April 2021

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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Contents

LIST OF ATTACHMENTS

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 CMS, have developed standardized 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 2009, AHRQ reviewed and approved a Surgical Care CAHPS (SCAHPS) Survey, the development of which was sponsored by the American College of Surgeons and the Surgical Quality Alliance. However, that survey, which is applicable to patients who receive surgery in inpatient and outpatient settings, focuses on care provided by a *specific surgeon*, not on the care received at the facility level.

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.

- *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.

- *Final Survey*. 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 has 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, telephoneonly, 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 lagtime). 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.

- *Voluntary Participation for the OAS CAHPS Survey*. As part of previous information collection requests in 2015 and 2017, 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.

Synopsis of changes to requirements and burden for National Implementation.

In response to public comments to the CY 2017 OPPS/ASC Final Rule (81 FR 79777), CMS has decided to continue voluntary implementation of the OAS CAHPS Survey. Based on the findings from the 2019 Mode Experiment, CMS has determined that including web-based modes of administration with mail or phone follow-up of non-respondents will allow HOPDs and ASCs alternative modes that are based on newer technology that would reduce the burden to patients and facilities.

The current OAS CAHPS consists of 37 questions. CMS plans to remove two demographic questions (age and gender) to further reduce burden to respondents. The data from these two questions can be obtained from facility records and as such are not needed to be part of the questions on the survey. CMS plans to remove two other demographic questions related to language spoken at home and replace them with a single question about language spoken at home that will reduce burden and provide more consistent data across CAHPS Surveys. With these changes, the OAS CAHPS Survey will consist of 34 questions. The final 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)***.

CMS continues to believe that the OAS CAHPS Survey measures address an area of care that is not adequately addressed in any current measure set and that the OAS CAHPS Survey will be useful to assess aspects of care where the patient is the best or only source of information. We have updated the burden estimates in section A.12 to reflect the plans to continue voluntary participation in 2022.

A. JUSTIFICATION

The Centers for Medicare & Medicaid Services (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 under Contract Number GS-00F-354CA.

A1. Circumstances Making the Collection of Information Necessary

While there is no requirement at the present to implement and report OAS CAHPS Survey data, CMS established a reporting program in which ASCs and HOPDs can choose to participate in the survey and also choose whether or not to publicly report data. HOPD and ASC facilities that choose to participate 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 12 months. OAS CAHPS measures, 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 ASCs and HOPDs, the implementation of OAS CAHPS will provide 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 and adding two new modes of implementation: web with mail follow-up and web with telephone follow-up.

A2. Purpose and Use of Information Collection

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

- To provide a source of information from which selected 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.

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 during the national implementation will use an electronic data collection or CATI 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.

Many HOPDs and ASCs are already carrying out their own patient experience of care surveys. These diverse surveys do 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 will provide a standardized tool for collecting such information, comparisons across all facilities to enable consumers to compare facilities. In addition, outpatient surgery facilities may include their own facility- specific questions to the existing OAS CAHPS as long as these appear after the OAS CAHPS core survey questions.

A5. Impact on Small Businesses and Other Small Entities

Survey respondents are patients who have received care from a hospital-based outpatient surgery center or independently owned ASC. The survey should not impact small businesses or other small entities.

A6. Consequences of Collecting the Information Less Frequently

The national implementation of OAS CAHPS on a regular basis will allow for the collection of data about patients' experience with outpatient surgical care at different points in time during a calendar year. Regular implementation will also allow sampled patients to assess their experience at the facility soon after their surgery or procedure is performed. Participating facilities will be asked to provide a sample frame consisting of patients who received at least one surgery or procedure during the sample month to their survey vendor on a monthly basis. Vendors will, in turn, be required to initiate the data collection from patients within 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 will reduce the amount of time between outpatient care event and survey. Respondent recall will be enhanced, thus improving the quality of survey data and results. For this reason, 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 monthly basis, data will be submitted to CMS on a quarterly basis.

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 notice was published in the Federal Register on 04/23/2021 (86 FR 21739). Three comments were received. The nature of the three comments related to (1) support for the use of electronic data collection modes, (2) support for the OAS CAHPS Survey as a mechanism to improve accountability among ASCs, and (3) a suggestion to consider listing each type of clinician group including nurse practitioners. Responses to these comments can be found in the Response to Comment document attached to the package.

The 30-day notice was published in the Federal Register on 07/29/2021 (86 FR 40846).

