November 2023

National Implementation of the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) Survey

CMS 10500

OMB Supporting Statement - Part A

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BACKGROUND

Since 1995, the Agency for Healthcare Research and Quality (AHRQ) and its Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Consortium, in conjunction with the Centers for Medicare & Medicaid Services (CMS), have developed standardized Consumer Assessment of Healthcare Providers and Systems (CAHPS) Surveys and tools for a variety of patient populations, including commercially insured ambulatory patients, patients whose care is covered by Medicare and Medicaid, dialysis patients, home health patients, hospital inpatients, dental patients, and patients who receive behavioral health care and services. The purpose of the CAHPS family of surveys is to collect data about patients' assessment and rating of the care they receive from their health care provider or health care system.

In 2006, CMS began implementing the Hospital CAHPS (HCAHPS) Survey, which collects data about hospital inpatients' rating of and experience with hospital inpatient care. CMS began publicly reporting HCAHPS Survey results on the Hospital Compare link on the Medicare.gov website in 2008. The HCAHPS Survey, however, includes data from samples of patients who receive inpatient hospital care. It does not include patients who received outpatient surgical care from hospital-based outpatient surgical departments (HOPDs), nor does it include patients who receive outpatient surgery from independently owned, freestanding ambulatory surgical centers (ASCs).

In 2012, CMS began development of a survey to serve as a standardized survey, now called the Consumer Assessment of Healthcare Providers and Systems Outpatient and Ambulatory Surgery CAHPS (OAS CAHPS) Survey, to measure the experiences of patients who receive outpatient surgical care from hospital-based outpatient surgical departments and independently owned ambulatory surgery centers. Prior to the pilot testing phase, significant background research was conducted, including the following steps:

- *Literature Review*. An exhaustive literature review was performed, gathering information on outpatient surgery surveys and issues to inform the development of the survey or protocols for implementation. The purpose of the literature review was to obtain information about the dimensions of domains of care that may be of interest to consumers when choosing an outpatient surgery center and issues that would affect the development of the survey. In addition, the literature review was used to identify other issues that would affect the development of the survey, including sampling approaches, data collection, reporting, and quality improvement issues.

- *TEP Input.* RTI convened a meeting with a Technical Expert Panel (TEP) comprising individuals from industry, professional associations affiliated with the outpatient surgery industry, and academia in February 2013. The purpose of the meeting was to discuss the goal of the survey and to understand how to encourage facilities to participate in the field test. The TEP was also given the opportunity to provide feedback on the focus and content of the survey. The team also met and communicated with the CAHPS Consortium multiple times during in the various stages of the survey development process to solicit feedback.

- *Qualitative Research.* To further develop the relevant topics for the survey, RTI first conducted focus groups with patients who had recent outpatient surgery. To test draft

questions, RTI conducted cognitive interviews with patients to test their understanding and ability to answer the questions.

- *Federal Register Notice.* On January 25, 2013, CMS published a Federal Register Notice soliciting the submission of survey domains and topic areas in the public domain measuring outpatient surgery patients' experience of care. The notice of request for measures closed on March 26, 2013.

- *Review of Submitted and Existing Instruments*. RTI reviewed all of the responses for their relevance for inclusion in this survey. Submitted items were entered into a comprehensive database, allowing comparisons across domains and topic areas. Other existing CAHPS Survey instruments that are publicly available were also reviewed for relevancy. Individual items from both the submitted and other existing CAHPS Surveys were examined by the team's methodologists for possible inclusion in the OAS CAHPS draft questionnaire.

- *Public Comment*. In early October 2013, another Federal Register notice was published seeking public comment on the draft instrument and protocol. CMS received two comments by the end of the 60-day window (in early December 2013). The 30-day notice was published in late December 2013 and did not produce any additional feedback. The additional feedback received through this process was also used to refine the survey instrument.

- *Field Test*. As part of a previous information collection request in 2014, CMS received OMB approval to conduct a 6-week field test of OAS CAHPS to test the reliability and validity of the survey items and implementation procedures. Survey participants included patients who had a recent outpatient surgery (in May 2014) at one of the participating facilities. Patients who had a recent diagnostic procedure, such as a colonoscopy were also eligible. The survey questionnaire that was tested contained questions about the check-in process, facility environment, patient's experience communicating with administrative staff (receptionists) and clinical providers (doctors and nurses), attention to comfort, provision of pre- and post-surgery care information, overall experience, and patient characteristics. The field test included 4,179 sampled patients from a total of 36 facilities (18 HOPDs and 18 ASCs) located across the United States.

