). To support expansion of SSA's health IT initiative, in 2012 we designed the Health IT Partner Program Assessment – Available Content Form, Form SSA-680, to provide a basic understanding of potential partners' organization's available EHR content. The intent is to evaluate the completed form for potential partners for both their accessibility of health information, and the content value of their EHR for our disability adjudication processes. We, and our potential partners, find the form and the information it provides valuable to further the discussion between the parties on possible Health IT partnerships.

2. Description of Collection

Before deciding to move forward with a health IT partnership, SSA needs to understand whether an organization can electronically provide the substantive medical information

that enables us to make disability determinations. The first step in this process is for potential partners to tell us about their organization and its characteristics via the SSA-680. All of the information SSA receives from potential partners resides solely with us, and any healthcare entity that expects to partner with us must complete the SSA-680. This form specifically asks questions to identify the partner organization, the partners' available clinical documents, and Clinical Document Architecture (CDA) or Consolidated CDA (CCDA) structured clinical content that provides a patient summary clinical document for electronic exchange. We structured the sections as follows:

- Overview Section: We provided a Partnering Process Overview to provide additional clarification to the form. This overview section requires no data input, it simply provides process background and an explanation of the form so that it is easier for respondents to complete. This section is an enhancement to the 2012 form based on public feedback.

- Section1-Introductory Questions: This tab of the form identifies basic characteristics about the partner organization, such as its affiliation as a Health Information Exchange hospital, physical group, or integrated physician network. In addition, the questions seek to ascertain the entity's current health IT electronic data exchange capabilities, as well as the types of documents it is capable of sharing electronically.

- Section 2- Clinical Documents: This tab of the form identifies the partners' available clinical documents. These questions seek to classify the types and formats of clinical documents currently generated within the organization. The form categorizes the documents by format, structure, and characteristics; and differentiates between structured standards-based documents and unstructured documents.

- Section 3- CDA/CCDA Structured Content: This tab of the form recognizes the CCDA capability of the provider entity. The questions in this section surround documentation on summaries of the problem, medication, medical encounter, and procedure. Furthermore, the form contains data questions around physical exam, functional status, treatment, lab, and support contact information. The data within each of these areas are classified by narrative and structured data types.

We supply further detailed information regarding the form's contents in the Addendum (see attached Addendum).

Once we review and validated the respondents' responses as complete, SSA conducts careful analysis to determine if each organization is ready to begin a Health IT information exchange partnership with SSA. The respondents are healthcare providers who wish to engage in a Health IT partnership with SSA.

3. Use of Information Technology to Collect the Information

SSA did not implement an electronic version of the SSA-680 in accordance with the agency's Government Paperwork Elimination Act due to the low volume of use. However, we only accept respondents completed forms via email.

4. Why We Cannot Use 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. Minimizing Burden on Small Respondents

This collection affects small businesses or other small entities. However, we have minimized the burden as much as possible with checkboxes and multiple choice answers.

6. Consequence of Not Collecting Information or Collecting it Less Frequently

If we did not collect this information, SSA would be unable to determine and verify whether the health entity has the IT capabilities to successfully partner with us in a health IT environment. The information is collected only one time, therefore, we cannot collect it less frequently.

7. Special Circumstances

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

8. Solicitation of Public Comment and Other Consultations with the Public

The 60-day advance Federal Register Notice published on May 22, 2015 at 80 FR 29797, and SSA received no public comments. The second Notice published on August 25, 2015 at 80 FR 51647. If SSA receives any comments in response to the 30-day Notice, we will forward them to OMB.

9. Payment or Gifts to Respondents

SSA does not provide payments or gifts to the respondents.

10. Assurances of Confidentiality

SSA collects, maintains, and distributes confidential and non-confidential information in accordance with *42 U.S.C. 1306*, *20 CFR 401* and *402, 5 U.S.C. 552* (Freedom of Information Act), *5 U.S.C. 552a* (Privacy Act of 1974), Internal Revenue Code (*26 U.S.C. 6103(l)(1)(A)*), *Federal Information Security Management Act of 2002 (Title III)* of the E-Government Act of 2002 (*P.L. 107-347*), and OMB Circular No. A-130.

11. Justification for Sensitive Questions'

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

12. Estimates of Public Reporting Burden

We estimate 30 respondents annually take 5 hours each to complete the SSA-680. Accordingly, the annual public burden is 150 hours. This figure represents burden hours, and we did not calculate a separate cost burden.

13. Annual Cost to the Respondents

There is no known cost burden to the respondents. This is a one-time data collection and the time estimated is approximately 5 hours per organization. The cost, if any, would be minimal to the individual organizations.

14. Annual Cost to Federal Government

The cost to the Federal Government for distributing the collection instrument, collecting and processing the information (via email) is negligible.

15. Program Changes or Adjustments to the Information Collection Request

This information collection is a continuation of the collection efforts we began in 2012. The estimated reporting burden to the public will remain minimal and participation is voluntary. See section 12 for estimated burden figures.

16. Plans for Publication Information Collection Results

SSA will not publish the results of the information collection.

17. Displaying the OMB Approval Expiration Date

SSA is not requesting an exception to the requirement to display the OMB approval expiration date, as we transmit and accept the SSA-680 via email only.

18. Exceptions to Certification Statement

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. <u>Collections of Information Employing Statistical Methods</u>

SSA does not use statistical methods for this information collection.