

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 continues to work 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, however, 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 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 - 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 the 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**

We collect this information electronically via email from respondents. Currently 100% of the respondents submit their responses via email. This collection does not currently have a fully public-facing Internet version, as we prioritized other information collections for full electronic conversions. Given that IT Mod programming is an ongoing, dynamic project, we cannot provide specific timelines for when we will be able to make any particular ICR available via Internet web-based application. We will ultimately convert most existing ICRs to full electronic versions depending on how they fall within our overall IT Mod schema, but this may be unconnected to the PRA approval lifecycle. In the interim, we evaluated this collection for conversion to a submittable PDF and intend to make this conversion within the next 3-6 years. Once we have the submittable PDF ready for implementation, we will submit a Change Request to OMB for prior approval. In the meantime, we continue to collect this information via email only.

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 July 27, 2021, at

86 FR 40221, and we received no public comments. The 30-day FRN published on September 29, 2021 at 86 FR 54007. If we receive any comments in response to this Notice, we will forward them to OMB. We did not consult the public in the revision of this form.

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 (minutes)	Estimated Total Annual Burden (hours)	Average Theoretical Hourly Cost Amount (dollars)*	Total Annual Opportunity Cost (dollars)**
SSA-680	30	1	300	150	\$41.30*	\$6,195**

*We based this figures on average Healthcare Practitioners and Technical Occupations, as reported by Bureau of Labor Statistics data. (https://www.bls.gov/oes/current/oes_nat.htm#00-0000).

** This figure does not represent actual costs that SSA is imposing on recipients of Social Security payments to complete this application; rather, these are theoretical opportunity costs for the additional time respondents will spend to complete the application. **There is no actual charge to respondents to complete the application.**

We base our burden estimates on current management information data, which includes data from actual interviews, as well as from years of conducting this information collection. Per our management information data, we believe that the average time in minutes listed in the chart above accurately shows the average burden per response for reading the instructions, gathering the facts, and answering the questions. Based on our current management information data, the current burden information we provided is accurate. The total burden for this ICR is **300** burden hours (reflecting SSA management information data), which results in an associated theoretical (not actual) opportunity cost financial burden of **\$6,195**. SSA does not charge respondents to complete our applications.

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 **\$9,750**. This estimate accounts for costs from the following areas:

Description of Cost Factor	Methodology for Estimating Cost	Cost in Dollars*
Designing and Printing the Form	Design Cost + Printing Cost	\$0*
Distributing, Shipping, and Material Costs for the Form	Distribution + Shipping + Material Cost	\$0*
SSA Employee (e.g., field office, 800 number, DDS staff) Information Collection and Processing Time	GS-9 employee x # of responses x processing time	\$9,000
Full-Time Equivalent Costs	Out of pocket costs + Other expenses for providing this service	\$0*
Systems Development, Updating, and Maintenance	GS-9 employee x man hours for development, updating, maintenance	\$750
Total		\$9,750

* We have inserted a \$0 amount for cost factors that do not apply to this collection.

SSA is unable to break down the costs to the Federal government further than we already have. It is difficult for us to break down the cost for processing a single form, as field office staff often help respondents fill out several forms at once, and the time it takes to do so can vary greatly per respondent. As well, because so many employees have a hand in each aspect of our forms, we use an estimated average hourly wage, based on the wage of our average field office employee (GS-9) for these calculations. However, we have calculated these costs as accurately as possible based on the information we collect for creating, updating, and maintaining these information collections.

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.