



Medicare Outpatient Prospective Payment System (OPPS) Drug Acquisition Cost Survey (ODACS)

Frequently Asked Questions

Version 2.0

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Revision History

Table 1 provides a revision history for this document.

Table 1: Revision History

Version Number	Date	Description of Change
1.0	12/08/2025	Initial version
2.0	03/12/2026	Updated version to include additional questions received from interested parties

Purpose

The purpose of this document is to provide answers to Frequently Asked Questions (FAQs) from interested parties about the Outpatient Drug Acquisition Cost Survey (ODACS) data collection, calculation, and publication processes, as well as the system that the Centers for Medicare & Medicaid Services (CMS) uses to collect acquisition data from hospitals.

Paperwork Reduction Act (PRA) Notice

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-1487 (CMS-10931). If you have comments or suggestions, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. CMS-10931 is approved through December 31, 2028.

1. General Questions

This section covers general survey questions, providing answers to the who, what, when, where, and why of the survey.

1.1 *Why is this survey happening?*

Under section 1833(t)(14)(D)(ii) of the Social Security Act (the Act), the Secretary of the Department of Health and Human Services (HHS) shall conduct periodic surveys to determine the hospital acquisition cost for each specified covered outpatient drug for use in setting payment rates. Additionally, on April 15, 2025, President Trump signed [Executive Order \(E.O.\) 14273](#), “Lowering Drug Prices by Once Again Putting Americans First.” Section 5 of the E.O., “Appropriately Accounting for Acquisition Costs of Drugs in Medicare,” directs the Secretary to publish in the Federal Register a plan for conducting a survey under section 1833(t)(14)(D)(ii) of the Act to determine the hospital acquisition cost for covered outpatient drugs in hospital outpatient departments.

1.2 *What is the purpose of the ODACS?*

The purpose of the ODACS is to collect the acquisition costs of certain outpatient drugs and biological products that are purchased by hospitals paid under the Medicare Hospital Outpatient Prospective Payment System (OPPS). CMS will take these data into consideration when determining the appropriate payment rates for hospitals paid under the OPPS. CMS intends to use survey results to inform policymaking, beginning with the Calendar Year 2027 OPPS and Ambulatory Surgical Center (ASC) proposed rule.

1.3 *How will the hospitals respond to the survey?*

CMS uses the Fee-for-Service Data Collection System (FFSDCS) to house various data collection modules. A new module has been developed to collect ODACS data, hereinafter referred to as the Survey Data Collection System or the ODACS module. Hospitals will use the ODACS module to report the requested ODACS data.

1.4 When will the survey take place?

The Survey Data Collection System launched on January 1, 2026. Authorized representatives from hospitals were able to register and complete onboarding starting in December 2025. The data collection period runs from January 1, 2026, through March 31, 2026. CMS must receive all submissions by 11:59 p.m. Eastern Standard Time (EST) on March 31, 2026.

1.5 Which hospitals need to participate?

All hospitals paid under the OPPS between July 1, 2024, and June 30, 2025, and listed on this [ODACS provider table \(PDF\)](#), are part of the survey design, and all such hospitals are to participate in the survey by reporting their drug acquisition costs in the Survey Data Collection System. Hospitals with Part B claims that met certain criteria based on claim date, claim type, facility type, and payment amount were identified as candidate survey participants. CMS began reaching out to these selected hospitals using Provider enrollment or other publicly available contact information in September 2025.

1.6 How often will hospitals be asked to provide their drug acquisition costs?

CMS will likely conduct this survey every four (4) years. CMS believes this frequency will appropriately balance the burden imposed on hospitals of completing the survey with the need to ensure that CMS captures the required data to inform payment rates as required under section 1833(t)(14)(D)(ii) of the Act. However, this frequency is subject to revision based on the survey results and other factors as appropriate.

1.7 What is the CMS anticipated timeframe for each hospital to complete the survey?

As indicated on Table 160 of the CY 2026 Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System Final Rule, CMS estimates 80.5 hours to complete the survey. This time may be significantly reduced if hospitals use custom reports developed by commercial vendors. Additional information regarding this estimate can be found in the [CY 2026 OPPS/ASC Final Rule](#) (90 FR 54049 to 54052).