A.8.1 Outside Consultations

In 2013, CMS's contractor convened a 10-member TEP and obtained guidance and input from the TEP on survey development, to review and comment on the draft survey instrument and on conducting the field test. The TEP members consulted represented the following organizations:

- Anesthesia Quality Institute;
- ASC Quality Collaboration;
- University of North Carolina at Chapel Hill;
- Cleveland Clinic Health System;
- Carilion Clinic Orthopedics;
- National Center for Health Statistics;
- HONOReform;
- Ohio State Government;
- The Joint Commission; and
- Trinity Surgery Center.

In 2015, a second TEP was convened to advise CMS and its contractor on several topics related to outreach, sampling, and implementation for the mode experiment and national implementation. The technical expert panel members who provided input and guidance represented the following organizations:

- AAAHC Institute for Quality Improvement
- Ambulatory Surgery Center Association
- AmSurg

- ASC Quality Collaboration
- BayCare health System
- CMS
- Hospital Corporation of America
- McLeod Health
- National Partnership for Women & Families
- Providence Hospital
- The Joint Commission

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 the Federal Privacy Act of 1974 (and that all project staff have signed affidavits of confidentiality and are prohibited by law from using survey information for anything other than this research study);
- 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;
- they can skip or refuse to answer any question they do not feel comfortable with; and
- their participation in the study will not affect the outpatient care or Medicare benefits they currently receive or expect to receive in the future.

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 average costs for individuals we used data from the U.S. Bureau of Labor Statistics' May 2020 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 $27.07/hr 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 2020 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 $47.80/hr. As indicated below we are adjusting our employee hourly wage estimate by a factor of 100 percent to $95.60/hr.

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 11,514 HOPDs and ASCs (the universe of Medicare certified facilities). The estimated count of Medicare-certified ASCs is assumed to be 6,747.[1] The estimated count of Medicare- certified HOPDs is assumed to be 4,767.[2] Due to the determination that participation will remain voluntary in 2022, the expectation is that 29% of the eligible HOPDs and ASCs will choose to sponsor the OAS CAHPS Survey. Thus the total number of participating HOPDs and ASCs for 2022 estimated to be 3,300. Each participating facility will have 300 patients sampled that will complete the survey, thus the total number of expected respondents for voluntary national implementation is 990,000.

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	990,000	1	0.13	128,700

Exhibit A-2. Estimated Cost (Annual)

Form Name	Number of Respondents	Total Burden Hours	Average Hourly Wage Rate	Total Cost Burden
OAS CAHPS Survey	990,000	128,700	$27.07/hr	$3,484,038

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

1 CMS data: QualityNet Listing of ASCs with Medicare Claims
2 CMS data: APR 2021 Public Reporting Open Listing of HOPDs

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 $95.60/hr.

Assuming 3,300 facilities voluntarily 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	3,300	1	28	92,400

Exhibit A-3b. Estimated Cost for Facilities to Prepare Patient Records

Form Name	Number of Respondents	Total Burden Hours	Average Cost to Contract	Total Cost Burden
HOPDs/ASCs Patient Records for National Implementation	3,300	92,400	$95.60/hr	$8.833.440

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	990,000	990,000	0.13	128,700	27.07	3,484,038
HOPDs and ASCs	3,300	3,300	28.00	92,400	95.60	8,833,440
TOTAL	**993,300**	**993,300**		**221,100**		**12,317,478**

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 3,300 facilities voluntarily participate in the OAS CAHPS, at the estimated cost of $4,000 for contract costs, then the total cost is estimated to be $13,200,000.

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	3,300	NA	$4,000	$13,200,000

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 $1,600,000.

A15. Explanation for Program Changes or Adjustments

While CMS plans to continue voluntary reporting, the total number of HOPDs and ASCs that have chosen to participate has increased over time. CMS plans to all the introduction of two web-based mixed-modes of administration: web with mail follow-up of non-respondents and web with telephone follow-up of non-respondents. The current burden tables reflect the increase

in participation rates for the facilities (from 2,104 to 3,300 HOPDs and ASCs) as well as the increase in average hourly rates based on updated Bureau of Labor Statistics data. Although CMS proposes dropping two questions without replacing them, the overall timing for the survey remains at 8 minutes on average.

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 voluntary 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 people can assess how the HOPDs' and ASCs' data compare with the State and National averaged OAS CAHPS data. In the future, we plan to post summary data on the CMS Care Compare 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.