***Supporting Statement for Paperwork Reduction Act Submission***

# Certification Statement for Electronic File Interchange Organizations (EFIOs) that submit National Provider Identifier (NPI) data to the National Plan and Provider Enumeration System (NPPES)

(CMS-10175/OMB Control Number: 0938-0984)

# BACKGROUND

Health care providers can currently obtain a National Provider Identifier (NPI) via a paper application or over the Internet through the National Plan and Provider Enumeration System (NPPES). NPPES is the contractor who processes NPI applications and assigns NPIs. These applications must be submitted individually, on a per-provider basis. The Electronic File Interchange (EFI) process allows provider-designated organizations (EFIOs) to capture multiple providers’ NPI application information on a single electronic file for submission to NPPES. (This process is also referred to as “bulk enumeration.”) To ensure that the EFIO has the authority to act on behalf of each provider and complies with other Federal requirements, an authorized official of the EFIO must sign a certification statement and submit it to the National Plan and Provider Enumerator (NPPES).

The reason for this submittal is a minimal revision to the application. The application removed the Second Authorized Official Signature, as the application only allows one EFIO Authorized Official. No additional data fields were added.

# JUSTIFICATION

* 1. *Need and Legal Basis*

The administrative simplification provisions of the Health Insurance Portability and Accountability Act (HIPPA) of 1996 (P.L. 104-191) require the Secretary of Health and Human Services to adopt a standard identifier for all health care providers (regardless of whether they bill Medicare or not) for use in the nationwide health care system. HHS published a final rule on January 23, 2004, announcing the NPI as the standard identifier, and that providers could begin applying for NPIs on May 23, 2005. Since all HIPAA covered entities, including Medicare and all other health plans, began using NPIs on HIPAA standard transactions (which includes electronic claims) on May 23, 2007, new providers must obtain NPIs promptly so they can use them in these transactions and not experience interruptions or delays in receiving reimbursement from health plans.

As explained above, the EFI process allows organizations to submit NPI application information on large numbers of providers in a single file. Once it has obtained and formatted the necessary provider data, the EFIO can electronically submit the file to NPPES for processing. As each file can contain up to approximately 25,000 records, or provider applications, the EFI process greatly reduces the paperwork and overall administrative burden associated with enumerating providers.

By allowing an EFIO to apply on its behalf, a health care provider itself does not have to apply for an NPI. This saves the health care provider time and resources. CMS benefits by saving the time and resources it would have expended if the NPI Enumerator and the web based system had to process NPI applications one at a time.

* 1. *Purpose and users of the information*

It is essential to collect this information from the EFIO to ensure that the EFIO understands its legal responsibilities as an EFIO and attests that it has the authority to act on behalf of the providers for whom it is submitting data. In short, the certification statement, which must be signed by an authorized official of the EFIO, serves as a safeguard against EFIOs attempting to obtain NPIs for illicit or inappropriate purposes.

* 1. *Improved Information Techniques*

This collection lends itself to electronic collection methods. However, until NPPES adopts an electronic signature standard, EFIOs are required to submit a hard copy of the certification statement with an original signature to NPPES.

* 1. *Duplication and Similar Information*

There is no duplicative information collection instrument or process.

* 1. *Small Business*

These forms will affect small businesses. However, it is likely that the overwhelming preponderance of EFIOs will be large organizations that either employ or represent substantial numbers of providers. Moreover, the certification statement collects a minimum amount of information on a one-time basis, so the impact on small business is negligible.

* 1. *Less Frequent Collections*

This information is collected from each EFIO only once. The certification made by the EFIO remains in effect for the entire period of time in which the EFIO acts in such capacity.

* 1. *Special Circumstances*

There are no special circumstances associated with this collection.

* 1. *Federal Register Notice/Outside Consultation*

The 60-day Federal Register notice published September 14, 2020 (85 FR 60170). We acknowledge receipt of one comment that is out of context of the information collection.

Outside consultation has been sought.

* 1. *Payment/Gift to Respondents*

There are no payments or gifts to the respondents as a result of completing this form

* 1. *Confidentiality*

CMS will comply with all Privacy Act, Freedom of Information laws and regulations that apply to this collection. Privileged or confidential commercial or financial information is protected from public disclosure by Federal law 5 U.S.C. 522(b)(4) and Executive Order 12600.

* 1. *Sensitive Questions*

There are no sensitive questions associated with this collection.

* 1. *Burden Estimate*
		1. Burden Estimate (hours)

For this proposed extension of the CMS-10175, CMS has recalculated the prior extensions estimated burden hours. CMS believes this recalculation is necessary because over the years of use of this data collection tool, the estimated number of affected users have changed (minimally). CMS believes these new burden hours accurately reflects the current burden for the purposes of this certification statement when completing this proposed extension of the CMS-10175. CMS is basing the new burden amounts on data compiled from NPPES. The new estimates for completing the Certification Statement for Electronic File Interchange Organizations (EFIOs) that submit NPI data to the NPPES contractor (CMS-10175) for initial certification are taken directly from the actual number of respondents to NPPES (which also equals the actual certification statements processed by NPPES). The new figures are exact and therefore more accurate than prior estimates.