1.8 Am I required to submit my outpatient drug acquisition cost data?

Hospitals listed on this [ODACS provider table \(PDF\)](#) were identified as survey participants because they met certain criteria for being a hospital paid under the OPPS during the survey window based on claim date, claim type, facility type, and payment amount. These hospitals are part of the survey design and are to participate by reporting their drug acquisition costs in the Survey Data Collection System. As discussed in the [CY 2026 OPPS/ASC Final Rule](#) (90 FR 53764 through 53766), the lack of a response to this required survey is meaningful data to CMS that can be taken into consideration to inform payment rates in future rulemaking.

2. Accessing the Survey Data Collection System

This section covers how CMS selects hospital representatives and how those representatives gain access to the Survey Data Collection System.

2.1 *What is the process for hospitals to gain access to the Survey Data Collection System?*

The following steps outline the process for hospitals to gain access to the Survey Data Collection System:

1. CMS is currently identifying and collecting contact information for a Hospital Point of Contact (POC) from each hospital paid under the Outpatient Prospective Payment System (OPPS) by CMS Certification Number (CCN).
2. CMS will reach out to each identified POC and provide additional information about this initiative, along with instructions on selecting a hospital representative to serve as the Submitter who will be permitted to submit data in the Data Collection System.
3. Once a Submitter is selected, the Hospital POC will provide the unique hospital registration code, which was given to them in the instructions, to the Submitter.
4. The Submitter will register for the FFSDCS Survey Data Collection System through the [CMS Enterprise Portal](#). Submitters must create an Identity Management (IDM) account in the CMS Enterprise Portal before accessing the ODACS module. Instructions on how to register for the FFSDCS Survey Data Collection System are available in the [Registration Guide](#) on the [OPPS Drug Acquisition Cost Survey website](#).
5. Once the Submitter completes the IDM process, they will be able to request access to the ODACS module.
6. Once CMS approves access to the ODACS module, the Submitter will receive a system-generated email with confirmation. At this time, the Submitter can log in to the system but cannot complete registration until the system is live on January 1, 2026.
7. Once the FFSDCS Survey Data Collection System is live on January 1, 2026 (or earlier), the Submitter will be able to complete the registration process. To complete their registration, the Submitter will enter the unique registration code to validate the relationship between the CCN and the Submitter, allowing them to submit cost acquisition data to CMS. The system will automatically send an email to the Hospital POC and ODACS Submitter confirming successful registration.

2.2 *Who should serve as the Hospital Point of Contact (POC) and what are they responsible for?*

The Hospital POC should have the hospital's authority to receive information about the survey and to make decisions related to the survey on behalf of the hospital. They should have access to data from their internal purchasing systems and/or wholesaler portals to complete the survey or have the authority to delegate the data submission to another responsible individual. The Hospital POC may be a senior leader or other financial executive within the hospital, a pharmacy manager, or another role with authority over drug purchasing or financials.

The Hospital POC is responsible for receiving official communications, reviewing ODACS requirements, selecting the Submitter, and providing the Submitter with the hospital's unique Data Collection System registration code.

2.3 *Who should serve as the Submitter, and what are they responsible for?*

The Submitter should be familiar with the hospital's outpatient drug purchasing processes, including outpatient drugs, accounts, and discounts, as well as the hospital's suppliers, wholesalers, and other relevant parties. For example, a Pharmacy Technician is likely well-suited to serve as the Submitter. It is at the Hospital POC's discretion to identify and appoint the appropriate personnel as the Submitter.

The Submitter is responsible for following the necessary steps to register for the ODACS module, understanding ODACS data requirements, collecting data, and attesting and submitting data on behalf of their hospital to CMS.

2.4 *Can the POC be the Submitter?*

Yes, if the POC fulfills the requirements stated above, they can assume the role of the Submitter as well.

2.5 *Our hospital has multiple CCNs. Can the same person be the POC for all our CCNs?*

Yes, the POC can be assigned to multiple CCNs. They will be given a registration code for **each** CCN and will be responsible for designating the Submitter(s) for each CCN.

2.6 *Can there be more than one Submitter per CCN?*

No, there may only be one Submitter per CCN, and the Hospital POC must authorize them to submit data on behalf of the hospital.

2.7 *Can a Submitter submit data on behalf of more than one hospital or CCN?*

Yes, a Submitter may link more than one CCN to their profile. Submitters will be able to register for another CCN provided they have been given permission to do so and have the correct registration code for the CCN.

Once the Submitter completes registration, they will be able to identify the CCN for which they are entering data by selecting the corresponding CCN from a drop-down menu. You can find more information and best practices for ensuring data are uploaded for the correct CCN in the ODACS Submitter User Guide.