  The field test was implemented as a mixed-mode design (i.e., an initial mailed questionnaire followed by a telephone follow-up of non-respondents to the mail survey) allowing us to test procedures for both mail and telephone survey administration (via computer-assisted telephone interview [CATI]) in English and Spanish. The data collection period spanned 6 weeks. The first phase (mail) lasted three weeks and the second phase (telephone follow-up to non-respondents) lasted 3 weeks.

  Of the 4,179 sample patients, 1,863 responded to the survey resulting in an overall (adjusted) response rate of 45.61%. Of those respondents who completed the survey, 30.4% responded by mail and 13.8% responded by telephone.

- *Field Test Analysis*. The core of the field test analysis was a psychometric analysis (including tests of reliability and validity) of the survey items and proposed reporting composites. The goal of such an analysis was to assess the measurement properties of the proposed instrument

and sub-domain composites created from item subsets, to ensure that the information reported from any future administrations of the survey was well-defined. Such careful definition will prevent data distortion or misinformation if they are publicly reported.

- *Survey Revisions for 2015*. Based on the field test findings, the survey instrument was revised. Twelve questions were removed from the 49-item instrument used for the field test. The final Outpatient and Ambulatory Surgery CAHPS (OAS CAHPS) Survey based on the field test included 37 items.

- *OAS CAHPS 2015 Mode Experiment.* As part of a previous information collection request in 2015, CMS received OMB approval to conduct a randomized mode experiment with a sample of patients receiving outpatient surgeries or procedures. The mode experiment was designed to determine whether mode of administration, nonresponse, or patient-mix factors affect OAS CAHPS Survey scores. Randomly sampled patients were assigned one of the three survey modes (mail-only, telephone only, and mixed-mode).

  The 2015 mode experiment findings produced estimates for six patient-mix adjustments that were necessary to publicly report comparative information. The findings showed that nonresponse adjustments were not needed because the nonresponse adjusted weights did not add any explanatory power beyond that provided by the six patient-mix adjustors. The survey mode did not have significant impact on survey estimates therefore mode effect adjustment was not needed for OAS CAHPS Survey.

- *OAS CAHPS 2019 Mode Experiment.* As part of a previous information collection request in 2018, CMS received OMB approval to conduct a randomized mode experiment with a sample of patients receiving outpatient surgeries or procedures. The 2019 mode experiment was designed to test the effects of new web-based modes of implementation in addition to the mail-only and telephone-only modes. Randomly sampled patients were assigned one of the five survey modes (mail-only, telephone-only, web-only, web with mail follow-up, and web with telephone follow-up). Nonresponse, coverage bias, and patient-mix factors were also examined to determine their effect, if any, on the OAS CAHPS Survey scores.

  To control for patient characteristics that are beyond the control of the facility staff, the mode experiment analysis examined whether and to what extent patients' characteristics statistically affect their rating and assessment of the care. Regression models assessed patient-mix variables that could have a significant bivariate association with relevant OAS CAHPS outcome variables. The same set of variables were also used in a multivariate model, to identify the final set of patient-mix variables to be used in the creation of the adjustment model. For the nonresponse analysis, multivariate models were used to predict the likelihood of responding as a function of available administrative variables, mode of data collection, and facility type. Variables identified as significant predictors of propensity to respond were included in a final nonresponse adjustment model. To assess the extent to which nonresponse weights adjust for nonresponse bias at the facility level, we examined the correlation between nonresponse weights and patient level residuals from the mode and patient-mix models.

  The results of the analysis indicated that there was no significant impact on the survey estimates based on the mode of data collection when comparing mail, telephone, web,

and the two mixed modes (web with mail follow-up and web with telephone follow-up). There were six independent variables in the regression model that proved to be significant indicators in the regression models (surgery category, overall health, overall mental health, age, education, and lag time). The six variables that were significant indicators in the regression models will be used as patient-mix adjustors for score adjustment for national implementation. Nonresponse adjustments were determined not to be needed because the nonresponse-adjusted weights did not add any explanatory power beyond that provided by the six patient-mix adjustors.

