

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

TITLE OF INFORMATION COLLECTION:

Electronic Medical Documentation Interoperability (EMDI) Workgroup Survey.

PURPOSE:

The Electronic Medical Documentation Interoperability (EMDI) program supports the [Office of the National Coordinator for Health Information Technology \(ONC\)](#) standards and interoperability programs. EMDI facilitates and expands the secure electronic exchange of health information among organizations in accordance with nationally recognized standards.

The overall EMDI program aims to:

1. Reduce administrative burden for providers.
2. Increase interoperability among systems and organizations across the public and private sectors.
3. Improve provider-to-provider communication.

The EMDI workgroups were initiated by the EMDI team to:

- Provide EMDI project updates
- Collect EMDI pilot status updates
- Collaborate and partner with various Healthcare stakeholders to achieve the goal of electronic interoperability using EMDI Durable Medical Equipment (DME) Use Cases
- Discuss issues/concerns with implementation of pilots
- Find possible solutions on pilot issues/concerns.

This fast track request is to conduct an EMDI Workgroup survey and collect workgroup performance feedback from the workgroup participants.

DESCRIPTION OF RESPONDENTS:

The respondents of this survey will be those providers who take part in an EMDI Workgroup. The type of provider may be any of the following: hospitals; home health agencies; laboratories; physicians; durable medical equipment prosthetics, orthotics and supplies suppliers; health information handlers; health information service providers; health information exchanges; document transfer vendors; interface vendors; and other healthcare organizations that pilot the EMDI program.

TYPE OF COLLECTION: (Check one)

- | | |
|------------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input 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 checked="" type="checkbox"/> Other: Workgroup Feedback Survey |

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.

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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 [X] 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 [X] No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Private Sector	120	20 minutes	40hrs
Totals	120	20 minutes	40hrs

FEDERAL COST: The estimated annual cost to the Federal government is zero dollars.

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

The potential group of respondents for this survey is based on EMDI Workgroup participation. See list in the “Description of Respondents” above.

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 – This survey may be attached to the workgroup conference call/webinar invitation.
2. Will interviewers or facilitators be used? Yes No