2.8 *Our hospital has multiple CCNs associated with it. Can we combine the data and submit the report for just one CCN?*

No. CMS is collecting data at the CCN level, not the hospital level. All CCNs should report their individual data in the Survey Data Collection System.

We understand that it may be challenging to differentiate utilization. We suggest working with your pharmacy purchasing director, finance department, billing department, and billing vendor customer service (if applicable) to devise a method for your hospital. Ultimately, we expect hospitals to use their best judgment when estimating site-of-care usage for this survey.

2.9 What information does the Submitter need to create an IDM account in the CMS Enterprise Portal?

CMS uses the IDM system to verify the identities of all individuals requesting access to applications hosted on the CMS Enterprise Portal. Since the ODACS module is only accessible through the Portal, users must verify their identity with CMS using personal information, such as their home address, personal phone number, personal email, and Social Security Number (SSN). CMS will use the information to confirm the Submitter's identity and then grant access to the FFSDCS and ODACS modules.

2.10 What is the registration code?

The registration code is a unique, computer-generated sequence of numbers, letters, and special characters associated with one individual CCN. The registration code securely links the Submitter's account with the appropriate hospital. CMS will provide the registration code to the Hospital POC. If a POC is assigned to multiple CCNs, CMS will provide a registration code for **each** CCN.

2.11 I misplaced my registration code. How do I request a new registration code?

If a Submitter misplaces the registration code, they should contact the Hospital POC to obtain it. If a new registration code is needed, the Hospital POC must submit a request to the Help Desk via email at ODACSHelpDesk@dcca.com or by calling 1-844-876-0765. The Help Desk will generate a new registration code and deactivate the old one.

2.12 I am the POC for my hospital, and I received registration codes for two CCNs; one has an "S" in the CCN. What is the difference between the two CCNs?

Even though they are similar CCNs, they represent separate entities. The alpha character in the 3rd position (e.g., 00S000) identifies that the unit is not the main hospital, but a sub-provider/unit certified separately. If position 3 of the CCN contains letters such as S, T, or U, this indicates a psych/rehab unit or swing-bed unit in an IPPS hospital. These units have their own CCN because CMS certifies and tracks them separately from the main hospital. Source: [Research Data Assistance Center Provider Base Facility CMS Certification Number \(CCN\)](#). CMS processed OPPS claims for each entity and is requesting that each entity submit its data.

2.13 I need to designate a new Submitter; how do I do that?

The POC must contact the Help Desk via email at ODACSHelpDesk@dcca.com or by calling 1-844-876-0765. Only the POC can request changes to the Submitter.

2.14 I need to designate a new Hospital POC; how do I do that?

The POC must contact the Help Desk via email at ODACSHelpDesk@dcca.com or by calling 1-844-876-0765. Only the POC can request changes to the POC.

3. Data Reporting Questions

This section answers questions related to data entry within the Survey Data Collection System.

3.1 *What data will be collected for this survey?*

This survey asks hospitals to report their outpatient drug acquisition costs for the period from July 1, 2024, through June 30, 2025, for drugs identified as outpatient drugs or biological products at the National Drug Code (NDC) level. A list of the NDCs for which CMS is collecting data will be available in a template within the Survey Data Collection System. For each outer NDC, in an 11-digit format, hospitals will provide the following data:

1. Total Units Purchased - Non-340B
2. Total Units Purchased - 340B
3. Total Net Acquisition Cost - Non-340B
4. Total Net Acquisition Cost - 340B

We are asking hospitals to incorporate all rebates and discounts in their acquisition cost for each NDC—including discounts directly applicable to an individual NDC—but also those discounts that are not necessarily linked to a single NDC. That discount could be one linked to a certain invoice, or discounts linked to purchases made over a certain time period such as prompt pay discounts, wholesaler discounts, or other discounts. With respect to discounts not linked to an individual NDC, we expect hospitals to report these discounts to us as part of this survey as discussed in *Question 3.14*.

We understand that certain discounts may depend on whether an eligible patient receives the drug. That is true, for example, for drugs acquired through the 340B Program. We are therefore asking hospitals to separately list their acquisition costs for drug NDCs acquired through the 340B Program and those drug NDCs acquired outside of the 340B Program to ensure all discounts are accurately captured and represent the hospital's acquisition costs.

