ELECTRONIC MEDICAL DOCUMENTATION INTEROPERABILITY (EMDI)
PRE AND POST PILOT MEASURES SURVEY
SUPPORTING STATEMENT PART A
CMS-10714/OMB control number: 0938-New

A. Background

The EMDI program assists the Centers for Medicare & Medicaid Services (CMS) Health Information Technology (health IT) standards and interoperability (S&I) initiative, which is to: (1) facilitate and expand the secure transport of interoperable electronic documentation, (2) utilize and fill in the gaps in the current standards to achieve increased level of interoperability among systems and organizations, and (3) demonstrate the utility of these standards by establishing pilot programs with existing Health Information Handlers, Health Information Service Providers (HISP), and health care providers. The EMDI program does this by testing the ability of providers to perform electronic interoperable data transfers using one, or all of three Use Cases, the "Physician's Order," the "Additional Documentation Request," and the "Request for Physician Signature." CMS is requesting approval from the Office of Management and Budget (OMB) to collect data using surveys given before, and after provider participants have completed their pilot of the EMDI program.

1. Justification

The EMDI Initiative, associated documentation, and pilots are for the purposes of evaluating the performance of CMS policies that involve interoperability and the collection of data/information only. The collected data/information will help CMS, and the EMDI team in determining the overall effectiveness of piloting the EMDI program, as well as assessing each provider's current ability to send, and receive electronic data. The EMDI Pre and Post Pilot Measures Survey asks pilot participants to answer twenty three Pre-Pilot questions, and six Post-Pilot questions using numbers, percentages, and/or averages.

2. Information and Users

The data/information collected from this survey will be for CMS internal use only, and will be collated for statistical analysis, the results of which will be added to the EMDI monthly progress report, and will include bar graphs, and/or pie charts to monitor, and track any trends that are found within the data.

The users of this data will consist of CMS management, and staff to include CMS Office of Administration senior leadership, the CMS Office of Health Informatics leadership, the Center for Program Integrity senior, and group level leadership, the Provider Compliance Group (PCG) senior leadership, the PCG Division of Compliance Projects, and Demonstrations (DCPD) Division Director, and Deputy Director, the EMDI Contracting Officer (CO), the EMDI Contract Specialist (CS), the EMDI Contracting Officer Representative (COR), the EMDI Contractor, and all other stakeholders within CMS that might find the data/information useful.

3. Use of Information Technology

To help reduce any provider burden associated with this survey, we will, whenever possible, use advanced technology to collect data, and when feasible we will gather information from existing data sources using the most efficient methods available.

We will administer the survey via email, and/or through the use of web-based, or other forms of social media. This will allow respondents to access the survey from any computer. In addition, the web-based survey will enable respondents to complete the survey at a location and time of their choice.

4. Duplication of Effort

The EMDI Pre-Post Pilot Measures Survey will not duplicate any efforts for respondents.

5. Small Businesses

The EMDI Pre-Post Pilot Measures Survey may involve pilot participants who are large, and small businesses alike depending on what type of provider they are, and what part they play in the pilot process. In order to reduce provider burden, and the decrease the amount of time necessary to fill out the survey, the questions were kept to using numbers, percentages, and/ or averages. Many of the questions ask the respondent to reply whether or not they agree with a statement ranging their answer from Strongly Disagree to Strongly Agree.

6. Less-Frequent Collection

The collection of data through this survey will be minimal, and infrequent as it will only be administered to EMDI pilot participants prior to, and after conducting of a pilot.

7. Special circumstances

There are no special circumstances for the proposed data collection.

8. Federal Register/Outside Consultation

A 60-day notice published in the Federal Register on November 14, 2019 (84 FR 61911). A single comment was received; however, the comment was out of scope of the subject PRA content. A 30-day FR Notice published February 24, 2020.

No outside consultation was sought.

9. Payment/Gifts to Respondents

Survey respondents will not receive a payment or gift of any type.

10. Confidentiality

Before the start of the survey, we will inform all respondents that the information gathered will be used for CMS internal data collection purposes only, will not be attributable to any individual, nor will the information be made available to the public. Responses should not contain private information but will be aggregated to the extent possible so as not to include any identifiable private information. For each respondent, we will collect the name of provider, the type of provider, their contact information, and the EMDI Pilot they participated

in. No Personal Identifiable Information (PII) will be collected, and only the EMDI team will have access to pilot survey responses.

11. Sensitive Questions

There are no questions of a sensitive nature in the EMDI Pre and Post Pilot Measures Survey.

12. Burden Estimates (hours and wages)

The EMDI Pre and Post Pilot survey is designed to collect information/data that will help CMS, and the EMDI team determine the overall effectiveness of piloting the EMDI program, as well as assess provider's current ability to send, and receive electronic data transfers. Therefore, the burden associated with conducting the survey is the time and effort put forth by providers who pilot the EMDI program to answer the survey questions. We estimate it would take one survey respondent approximately 30 minutes to answer all of the questions of the survey, and submit them back to the EMDI team for review. We estimate that up to 240 participants will complete the survey per year. The total annual burden hours associated with answering the survey questions is approximately 120 hours per CY.

Wage Estimate

Table A.1. Burden Estimates

Occupation title	Occupation code	Mean hourly wage	Fringe benefits and overhead	Adjusted hourly wage
Health Services Manager'	11-9111	$54.68	54.68	$109.36/hr

Burden Estimate

CMS expects that it will take 0.5 hours respondents to complete and submit the survey to CMS, for a total burden of 120 hours. There is no cost associated with this survey, other than the time it takes a respondent to fill out the survey (Approx. 30 minutes).

Table A.2. Estimated Annual Burden Hours

Respondent type	No. of respondents	No. of responses per respondent	Average burden per response (in)	Total burden hours
EMDI Pilot Participant	Up to 240	1	0.5	120
Total	**Up to 240**	**1**	**0.5**	**120**

13. Capital Costs

There are no capital costs associated with this information collection.

14. Costs to Federal Government

Since the delivery of the survey instrument will be electronically via email, and/or web-based or other forms of social media, there will be no cost to the government

15.Changes to Burden

This is a new information collection.

16. Publication/Tabulation Data

The collection of information is for CMS internal purposes only, and will not be made available to the public.

17. Expiration Date

The OMB approval number and expiration date will be displayed on all forms completed as part of the data collection.