The hour burden to the respondents is calculated based on the following assumptions:

* + - * The annual respondent burden is based on the average of the actual certification statements processed by NPPES
			* Completion of the CMS-10175 takes 0.25 hours for completion and submission of the EIFO certification statement.

CMS estimates the new annual total burden hours for this information collection to be 8.0 hours. This figure is calculated based on the average annual number of EIFO certifications processed by NPPES.

HOURS ASSOCIATED WITH COMPLETING THE INITIAL CMS-10175 EIFO CERTIFICATION STATEMENT

32 respondents submitting EIFO certification statements X 0.25 hours each

= 8.0 hours

* + 1. Burden Estimate (cost)

For this proposed extension of the CMS-10175, CMS has recalculated the prior extensions estimated burden cost. CMS believes this recalculation is necessary because over the years of use of this data collection tool, the estimated number of affected users have changed (minimally). CMS believes this new burden cost accurately reflects the current burden for the purposes of this certification statement when completing this proposed extension of the CMS- 10175. CMS is basing the new burden amounts on data compiled from NPPES. The new estimates for completing the certification statement (CMS-10175) for initial certification statement are taken directly from the number of respondents/actual certification statements processed by NPPES. The new figures are exact and therefore more accurate than prior estimates, as calculated in the burden hour section of this statement. In addition, NPPES has determined the CMS-10175 is usually completed, signed and submitted by a professional, such as a chief member of the organization acting as the Authorized Representative for the organization. Furthermore, CMS used the hourly wage calculations which were taken from the most recent wage data provided by the Bureau of Labor Statistics (BLS) for May 2019 (see https://[www.bls.gov/oes/current/oes\_nat.htm#11-0000),](http://www.bls.gov/oes/current/oes_nat.htm#11-0000)) indicating the mean hourly wage for the general category of "Chief Executives."

The cost burden to the respondents is calculated based on the following assumptions:

* + - * The annual respondent burden is 32 respondent’s/certification statements.
			* It takes 0.25 hours for completion and submission of the EIFO certification statement (per the NPPES contractor and based on the limited number of data field required to complete the form).
			* The CMS-10175 is usually completed, signed and submitted by a professional (such as a chief member of the organization acting as the Authorized Representative for the organization).
			* The record keeping burden is included in the time determined for completion of the certification statement.
			* The cost per respondent per form has been determined using the most recent wage data provided by the Bureau of Labor Statistics (BLS) for May 2019. The mean hourly wage for the general category of “Chief Executives” is $93.20 per hour (see <https://www.bls.gov/oes/current/oes_nat.htm#11-0000>). With fringe benefits and overhead, the total per hour rate is $186.40.

CMS estimates the new annual total burden cost for this information collection to be approximately $1,491.20. This figure is calculated based on the time it takes to complete and submit the certification statement to NPPES and the average annual number of respondents/EIFO certifications processed by NPPES.

CMS is requesting approval of the revised number of burden cost as follows:

COST ASSOCIATED WITH COMPLETING THE INITIAL CMS-10175 CERTIFICATION STATEMENT

The total cost to respondents is $1,491.20. This is based on the following estimates:

0.25 hours to complete and submit the certification statement to NPPES X $186.40 per hour (Chief Executive wage)

= $46.60 per certification statement

32 respondent’s/certification statements processed by NPPES X $46.60 per certification statement

= $1,491.20 annually

* 1. *Cost to Respondents (Capital)*

There are no capital costs associated with this collection.

* 1. *Cost to Federal Government*

The form extension will not result in any additional cost to the federal government because the Medicare contractor, NPPES already allows provider-designated organizations (EFIOs) to capture multiple providers’ NPI application information on a single electronic file for submission to NPPES. These applications will continue to be processed in the course of Federal duties.

* 1. *Changes in Burden/Program Changes*

CMS is using more accurate data from NPPES to estimate respondents who use the Certification Statement for Electronic File Interchange Organizations (EFIOs). By doing so, we were able to accurately estimate the number of respondents from 21 to 32 respondents (+11).

NPPES currently reports that the CMS-10175 is usually completed, signed and submitted by a professional, such as a chief member of the organization acting as the Authorized Representative for the organization. The CMS-10175 form is comprised of 3 pages, only one of which has minimal data fields to be completed and a certification statement to be signed. NPPES now estimates that completion of those data fields and their submission takes 15 minutes to complete. That increases the burden hour estimate by 2.75 hours (from 5.25 to 8.0 hours).

Combined, the annual increase in burden hours is 2.75 (from 5.25 to 8.0 hours) and the increase in cost is $552.92 (from $938.28 to $1,491.20.). The increase in the number of respondents is 11 (from 21 to 32).

* 1. *Publication/Tabulation*

There are no plans to publish the outcome of the data collection.

* 1. *Expiration Date*

The expiration date will be displayed in the top right corner of the first page.