3.2 *Is CMS only collecting data for medications billed to Medicare OPPS (not Medicaid/commercial insurance)?*

No. Each CCN should provide the **total** or aggregate costs for the **total** number of units acquired for outpatient use during the period July 1, 2024, through June 30, 2025, excluding purchases that were intended for inpatient use only or returned.

3.3 *Are inner NDCs included in the survey list of specified outpatient covered drugs?*

No, the list contains only outer NDC11s.

3.4 *How do I enter data in the Survey Data Collection System?*

The Submitter will have the option to manually enter data or upload data via an Excel (.xlsx) file.

For hospitals or CMS Certification Numbers (CCNs) with minimal acquisition data or billing systems that do not support data exports, the manual data entry option may be more fitting.

However, for most hospitals, uploading a data report is the faster, more efficient option. A template, **Odacs_Acquisition_Data_Template.xlsx**, is available within the Survey Data

Collection System and on the [Outpatient Prospective Payment System \(OPPS\) Drug Acquisition Cost Survey website](#) to collect and upload your hospital's data.

Refer to the ODACS User Guide for more information on how to enter data in the Survey Data Collection System.

3.5 What is a “unit” for the purposes of reporting in this survey?

For survey reporting purposes, a “unit” refers specifically to the NDC package as it appears on the specified line. This means that each unit corresponds to a complete package defined by its unique NDC, regardless of the number of individual items (such as vials or bottles) it contains.

Example: If you purchase 10 cases, each containing 12 vials, you should report 10 units on the line that reflects the NDC package, since the case itself is considered one unit.

3.6 Do I need to submit data for every NDC?

No. Only provide data for NDCs that your hospital purchased.

If you are manually entering data, enter only NDCs your hospital acquired between July 1, 2024, and June 30, 2025. Leave the fields blank for NDCs that your hospital did not acquire during this time.

If you submit data using the survey template or your own data report, you may either leave NDC rows blank or choose to include only rows for NDCs that your hospital has acquired. Zeros are also an acceptable response but are not required for data entry.

3.7 We purchased NDCs that are not on the template for outpatient use. Should we report those?

No. Provide data only for NDCs listed in the template. Data entered for NDCs not on the list will cause errors during the upload process.

3.8 Does “outpatient drugs” for purposes of the survey refer to drugs dispensed from outpatient pharmacies, or drugs dispensed to patients in the hospital in outpatient units like the Emergency Department?

For this survey, hospitals should provide the total number of packages acquired by the hospital for outpatient use (drugs administered to patients at an outpatient unit, such as the Emergency Department) during the period July 1, 2024, through June 30, 2025, excluding purchases that were intended for inpatient use only or returned.

3.9 What data should be reported in the “Total Units Purchased - Non-340B” field?

For this data point, hospitals should provide the total number of packages acquired by the hospital for outpatient use during the period July 1, 2024, through June 30, 2025, **excluding** purchases that were:

- Intended for inpatient use only
- Returned

- Made under the 340B Program

Hospitals must report data in this field as a positive number with up to two decimal places.

3.10 What data should be reported in the “Total Units Purchased - 340B” field?

For this data point, hospitals should provide the number of packages acquired by the hospital for outpatient use and that were purchased under the 340B Program during the period July 1, 2024, through June 30, 2025. When collecting “Total Unit Purchased - 340B” data:

- Include purchases made under the 340B Program
- Exclude purchases that were returned
- Exclude drugs intended for inpatient use only

Hospitals must report data in this field as a positive number with up to two decimal places.

3.11 What is the “total net acquisition cost” for the purposes of reporting in this survey?

The total net acquisition cost is the amount the hospital paid to acquire all units of a specified NDC during the data collection period, including all discounts, rebates, and financial concessions applied at the NDC level. Discounts and rebates received that do NOT correspond to individual NDCs, such as purchase-volume rebates, will be collected separately and should NOT be reported in the survey template.

3.12 How do I calculate and complete the “Total Net Acquisition Cost - Non-340B” field?

For this data point, hospitals should provide the total amount paid by the hospital to acquire all units of specified non-340B drugs during the period July 1, 2024, through June 30, 2025. Account for discounts, rebates, and financial concessions that were applied at the NDC level. Hospitals should report the aggregated net cost across all purchased non-340B units, not the per-unit cost.