This survey has some consistent patterns in how patients of certain demographic groups respond. Older patients and female patients are more likely to be respondents. However, when evaluated by mode, gender was only significant for the overall response for the mail-only mode. It was not significant for the web modes tested. In this experiment 56.5% of all respondents were female. The web-based modes had 56.7%, 57.9% and 56.2% female respondents. Age and survey mode were not significant predictors of response. The mode experiment showed there are only a few, small differences where patient demographic characteristics impact response. These are already accounted for in our patient-mix adjustment so the addition of these tested new modes will not negatively impact scoring.

Response rate analysis of the 2019 Mode Experiment data by existence of email address by mode and patient characteristic showed that the availability of an email address from the patient record varies substantially by surgery category and age. Prevalence of email addresses for some demographic groups were not sufficient to use a web-only mode successfully. The mixed modes, web with mail and web with telephone, showed higher response rates.

Final Survey. As part of the 2021 OMB package, the survey instrument launched in 2022 was revised to reduce the burden to respondent. Two demographic questions (age and gender) were removed. The data from those two questions are obtained from facility records. Two other demographic questions related to language spoken at home were replaced with a single question about language spoken at home. With these changes, the OAS CAHPS Survey consists of 34 questions.

- *Voluntary Participation for the OAS CAHPS Survey*. As part of previous information collection requests in 2015, 2017, and 2021 CMS received OMB approval for the National Implementation of the OAS CAHPS on a voluntary basis for HOPDs and ASCs that choose to participate. Voluntary participation began in 2016. For HOPDs, voluntary participation ends in 2023. For ASCs, voluntary participation continues throughout 2024. OAS CAHPS Survey results from the voluntary reporting period are publicly reported in the Provider Data Catalog, https://data.medicare.gov/provider-data.

- *Participation Linked to Reimbursement for HOPDs*. Beginning with the data collection period CY 2024, OAS CAHPS Survey data will be linked to reimbursement for HOPDs. The survey results for HOPDs will be publicly reported on the Care Compare Web site, https://www.medicare.gov/care-compare/, beginning October 2025, and in the Provider Data Catalog, https://data.medicare.gov/provider-data.

- *Participation Linked to Reimbursement for ASCs*. Beginning with the data collection period CY 2025, OAS CAHPS Survey data will be linked to reimbursement for ASCs. The survey results for ASCs will be publicly reported on the Care Compare Web site, https://www.medicare.gov/care-compare/, and in the Provider Data Catalog, https://data.medicare.gov/provider-data/.
- The OAS CAHPS Survey and its implementation protocols can be found in the current version of the OAS CAHPS Protocol and Guidelines Manual (Version 8.0, November 2023), located at: Survey Materials (Survey Materials (oascahps.org)).
- Currently, the OAS CAHPS Survey instruments and materials are translated into five languages: Spanish, Simplified Chinese, Traditional Chinese, Korean and Russian. CMS regularly asks for feedback on the need for additional languages and will continue to include additional languages as needs arise. Translations are available at https://oascahps.org/Survey-Materials.

Synopsis of changes to requirements and burden for National Implementation.

As documented in the CY 2022 OPPS/ASC Final Rule (86 FR 63863 through 63866), OAS CAHPS Survey data will be linked to reimbursement beginning with CY 2024 for HOPDs and CY 2025 for ASCs. ASCs will continue with voluntary implementation of the OAS CAHPS Survey throughout CY 2024.

No changes are planned at this time for the OAS CAHPS Survey, which consists of 34 questions. The current versions of the OAS CAHPS Survey instruments and supporting materials survey can be found in ***Attachments A (Mail version)***, ***B (Telephone version)***, and ***C (Web version)***.

The burden estimates in section A.12 have been updated to reflect the plans to continue voluntary participation for ASCs 2024, continue participation linked to reimbursement for HOPDs for 2024, and have participation for HOPDs and ASCs linked to reimbursement in 2025.

A. JUSTIFICATION

CMS is requesting clearance from the Office of Management and Budget (OMB) to continue national implementation of the OAS CAHPS Survey to measure patients' experience of care with outpatient and ambulatory surgery centers.

A1. Circumstances Making the Collection of Information Necessary

As documented in the CY 2022 OPPS/ASC Final Rule (86 FR 63863 through 63866), OAS CAHPS Survey data will be linked to reimbursement beginning with CY 2024 for HOPDs and CY 2025 for ASCs. ASCs will continue with voluntary implementation of the OAS CAHPS Survey throughout CY 2024.

