

**Supporting Statement – Part A**  
**Statement for CMS Electronic Data Interchange (EDI) Enrollment**  
**Registration, CMS EDI Enrollment Agreement Form, and CMS EDI**  
**Enrollment Attestation Form**

**A. Background**

Recent cybersecurity incidents affecting the Medicare electronic data interchange (EDI) infrastructure highlighted the vulnerabilities, and the need to strengthen enrollment requirements and security measures for providers and their business associates. This collection supports CMS's implementation of HIPAA electronic transaction standards under the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191.

This revises the previously approved collection under OMB control number 0938-0983. The collection consists of three forms used by Medicare providers and suppliers to register for EDI services with Medicare contractors. The updated collection includes the revised CMS EDI Registration Form (10164A) and CMS EDI Enrollment Agreement Form (10164B), both serving as model forms. The collection also introduces the CMS EDI Enrollment Attestation Form (10164C), a new mandatory attestation form requiring formal compliance verification from all participating entities.

The forms collect essential information necessary to identify Medicare providers and suppliers during electronic transactions, authorize requested EDI functions, and establish appropriate access privileges for healthcare entities. These forms ensure compliance with HIPAA transaction standards while implementing strengthened security requirements for billing vendors and clearinghouses that handle Medicare data. Medicare contractors utilize this collected information for both initial setup and ongoing maintenance of provider EDI access privileges, enabling healthcare providers to send and receive HIPAA standard transactions either directly or through designated third parties. To maintain system security and compliance, all EDI providers are required to reconfirm their access privileges annually through this standardized collection process.

CMS is requesting a 'Revision with change of the previously approved collection' to incorporate necessary form revisions that enhance enrollment requirements and implement strengthened security measures for healthcare providers and their business associates participating in Medicare electronic transactions.

**B. Justification**

**1. Need and Legal Basis**

The Congress, recognizing the need to simplify the administration of health care transactions, enacted the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, on August 21, 1996. Title II, Subtitle F of this legislation directs the Secretary of the Department of Health and Human Services to develop unique standards for specified electronic transactions and code sets for those transactions. The

purpose of this Subtitle is to improve the Medicare and Medicaid programs in particular and the efficiency and effectiveness of the health care industry in general through the establishment of standards and requirements to facilitate the electronic transmission of certain health information.

This Subtitle also requires that the Secretary adopt standards for financial and administrative transactions, and data elements for those transactions to enable health information to be exchanged electronically.

The Standards for Electronic Transactions final rule, 45 CFR Part 162 Subpart K §162.1101 through Subpart R §162.1802, (hereinafter referred to as “Transactions Rule”) published August 17, 2000 adopted standards for health care transactions and code sets<sup>1</sup>. Subsequent to the Transactions Rule, CMS-0003-P and CMS-0005-P proposed modifications to the adopted standards essential to permit initial implementation of the standards throughout the entire healthcare industry.

Currently, MACs have a process in place to enroll providers for electronic billing and other EDI transactions. In support of the HIPAA Transactions Rule, the purpose of this Paperwork Reduction Act (PRA) request is to establish a prescribed amount of data that must be submitted by providers/suppliers that is sufficient to address all HIPAA transactions.

## 2. Information Users

The information collected by the forms will be uploaded into Medicare contractor computer systems. Medicare contractors will store this information in a database accessed at the time of provider connection to the Medicare Data Contractor Network (MDCN). When authentication is successful and connectivity is established, transactions may be exchanged.

## 3. Use of Information Technology

The information will be stored in a computer data base and used to authenticate the user on day-to- day electronic commerce, support the submitter and password administration function, and validate access relationships between providers/suppliers and their designated EDI submitter/receiver on a per transaction basis.

## 4. Duplication of Similar Information

This is not a duplicative collection of information. No other collections can substitute for this.

## 5. Small Businesses

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<sup>1</sup> [Federal Register - Health Insurance Reform: Standards for Electronic Transactions](#)

This has no impact or burden to small businesses.

6. Less Frequent Collection

The frequency of collecting this information is determined by the provider/supplier as their business needs change, such as revisions to their relationship with business associates, application software and/or transactions they select to exchange electronically. Providers/suppliers will then communicate such changes to the appropriate contractor via the form. The security and privacy of our Medicare electronic commerce remains potentially at risk without this collection or with less frequent collections.