The calculation of the “Total Net Acquisition Cost - Non-340B Purchases” should **include**:

- Discounts, rebates, and other financial concessions that are tied to a specific NDC. For example:
 - Group Purchasing Organization (GPO) or buying group savings, rebates, or discounts tied to specific NDCs and those not tied to specific NDCs but that hospitals are able to reasonably incorporate into their NDC acquisition costs, such as those discounts applied at the invoice level
 - Any other wholesaler or distributor rebates or credits that are credited to a specific NDC

The calculation of the “Total Net Acquisition Cost - Non-340B” should **exclude** purchases that were:

- Intended for inpatient use only
- Returned, including any resulting credits
- Made under the 340B Program

Additional financial concessions received that do NOT correspond to individual NDCs, such as GPO discounts not applied at the NDC level and that a hospital is not able to reasonably incorporate into their NDC acquisition costs, will be collected separately and can be reported in the “Total Net Acquisition Cost - non-340B” field.

Hospitals must report data in this field as a currency (U.S. dollars).

3.13 How do I calculate and complete the “Total Net Acquisition Cost - 340B” field?

For this data point, hospitals should provide the total amount paid by the hospital to acquire all units of specified 340B drugs during the period July 1, 2024, through June 30, 2025. Account for discounts, rebates, and financial concessions that were applied at the NDC level. Hospitals should report the aggregated net cost across all purchased 340B units, not the per-unit cost.

The calculation of the “Total Net Acquisition Cost - 340B” should **include**:

- Discounts, rebates, and other financial concessions that are tied to a specific NDC:
 - 340B discounts or other federally mandated pricing reductions
 - GPO or buying group savings, rebates, or discounts tied to specific NDCs but not applied at the invoice level
 - Any other wholesaler or distributor rebates or credits that are credited to a specific NDC
 - Not tied to specific NDCs but that hospitals are able to reasonably incorporate into their NDC acquisition costs

The calculation of the “Total Net Acquisition Cost - 340B” should **include** only drugs purchased under the 340B Program **and** should **exclude** purchases that were:

- Returned, including any resulting credits
- Intended for inpatient use only

Hospitals must report data in this field as a currency (U.S. dollars).

3.14 My hospital purchases all drugs on the same account. How do we separate our outpatient costs from our inpatient costs?

Each CCN should provide the **total** number of packages acquired for outpatient use during the period July 1, 2024, through June 30, 2025, **excluding** purchases that were intended for inpatient use only or returned.

We understand that it may be challenging to differentiate utilization. We suggest working with your pharmacy purchasing director, finance department, billing department, and billing vendor customer service (if applicable) to devise a method for your hospital. Ultimately, we expect hospitals to use their best judgment when estimating site-of-care usage for this survey.

3.15 Is it permissible for us to calculate a weighted average of our acquisition cost based on the purchase quantity of 340B, GPO,

and wholesale acquisition cost (WAC) for the time period of July 1, 2024, to June 30, 2025?

No. CMS is seeking the total cost for outpatient drugs, not a weighted average for each NDC. Each CCN should provide the **total or aggregate** costs for the **total** number of units acquired for outpatient use during the period July 1, 2024, through June 30, 2025.

3.16 How do I report GPO discounts that are not directly applied at the NDC level?

Your net acquisition costs should reflect all discounts and rebates you have received at the NDC level. These are typically already reflected in your invoice. However, if you have additional discounts or rebates from being part of a GPO or another buying group or another similar discount, and these discounts/rebates are not able to be reasonably incorporated into your NDC acquisition costs, enter that information on the Price Concessions tab in the ODACS module. The system will allow you to select your primary GPO from a drop-down menu and enter an estimated aggregate dollar amount in a separate field for the total rebates and discounts received for the NDCs reported in this survey during the data collection period.

3.17 Can I generate and upload my own data report to the Data Collection System?

Yes, Submitters can create their own data report to upload data to the system. You do not have to use the template provided; however, you must structure your data report similarly to the template and you must:

- Adhere to all field-level requirements
- Use a .xlsx (Excel) file
- Provide data in a worksheet titled “Data Submission Template”
- Include headings that exactly match Row 1 of the “Data Submission Template”:
 - Column A: Drug Name
 - Column B: NDC11 (hyphen)
 - Column C: NDC11 (no hyphen)
 - Column D: Total Units Purchased - Non-340B
 - Column E: Total Net Acquisition Cost - Non-340B
 - Column F: Total Units Purchased - 340B
 - Column G: Total Net Acquisition Cost - 340B

Note: CMS will reject data reports that lack matching headings.