HOPDs and ASCs contract with a CMS-approved, independent third-party survey vendor to implement the survey on their behalf and to submit the OAS CAHPS data to CMS. CMS publicly reports comparative results from OAS CAHPS after each facility has conducted data collection for 4 quarters. Data from OAS CAHPS enable consumers to make more informed

decisions when choosing an outpatient surgery facility, aid facilities in their quality improvement efforts, and help CMS monitor the performance of outpatient surgery facilities. Considering the increasing Medicare expenditures for outpatient surgical services from HOPDs and ASCs, the implementation of OAS CAHPS provides CMS with much-needed statistically valid data from the patient perspective to inform quality improvement and comparative consumer information about specific facilities.

This OMB submission is in support of continuing national implementation of OAS CAHPS for HOPDs and ASCs.

A2. Purpose and Use of Information Collection

The information collected in the OAS CAHPS survey will be used for the following purposes:

- To provide a source of information from which patient experience of care measures can be publicly reported to beneficiaries to help them make informed decisions for outpatient surgery facility selection;
- To aid facilities with their internal quality improvement efforts and external benchmarking with other facilities; and
- To provide CMS with information for monitoring and public reporting purposes.

OAS CAHPS scores have been publicly reported on the Medicare.gov website since 2018 and will be used in the payment determination for Outpatient Prospective Payment System (OPPS) for hospitals that participate in the Hospital Outpatient Quality Reporting (Hospital OQR) program beginning with the CY 2024 data collection period and will be used for the payment determinations for ASC Payment System for ASCs that participate in the ASC Quality Reporting Program (ASCQR) beginning with the CY 2025 data collection period.

A3. Use of Improved Information Technology and Burden Reduction

The national implementation of OAS CAHPS is designed to allow third-party, CMS-approved survey vendors to administer OAS CAHPS using mail-only, telephone-only, mixed mode (mail with telephone follow-up), mixed-mode (web with mail follow-up), or mixed-mode (web with telephone follow-up).

The CMS-approved survey vendors who administer the survey use an electronic data collection system if they administer a telephone-only or mixed-mode survey using web.

As with a Computer Assisted Telephone Interview (CATI) system, web administration offers numerous advantages, including the following:

- costs less than in-person data collection;
- allows for a shorter data collection period;
- reduces item nonresponse because the system controls the flow of the interview and complex routing;

- increases data quality by allowing consistency and data range checks on respondent answers;
- creates a centralization of process/quality control; and
- reduces post-interview processing time and costs.

A4. Efforts to Identify Duplication and Use of Similar Information

OAS CAHPS was designed to collect information that is fundamentally different from other CAHPS or patient experience of care surveys. CMS is not aware of any existing validated survey instrument where the unit of analysis is the hospital outpatient department or ambulatory surgery facility, and the focus of the survey is on patient-reported experience of care. The information collected through this survey will therefore not duplicate any other effort and is not obtainable from any other source.

Before the national implementation of the OAS CAHPS Survey, many HOPDs and ASCs were already carrying out their own patient experience of care surveys. These diverse surveys did not allow for comparisons across outpatient surgical facilities. Making comparative performance information available to the public can help consumers make more informed choices when selecting an outpatient surgery facility and can create incentives for facilities to improve care they provide. OAS CAHPS provides a standardized tool for collecting such information and comparisons across all facilities to enable consumers to compare facilities.

A5. Impact on Small Businesses and Other Small Entities

Hospitals are not generally considered to be small businesses. Some ASCs are small businesses, but CMS has implemented protocols that allow smaller facilities to request an exemption from participation. HOPDs and ASCs that treated fewer than 60 survey-eligible patients in the year preceding the data collection period have the option to submit a request for exemption from participating in the OAS CAHPS Survey. An additional exemption applies for ASCs that had fewer than 240 Medicare claims in the prior year to the data collection year. This exemption does not require an exemption request.

They can choose to administer OAS CAHPS by mail only, phone only, mail with telephone follow-up, web with mail follow-up, or web with telephone follow-up. Costs associated with collecting OAS CAHPS will vary depending on:

- The mode of survey administration facilities choose to collect patient survey data,
- The number of patients surveyed (target is 300 completed surveys per year for HOPDs and 200 completed surveys per year for ASCs)
- Whether it is possible to incorporate OAS CAHPS into their existing survey processes if the HOPD or ASC currently collects data

Some smaller HOPDs and ASCs that participate in OAS CAHPS might be unable to reach the target number of completed surveys in a 12-month period. In such cases, the HOPD or ASC should sample all eligible patients and attempt to obtain as many completes as possible.

