

Supporting Statement for Portable X-Ray Supplier Request for Certification (CMS-1880)

BACKGROUND

This is a request for extension of the Centers for Medicare & Medicaid Services (CMS)-1880, Request for Certification as a Supplier of Portable X-ray Services. This form implements 42 CFR 486.100-486.110, Conditions of Coverage for Portable X-ray Services.

The use of CMS-1882, Medicare/Medicaid Portable X-ray Survey Report has been discontinued. Surveyors are now able to access survey resources electronically from the ASPEN database, as a result, the need for surveyors to carry printed copies of the survey information data is no longer efficient. Given this improvement in survey process, there is no need to reinstate form CMS-1882.

A. JUSTIFICATION

1. Need and Legal Basis

This activity is authorized by Title XVIII of the Social Security Act, Section 1861(s)(3). The collection of this information is authorized by 42 CFR Part 486.100-486.110 pursuant to Sections 1864 and 1871 of the Social Security Act. Section 1861(s)(3) requires that providers of Medicare services meet such requirements as the Secretary finds necessary to ensure the health and safety of individuals who are furnished services. For Medicare purposes, certification is based on the State survey agency's reporting of a provider's or supplier's compliance or noncompliance with the health and safety requirements published in regulations. To determine compliance with these requirements, the Secretary has authorized States through contacts to conduct surveys of health care providers.

The form CMS-1880, Request for Certification as a Supplier of Portable X-Ray Services under the Medicare program, is initially completed by the suppliers of portable X-ray services, expressing an interest in and requesting participation in the Medicare program. This form initiates the process of obtaining a decision as to whether the conditions of coverage are met as a portable X-ray supplier. It also promotes data reduction or introduction to, and retrieval from, the Certification and Survey Provider Enhanced Reporting (CASPER) by the CMS Regional Offices (ROs).

2. Information Users

The information from this form will be used by CMS in making certification decisions. The information on the form serves as a screen for the State survey agency to determine if the portable X-ray supplier has the

basic capabilities to participate in the Medicare program, and whether a survey is appropriate. The basic identifying information from this form is coded into ASPEN and serves as the information based for the creation of a record for future Federal certification and for monitoring activity.

3. Improved Information Technology

The certification form lists minimum criteria that must be met in order to be approved as a supplier of portable X-ray services for Medicare participation. The standardized format and simple checkbox method provide for consistent reporting by State survey agencies. Recording this information would be no easier for State surveyors using direct access equipment.

4. Duplication

The application and survey forms do not duplicate any information collection. The forms address specific requirements for certification as a portable X-ray supplier. State survey agencies conduct these reviews with Federal funds under contract with CMS.

5. Small Business

These information collection requirements do not affect small businesses.

6. Less Frequent Collection

The form is required to be completed once.

7. Special Circumstances

There are no special circumstances for this information collection.

8. Federal Register/Outside Consultation

The 60-day Federal Register notice published on
The 30-day Federal Register notice published on

9. Payment/Gifts to Respondent

There are no payment/gifts to respondent.

10. Confidentiality

We do not pledge confidentiality.

11. Sensitive Questions

There are no questions of a sensitive nature associated with this form.

12. Estimate of Burden (Total Hrs. & Wages)

The portable X-ray supplier completes form CMS-1880 to request certification and during any subsequent survey. We estimate based on the simplicity of the form and past usage that it takes approximately 15 minutes to complete.

Read Instructions	5 minutes
Gather and Compile Data	5 minutes
Clerical Time	5 minutes
TOTAL TIME	15 minutes

We anticipate this form to be completed by the equivalent of an Administrative Services Manager at the portable x-ray supplier with a mean hourly wage \$47.56 based on the 2016 Bureau of Labor Statistics National Occupational Employment and Wage Estimates (<https://www.bls.gov/oes/2016/may/oes113011.htm>). There are approximately 86 surveys conducted annually. The annual hour burden is 22 hours and the annual cost to collect these forms is \$1,022.54.

13. Capital Costs of Burden

There are no capital costs of burden.

14. Federal Cost Estimates

All costs associated with the completion of form CMS-1880 is incurred by the portable X-ray supplier.

15. Changes in Burden/Program Changes

The number of portable x-ray suppliers and number of annual surveys has not changed since the previous submission. We have revised the hourly wage estimates to link the information to data from the Bureau of Labor Statistics National Occupational Employment and Wage Estimates. We believe this more accurately represents actual costs. The total burden hours decreased from 151 hours to 22. This is due to the deletion of Form CMS-1882 from this information collection.

16. Publication and Tabulation Dates

There are no publication and tabulation dates with this collection.

17. Expiration Date

CMS will display the OMB expiration date.

18. Certification Statement

There are no exceptions to the certification statement.

B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

There are no statistical methods employed in this information collection.