

## **Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number 0938-1185)**

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**TITLE OF INFORMATION COLLECTION:** Quality Reporting Process Survey.

**PURPOSE:**

Increases in the submissions of Quality Reporting Document Architecture (QRDA) formatted clinical quality measure data files have resulted in an increased burden on Centers for Medicare & Medicaid Services (CMS) systems and CMS processing. QRDA files are not validated against CMS specific rules until they are submitted through the QualityNet Secure Portal. If a validation error occurs, CMS rejects the invalid file(s) and sends feedback to the submitter. The submitter corrects the error and resends the file(s) to CMS to be re-validated and submitted. This cycle may repeat multiple times until the file(s) are successfully validated and accepted by CMS.

The Centers for Medicare & Medicaid Services (CMS) Center for Clinical Standards and Quality (CCSQ) engaged the Development Effort Consolidation Contract (DECC) to conduct an Operational Pilot of Pre-Submission Validation Application (PSVA). Based on pilot findings, PSVA will be modified as needed for production release.

PSVA was developed in response to interest and demand from the quality reporting community. PSVA is a client-side application that offers vendors, hospitals, and providers a tool for validating QRDA files in their own environment prior to submitting them to CMS.

Offering vendors, hospitals, and other providers the option to validate QRDA files against CMS specific rules prior to submission will reduce strain on receiving systems and CMS processing cycle time. Other benefits of the PSVA Tool include:

- Decreasing costly error resubmission cycles.
- Providing immediate feedback to the user on validation errors prior to file submission to CMS.
- Automating the submission process through secure gateway.
- Providing developers a tool to test changes to their systems.
- Reduces files stored by CMS.
- Reduces CMS processing.

The PSVA team has implemented the following scheduled milestones to ensure user acceptance of the PSVA Tool.

- July 2015 - Operational Production Pilot with selected Hospital Inpatient Quality Reporting Program (HQR) Health Information Technology for Economic and Clinical Health (HITECH) members.
- December 2015 - Production release to all HQR HITECH members.

This fast track request to conduct Customer Satisfaction Survey with HQR HITECH users is part of the Customer Satisfaction feedback initiative to measure the ***improved efficiency of submission and decreased eCQM validation feedback response time***. The purpose of this survey is to determine if there is an increase in customer satisfaction with the QRDA file submission process and to assess if data submission feedback is provided faster when the PSVA Tool is used.

The Customer Satisfaction Survey will feature 5-8 statements that the user can rate using a Likert rating scale. This quantitative data collection method will help the PSVA project team evaluate customer satisfaction and response times tied to the QRDA file submission process before and after use of the PSVA Tool.

The information collected through the customer satisfaction survey is quantitative in nature and will be used to identify key themes for improving the CMS quality reporting process. The data collection does not involve statistical analysis, as the survey pool is too small for statistical significance. However, quantitative analysis will be applied to determine how the CMS quality reporting process has improved.

#### **DESCRIPTION OF RESPONDENTS:**

Target respondents are vendors, hospitals and providers that currently submit HQR HITECH CMS quality reporting data.

#### **TYPE OF COLLECTION:** (Check one)

- |   |  |
|---|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form         | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software | <input type="checkbox"/> Small Discussion Group                  |
| <input type="checkbox"/> Focus Group                                  | <input type="checkbox"/> Other: _____                            |

#### **CERTIFICATION:**

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: \_\_\_\_\_

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To assist review, please provide answers to the following question:

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? ☐ Yes ☒ No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? ☐ Yes ☐ No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published? ☐ Yes ☐ No

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? ☐ Yes ☒ No

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time (Minutes)	Burden(Hours)
Private Sector	50	30 Minutes	25
<b>Totals</b>	50	30	25

The Burden Hours are based on the survey being submitted prior to and after the use of the PSVA Tool.

**FEDERAL COST:** There is no estimated annual cost to the Federal government.

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The selection of your targeted respondents**

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?  
☐ Yes ☒ No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

We plan to work with HQR HITECH managers and subject matter experts to identify and engage vendors, hospitals, and providers that submit CMS quality reporting data.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)  
☒ Web-based or other forms of Social Media  
☐ Telephone  
☐ In-person  
☐ Mail  
☐ Other, Explain
2. Will interviewers or facilitators be used? ☐ Yes ☒ No