OAS CAHPS scores based on fewer than the target 300 or 200 completed surveys are publicly reported but the lower reliability of these scores is noted by an appropriate footnote.

A6. Consequences of Collecting the Information Less Frequently

The national implementation of OAS CAHPS on a monthly basis allows for the collection of data about patients' experience with outpatient surgical care at different points in time during a calendar year. Monthly implementation also allows sampled patients to assess their experience at the facility soon after their surgery or procedure is performed. Participating facilities provide a sample frame consisting of patients who received at least one surgery or procedure during the sample month to their survey vendor at least on a monthly basis. Many facilities choose to have their vendor do continuous sampling in order to have more timely data on the experience of their patients. Vendors initiate the data collection from patients no later than 3 weeks after the sample month closes. Respondent burden is increased, and the recall factor becomes a problem if patients are asked to recall their care experiences after longer lapses of time. Monthly sampling and administering the survey within 3 weeks after the close of the sample month reduce the amount of time between outpatient care event and survey completion. CMS does not believe that a less frequent data collection period will result in the most accurate and complete data for public reporting and quality monitoring purposes. Although data collection will be completed by vendors on a continuous or monthly basis, data will be submitted to CMS quarterly.

A7. Special Circumstances Relating to Guidelines of 5 CFR1320.5

There are no special circumstances with this information collection request.

A8. Federal Register Notice and Efforts to Consult Outside Agencies

The 60-day Federal Register notice published in the Federal Register on December 1, 2023 (88 FR 83946).

During the 60-day period, we received comments from two organizations. Each organization addressed several types of topics related to survey content and administration. Appendix G summarizes the comments and their responses. No changes to the survey were based on these comments.

The 30-day Federal Register notice published in the Federal Register on TBD (89 FR).

A.8.1 Outside Consultations

As part of survey development and plans for implementation, CMS received feedback from the following organizations:

- Accreditation Association for Ambulatory Health Care Institute for Quality Improvement

- Ambulatory Surgery Center Association
- Ambulatory Surgery Center Quality Collaboration
- AmSurg
- Anesthesia Quality Institute
- BayCare health System
- Carilion Clinic Orthopedics
- Cleveland Clinic Health System
- HONOReform;
- Hospital Corporation of America
- McLeod Health
- National Center for Health Statistics
- National Partnership for Women & Families
- Ohio State Government
- Providence Hospital
- The Joint Commission
- Trinity Surgery Center
- University of North Carolina at Chapel Hill

A9. Explanation of Any Payment or Gift to Respondents

No payments or gifts will be provided to respondents.

A10. Assurances of Confidentiality Provided to Respondents

Individuals contacted as part of this data collection will be assured of the confidentiality of their replies under 42 U.S.C. 1306, 20 CFR 401 and 422, 5 U.S.C. 552 (Freedom of Information Act), 5 U.S.C. 552a (Privacy Act of 1974), and OMB Circular A-130. The participant will be told the purposes for which the information is collected and that, in accordance with this statute, any identifiable information about them will not be used or disclosed for any other purpose. However, in instances where respondent identity is needed, the information collection will fully comply with all aspects of the Privacy Act.

Concern for the confidentiality and protection of respondents' rights is critically important on any patient experience of care survey. Some patients might not be willing to participate in the survey for fear of retribution from the facility, Medicare, Medicaid, or other payer. There is also a concern that some patients might respond to the survey but might respond in a way that does not

reflect their actual experiences with outpatient surgical care. Therefore, assurances of confidentiality are critically important with this patient population.

OAS CAHPS patients will be more willing to participate if an outside organization administers the survey. In addition, the HOPDs and ASCs will be asked not to discuss OAS CAHPS with their patients, and especially in any way that might influence the patients' decision to participate in the survey or their responses to the survey. The cover letter included with the mail survey questionnaire or the email for the web survey, which are sent to sample patients, will encourage patients to call the survey vendor's toll-free telephone number if they have any questions about the survey.

Survey vendors approved to conduct OAS CAHPS for participating facilities are required to have systems and methods in place to protect the identity of sampled patients and the confidential nature of the data that they provide. The survey vendors submit only de-identified survey data for analysis.

