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*, the Social Security Administration (SSA) secures evidence from the claimant, or other sources, as needed, to make a disability determination. This collection includes procuring evidence from health care providers, health plans, or health insurance issuers.

Since 2008, SSA works to enable the electronic exchange of health information. We improved 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 and health information exchanges (HIEs), or "partners." With this Health IT process, we demonstrated that we can successfully exchange health information electronically with partners 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., the data captured in the healthcare provider's electronic health record (EHR) system, and in the format of the data). 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 partner organizations' 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 a healthcare entity can electronically provide the substantive medical information that enables us to make disability determinations. The first step in our 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 is non-confidential and resides solely with us, and we comply with the agency's retention period for recordkeeping requirement of seven years. Participation is voluntary, and any healthcare entity that expects to partner with us must complete the SSA-680. The form specifically asks questions to identify the partner organization; the partner's 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 provide a Partnering Process Overview to provide additional clarification to the form. This overview section requires no data input, and simply provides process background and an explanation of the form so that it is easier for respondents to complete.

- Section 1 - Introductory Questions: This tab of the form identifies basic characteristics about the healthcare entity, 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 potential partner's available clinical documents. The 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 healthcare 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.

SSA employees collect Form SSA-680 via email. Respondents complete the SSA-680 by themselves, with SSA employees providing clarifying information as needed. Once we review and validate the respondent's response as complete, SSA conducts careful analysis to determine if each organization is ready to begin

a Health IT information exchange partnership with SSA. SSA only collects this form once, although, we may ask Health IT partners with significant changes to their electronic health information (e.g., partners who change their EHR system) to undergo reassessment. The respondents are healthcare entities, healthcare providers, and HIEs who wish to engage in a Health IT partnership with SSA.

3. Use of Information Technology to Collect the Information

SSA did not create an electronic version of Form SSA-680 under the agency's Government Paperwork Elimination Act (GPEA) plan because only 30 respondents complete the form annually. This is less than the GPEA cut-off of 50,000. However, we only accept respondents' completed forms via email.

4. Why We Cannot Use Duplicate Information

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

5. Minimizing Burden on Small Respondents

This collection does affect small businesses or other small entities.

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

If we did not collect the information on Form SSA-680, SSA would be unable to determine and verify whether the healthcare entity has the IT capabilities to successfully partner with us in a Health IT environment. Therefore, we could not increase our number of Health IT partners, reducing the potential benefits to healthcare entities and disability claimants of SSA collecting medical evidence for disability adjudication in an automated fashion. Because we collect the information only once, we cannot collect it less frequently. There are no technical or legal obstacles to burden reduction.

7. Special Circumstances

There are no special circumstances that would cause SSA 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 June 8, 2018, at 83 FR 26732, and we received no public comments. The 30-day FRN published on August 6, 2018 at 83 FR 38441. If we receive any comments in response to this 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 protects and holds confidential the information it collects 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), and OMB Circular No. A-130.

11. Justification for Sensitive Questions

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

12. Estimates of Public Reporting Burden

Modality of Completion	Number of Respondents	Frequency of Response	Average Burden Per Response (hours)	Estimated Total Annual Burden (hours)
SSA-680	30	1	5	150

The total burden for this ICR is **150** hours. We based these figures on current management information data. We did not calculate a separate cost burden.

13. Annual Cost to the Respondents (Other)

This collection does not impose a known cost burden on the respondents.

14. Annual Cost to Federal Government

The annual cost to the Federal Government is approximately $308. This estimate accounts for costs from the following areas: (1) designing, printing, and distributing the form; and (2) SSA employee (e.g., field office, 800 number) information collection and processing time.

15. Program Changes or Adjustments to the Information Collection Request

There are no changes to the public reporting burden.

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.

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. Collections of Information Employing Statistical Methods

SSA does not use statistical methods for this information collection.