7. Special Circumstance

No special circumstances.

8. Federal Register Notice/Outside Consultation

The 60-day Federal Register notice (XX FR XXXXX) for this collection published on Month Date, Year and the 30-day Federal Register notice (XX FR XXXXX) published on Month Date, Year.

9. Payment/Gift to Respondent

There will be no payments/gifts to respondents.

10. Confidentiality

Respondent information will be kept in a physically secured area (electronic and paper). The computer system will be password protected for electronic information. Files containing the actual forms or information from these forms will be safeguarded. The information will be kept private to the extent provided by law.

11. Sensitive Questions

There are no sensitive questions arising from this data collection.

12. Burden Estimate (Hours & Wages)

To derive average costs, we used data from the U.S. Bureau of Labor Statistics' May 2024 National Occupational Employment and Wage Estimates for all salary estimates ([Employment and Wage Statistics for May 2024](#)). In this regard, the following table presents the median hourly wage, the cost of fringe benefits which is 100% of the hourly wage, and the adjusted hourly wage.

<b>Occupational Title</b>	<b>Occupation Code</b>	<b>Median Hourly Wage (\$/hour)</b>	<b>Fringe Benefit (\$/hour)</b>	<b>Adjusted Hourly Wage (\$/hour)</b>
Customer Service Representatives	43-4051	\$20.59	\$20.59	\$41.18

#### Estimated Annual Burden Hours

2024 Provider Enrollments processed for Medicare Part A, Part B and Home Health and Hospice (HHH) provider/suppliers' data was pulled from the MAC/CMS Data Exchange (MDX) Portal. The MACs confirmed that they only receive an EDI registration and enrollment agreement form for about 15% of the total provider enrollments processed with Provider Enrollment Services (PES). A decrease in the percentage of forms received from providers has been noted due to a decrease in the number of EDI enrollment forms received during the time frame of the current package.

CMS estimates that the time to complete and forward the forms for Medicare EDI Registration and Enrollment Agreement is 20 minutes (10 minutes for each form, 10164A and 10164B), and 20 minutes for the new Enrollment Attestation form 10164C, totaling 40 minutes per EDI provider/supplier on an ongoing basis.

<b>2024 Total Provider Enrollments Processed</b>	<b>Receive EDI forms 10164A/10164B/10164C for 15% of the total provider enrollments processed</b>	<b>Time to Complete EDI Registration, EDI Enrollment, and EDI Attestation Forms</b>	<b>Total Burden Hours</b>
1,531,782	229,767	40 minutes	153,178 hours

#### Labor Costs

<b>Total Hours to Complete EDI Registration, EDI Enrollment, EDI Attestation Forms</b>	<b>Median Hourly Wage</b>	<b>Fringe Benefit</b>	<b>Adjusted Hourly Wage</b>	<b>Total Labor Costs</b>
153,178 hours	\$20.59	\$20.59	\$41.18	\$6,307,870

13. Capital Costs

There are no additional capital costs to respondents or to record keepers.

14. Cost to Federal Government

The calculations for OIT employees' hourly salary were obtained from the OPM website<sup>2</sup>, with an additional 100% to account for fringe benefits.

Hourly Wage: \$42.46 + 100% fringe benefits = \$84.92 per hour.

Task	Estimated Cost
Acquiring and Preparing the Required Data and Oversight	
1 GS-12: 1 x \$84.92 x 20 hours	\$1,698.40
<b>Total Costs to Government</b>	<b>\$1,698.40</b>

15. Program/Burden Changes

There were no changes to the burden estimates or the required data elements; however, the total annual burden estimate was adjusted to account for the additional new form. The annual cost burden was updated to reflect the current wage data that includes fringe and overhead benefits at 100%.

16. Publication and Tabulation Dates

There are no publication and tabulation dates associated with this collection.

17. Expiration Date

The expiration date will be displayed within the PRA disclosure statement of the EDI Enrollment Agreement.

18. Certification Statement

There are no exceptions to the certification statement.

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<sup>2</sup>[OPM.gov - 2025 Locality Pay Area of Rest of US](https://www.opm.gov/policy-data-oversight/pay-grades/)