OAS CAHPS vendors will be required to include the following assurances of confidentiality in communications with sample patients:

- the purposes of the survey and how survey results will be used;
- participation in OAS CAHPS is voluntary;
- the information they provide is protected by federal law (Privacy Act) ;
- their survey responses will never be linked to their name or other identifying information;
- all respondents' survey responses will be reported in aggregate, no facility will see their individual answers; and
- they can skip or refuse to answer any question they do not feel comfortable with.

A11. Justification for Sensitive Questions

Information collected in this survey is not considered to be of a sensitive nature. Questions in the survey are confined to respondent interactions and experiences with their outpatient surgery facility.

A12. Estimates of Burden (Time and Cost)

Wage Estimates

Individuals. To derive the median costs for individuals we used data from the U.S. Bureau of Labor Statistics' May 2022 National Occupational Employment and Wage Estimates for our salary estimate (www.bls.gov/oes/current/oes_nat.htm). We believe that the burden will be addressed under All Occupations (occupation code 00-0000) at $22.26/hour since the group of individual respondents varies widely from working and nonworking individuals and by respondent age, location, years of employment, and educational attainment, etc.

Unlike our private sector adjustment to the respondent hourly wage (see below), we are not adjusting this figure for fringe benefits and overhead since the individuals' activities would occur outside the scope of their employment.

Private Sector. To derive average costs for HOPDs and ASCs, we used data from the U.S. Bureau of Labor Statistics' May 2022 National Occupational Employment and Wage Estimates for all salary estimates (www.bls.gov/oes/current/oes_nat.htm). We believe that the burden will be addressed by a database and network administrators and architects (occupation code 15-1240) at $$49.65/hour. As indicated below we are adjusting our employee hourly wage estimate by a factor of 100 percent to $99.30/hour.

The 100 percent adjustments are rough estimates, both because fringe benefits and overhead costs vary significantly from employer to employer, and because methods of estimating these costs vary widely from study to study. Nonetheless, there is no practical alternative, and we believe that doubling the hourly wage to estimate total cost is a reasonably accurate estimation method.

Information Collection Requirements and Burden Estimates

Individuals. We continue to estimate that it takes approximately 8 minutes (0.13 hours) to complete the survey. Estimated annualized burden hours and costs to the respondent for the national implementation are shown in **Exhibits A-1 (Estimated Time)** and **A-2 (Estimated Cost)**. These estimates assume a total of 10,243 HOPDs and ASCs (the universe of Medicare certified facilities). The estimated count of Medicare-certified ASCs is assumed to be eligible for participation in the OAS CAHPS Survey is 5,485.[1] The estimated count of Medicare-certified HOPDs is assumed to be 4,758.[2] The expectation is that 100% of the eligible HOPDs and ASCs will participate in the OAS CAHPS Survey. Thus, the total number of participating HOPDs and ASCs for 2025 is estimated to be 10,243. Each participating HOPD will have 300 patients complete the survey and each ASC will have 200 patients complete the survey, thus the total number of expected respondents for is 2,524,400.

[1] CMS data: QualityNet Listing of ASCs with Medicare Claims
[2] CMS data: Public Reporting Open Listing of HOPDs

Exhibit A-1. Estimated Time (Annual)

Form Name	Number of Respondents	Number of Responses per Respondent	Hours per Response	Total Burden Hours
OAS CAHPS Survey	2,524,400	1	0.13	328,172

Exhibit A-2. Estimated Cost (Annual)

Form Name	Number of Respondents	Total Burden Hours	Average Hourly Wage Rate	Total Cost Burden
OAS CAHPS Survey	2,524,400	328,172	$22.26/hr	$7,305,109

Facilities. Each facility participating in OAS CAHPS must prepare and submit to its survey vendor a file containing patient data on patients served the preceding month that will be used by the survey vendor to select the sample and field the survey. Preparing this file (essentially the sampling frame) for most HOPDs and ASCs can vary by the required level of effort. The data elements needed on the sample frame is kept at a minimum to reduce the burden on all participating facilities. The burden associated with this survey administration is the time and effort put forth by the facility to prepare and submit the file containing patient data on patients. We have determined that the provision of the files will take 28 hours for each HOPD/ASC annually. The activities for facilities include contracting with an approved survey vendor and authorizing the vendor on the OAS CAHPS website.