3.18 Can I request a report from my supplier or wholesaler?

Hospitals with substantial acquisition data may reach out to their suppliers or wholesalers to request a data export or a custom report. Note that you must edit the data export to match the provided template for successful upload into the Survey Data Collection System. This may involve manual editing or using a lookup formula in Excel. Refer to *Question 3.17* for more information on the formatting requirements for uploading the report.

3.19 Am I allowed to upload multiple reports?

CMS only allows one report per CCN. If a Submitter has multiple reports from separate purchasing systems or wholesaler portals, it is their responsibility to combine them into a single, complete report and submit it in the format required by the report requirements, as described in the answer to *Question 3.17*. If a Submitter has permission to submit on behalf of multiple CCNs, they must submit one report per CCN.

3.20 Will the Data Collection System validate my data?

The Data Collection System will validate uploaded data to ensure data in the required fields are present and correctly formatted. Any errors or missing information will be flagged on the upload page, accompanied by error explanations. When entering data manually, the system has hover-over tips for data entry fields and is programmed to accept data in specific formats. The system alerts users if data are formatted incorrectly.

3.21 How can I correct a mistake after I upload my data?

If you notice a mistake in your data report after uploading data to the ODACS module but prior to completing the attestation and submitting the data, you have two options to correct your mistake(s):

1. Upload a new data report. Correct the data in the Excel data report and re-upload the corrected report to the survey module. By uploading a new data report to the survey module, all existing data in the module will be overwritten.
2. Edit data directly in the module. Navigate to the **Edit Data** tab to address minor edits.

Refer to the ODACS Submitter User Guide for step-by-step instructions.

3.22 Can I edit data after I have submitted my survey?

Once the Submitter attests to and submits their survey data, the survey data are delivered to CMS and are no longer editable in the survey module without assistance from the Help Desk. The Submitter must contact the Help Desk to reopen the submitted survey for editing. You can edit survey data following submission during the data collection window, which ends on March 31, 2026. As of April 1, 2026, you can no longer edit survey data within the system. Submitters should report any data errors to the Help Desk, which will provide further instructions.

You can reach the Help Desk via email at ODACSHelpDesk@dcca.com or by calling 1-844-876-0765.

3.23 Where can I find additional resources for the data collection process and system?

The ODACS Submitter User Guide provides step-by-step instructions for data entry in the system and is available as a downloadable PDF in the navigation bar of the Survey Data Collection System. Refer to the [Outpatient Prospective Payment System \(OPPS\) Drug Acquisition Cost Survey website](#) for a copy of the Submitter User Guide, fact sheets, and a recording of the training webinar.

3.24 If I have questions or need help related to the survey, who should I contact?

For technical support within the ODACS module, contact the Help Desk via email at ODACSHelpDesk@dcca.com or by calling 1-844-876-0765. For policy-related and all other questions related to the survey, contact the CMS mailbox at OPPSDrugSurvey@cms.hhs.gov.

4. Privacy and Security Questions

This section addresses privacy and security.

4.1 Who will see the submitted data?

Only HHS, the Executive Office of the President (EOP), CMS, and their contractor(s) have access to these data. After data collection and analysis, CMS will consider the survey results when determining proposed payment rates. The proposed payment rates and calculations, along with aggregate data, could be presented in a notice-and-comment rulemaking; however, the confidentiality of individual hospitals and proprietary information would be maintained.

4.2 Will survey data be publicly available?

No. CMS, on behalf of HHS, will not make individual survey data publicly available. CMS will maintain the confidentiality of any submissions as proprietary or confidential to the extent permitted by law. Aggregate data may appear in notice-and-comment rulemaking; however, HHS will maintain the confidentiality of individual hospitals and proprietary information to the full extent permitted by law.

4.3 How can I be sure that my data are associated with the appropriate hospital?

CMS will provide each Hospital POC with a unique registration code linked to the hospital's CMS Certification Number (CCN). The Hospital Point of Contact (POC) is then responsible for providing the registration code to the Submitter, the individual who submits data on behalf of the hospital. During registration, the Submitter selects the hospital for which they are submitting data and must enter the registration code to link their profile to the hospital and complete the registration process. Should submitters have permission to submit on behalf of multiple CCNs, they will be able to identify the specific CCN for which they are entering data by selecting the corresponding CCN in a drop-down menu. Refer to the ODACS Submitter User Guide for more information and best practices to ensure you upload data for the correct CCN.