

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0960-0788)**

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**TITLE OF INFORMATION COLLECTION:** Fast Healthcare Interoperability Resources (FHIR)

**PURPOSE:** The purpose of this questionnaire is to assessment the state of the marketplace regarding the adoption of Health Level-7 (HL7®) Fast Healthcare Interoperability Resources (FHIR®) specification. The Office of Information Technology Programmatic Business Support (OITPBS) wants to take an in-depth look at accessing clinical information that would assist in processing SSA claims. The questionnaire will assist SSA in determining the potential future integration of FHIR into the business process of collecting medical evidence for disability case processing.

**DESCRIPTION OF RESPONDENTS:** The respondents of the Fast Healthcare Interoperability Resources are identified healthcare industry leaders. These participants vary from healthcare providers, policy makers, and subject matter experts in the field.

**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 checked="" 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: Brent Hayward, Contractor on Evidence Acquisition Project, Disability Insurance Benefits, Social Security Administration

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, is the information that will be collected included in records that are subject to the Privacy Act of 1974?  Yes  No
3. If Applicable, has a System or Records Notice 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**

<b>Category of Respondent</b>	<b>No. of Respondents</b>	<b>Participation Time (minutes)</b>	<b>Burden (hours)</b>
Health Care Subject Matter Experts	16	25	7
<b>Totals</b>	<b>16</b>	<b>25</b>	<b>7</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$918. This is a one-time cost, as we will not distribute it annually. The total cost is for the creation, collection and processing cost for the contractor for twenty hours of contractor rate.

**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?  
[ X ] 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?

Yes, customer list is attached

**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  
[ X ] Other, Explain - Email
2. Will interviewers or facilitators be used? [ ] Yes [ X ] No

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**