CMS believes that the 28 hours of labor, which the HOPD/ASC will need to provide patient records annually, can be conducted by a database and network administrator and architect at $99.30/hour.

Assuming 10,243 facilities participate in the OAS CAHPS, in **Exhibit A-3a**, we have summarized the estimated time for the facilities to prepare the patient records. In **Exhibit A-3b**, we have summarized the estimated cost to the facilities for preparing the patient records.

Exhibit A-3a. Estimated Time for Facilities to Prepare Patient Records

Form Name	Number of Respondents	Number of Responses Per Respondent	Average Hours per Response	Total Burden Hours
HOPDs/ASCs Patient Records for National Implementation	10,243	1	28	286,804

Exhibit A-3b. Estimated Cost for Facil

Form Name	Number of Respondents	Total Burden Hours	Average Cost Contract	Total Cost to Burden
HOPDs/ASCs Patient Records for National Implementation	10,243	286,804	$99.30/hr	$28,479,637

Burden Summary for Individual Respondents and Facilities

Respondent Type	Respondents	Total Responses (per year)	Time per Response (hr)	Total Time (hr)	Labor Rate ($/hr)	Total Cost ($)
Respondents	2,524,400	2,524,400	0.13	328,172	22.26	7,305,109
HOPDs and ASCs	10,243	10,243	28.00	286,804	99.40	28,479,637
TOTAL	**2,534,643**	**2,534,643**		**614,976**		**35,784,746**

A13. Estimates of Annualized Respondent Capital and Maintenance Cost

The only cost is that for the time of the respondent. There is no anticipated recordkeeping burden because respondents are not required to keep a copy of the survey.

Capital and maintenance costs include the purchase of equipment, computers or computer software or services, or storage facilities for records, as a result of complying with this data collection. For national implementation, we have determined that there is an annual-time cost to the HOPDs/ASCs to secure the services of approved OAS CAHPS survey vendors to conduct OAS CAHPS on their behalf. In **Exhibit A-4**, we have summarized the estimated cost burden to the facilities for securing the services of a survey vendor. Assuming 10,243 facilities participate in the OAS CAHPS, at the estimated cost of $4,000 for contract costs, then the total cost is estimated to be $40,972,000.

Exhibit A-4. Estimated Cost Burden to Facilities for Survey Vendors for National Implementation

Form Name	Number of Respondents	Total Burden Hours	Average Cost to Contract	Total Cost Burden
HOPDs/ASCs contracting with Survey Vendors	10,243	NA	$4,000	$40,972,000

A14. Estimates of Annualized Costs to the Federal Government

The annual cost to the government for the OAS CAHPS contractor to coordinate national implementation activities includes vendor training program, vendor approval process, technical assistance, overseeing data quality, maintaining a data submission infrastructure, survey management tool, and project website, analyzing the data, making adjustments for patient-mix,

and preparing public reporting formats. The annual cost to the Federal Government is estimated to be $1,720,000.

A15. Explanation for Program Changes or Adjustments

CMS plans to implement participation based on reimbursement for HOPDs in 2024 and for ASCs in 2025. ASCs will continue voluntary reporting in 2024. The total number of HOPDs and ASCs that are expected to participate has increased over time. The current burden tables reflect the increase in participation rates for the facilities (from 3,300 to 10,243 HOPDs and ASCs). The increase in average hourly rates is based on updated Bureau of Labor Statistics data.

A16. Plans for Tabulation and Publication and Project Time Schedule

OAS CAHPS is part of the CMS goal to share as much data as possible with the public about our Medicare-approved HOPDs and ASCs, by providing valid quality data to the public. Data collection for the national implementation of OAS CAHPS began in 2016. CMS has publicly reported OAS CAHPS data on a quarterly basis since 2018. The OAS CAHPS results that are publicly reported reflect one year's worth of data. In each quarterly data submission, we adjust the survey results patient mix. Prior to public reporting each quarter, we provide preview reports to all participating HOPDs and ASCs so that they see their own survey data that will be publicly reported. The public reports show corresponding State and National averages so the public can assess how the HOPDs' and ASCs' data compare with the State and National averaged OAS CAHPS data. OAS CAHPS summary data that are linked to reimbursement will be posted on the CMS Care Compare site and in the Provider Data Catalog site.

A17. Reason(s) Display of OMB Expiration Date is Inappropriate

CMS does not seek this exemption.

A18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to this certificate statement.