Existing Page #	New Page #	Current Section Number, Section Title, Data Field Text and Location	Changes to the Application	Reasons for the Change		
	Instructions Section					
Instruction Page	5&6	Section Number: NA Section Title: Statement Concerning Information Collection Requirements And Uses Existing Data Field Text ¹ : NA Location: Instructions page	We have moved the instructions from before the CMS-576 form to after the CMS-576 form (pages 5-6)	 We have moved the instructions from before the CMS-576 form to after the CMS-576 form (pages 5-6) We made this change because we believe that the form should be displayed first and any other information provided on the pages after the form. 		
Instruction page	4	Section Number: NA Section Title: Statement Concerning Information Collection Requirements And Uses Existing Data Field Text: "According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control	 The PRA Disclosure Statement was relocated to page 4 at the end of the revised CMS-576 form. A title was added above the PRA Disclosure statement text to identify it and draw attention to this statement, The text font of the PRA disclosure statement was increased to make is more noticeable and easier to read. 	 We made these changes to the PRA Disclosure Statement because: The PRA Disclosure Statement was with the instruction page. Since we relocated the instruction page to after the CMS-576 form, the PRA Disclosure statement also had to be relocated. The PRA Disclosure Statement in the existing version of the CMS-576 form is printed in tiny font, is untitled, and is located at the very 		

¹ This is the text contained in the data field (a/k/a "data item") in question in the existing version of the CMS-576 form.

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	number for this information collection is 0938-0512. The time required to complete this information collection is estimated to average 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850." Location: Instruction page (bottom of page)	4. The PRA disclosure statement text was updated to the most current version required by OSORA: "PRA Disclosure Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0512 (Expires XX/XX/20XX). This is a required information collection. The time required to complete this information collection is estimated to average of 24 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850." "****CMS Disclosure**** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA	bottom of the instruction page, where it is not very noticeable. Readers would tend to skip such text. 3. The text of the PRA Disclosure Statement on the existing version of the CMS-576 form is out of date and missing required text. It needed to be updated. To fix these issues, we did the following: 1. Relocated the PRA Disclosure Statement to right after the signature block of the revised CMS-576 form. 2. Used the most recent version of the PRA Disclosure language required by OSORA and 3. Added a title to identify the purpose of this text. Also, we placed this text in size 14 font so that it clearly visible.

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			Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact QSOG_OPO@cms.hhs.gov."	
		CMS I	Regional Office Use Only Section	
1	1	Section Number: NA Section Title: CMS Regional Office Use Only Existing Data Field Text: "CMS Regional Office Use Only" Location: Row 1	In the title row of this section, the text: "CMS Regional Office Use Only" was changed to: "To Be Completed by CMS Staff Only"	 This change was made because the CMS Regional Offices were renamed as "CMS Locations." Therefore, the reference to "For CMS Regional Office Use Only" is no longer valid. Some people still refer to the CMS regions as Regional Offices and some refer to them as the current name of CMS Locations. To avoid confusion, we have revised the text as follows: "To Be Completed By CMS Staff Only" We believe this revised text requests the same information without creating confusion.

Existing Page #	New Page #	Current Section Number, Section Title, Data Field Text and Location	Changes to the Application	Reasons for the Change
1	1	Section Number: N/A Section Title: CMS Regional Office Use Only Existing Data Field Text: Medicare Number Location: Row 2, column 1	We have changed the text of this data field from: "Medicare Number" in the existing CMS-576 form to "OPO's CMS Certification Number (CCN) in the revised CMS-576 form	 The term "Medicare Number" is confusing and non-specific. There are several "numbers" associated with Medicare providers including NPI, PTAN, Tax ID and CCN numbers. "Medicare Number" does not specify which type of Medicare number is being requested. Also, "Medicare Number" does not indicate which party's Medicare number is being sought. To correct this issue, we have re-titled this section to "OPO's CMS Certification Number (CCN)." We believe this title is much more specific in nature and will help avoid confusion.
1	1	Section Number: N/A Section Title: CMS Regional Office Use Only Existing Data Field Text: Medicare Hospital Number Location: Row 2, column2	We have changed the text of this item from: "Medicare Hospital Number" in the existing CMS-576 form to "Hospital CCN Number" in the revised CMS-576 form	 We have retitled this data field because "Medicare Hospital Number" is confusing and does not make any sense. There is no such thing as a "Medicare Hospital." This appears to be an error in which the words "Medicare" and "Hospital" were reversed. To correct this error, we have re-titled this field as "Hospital CCN Number" which is a more accurate description of the information being sought and will elicit the information being sought.

Existing Page #	New Page #	Current Section Number, Section Title, Data Field Text and Location	Changes to the Application	Reasons for the Change
1	1	Section Number: N/A Section Title: CMS Regional Office Use Only Existing Data Field Text: DHHS Regional Office Location: Row 2, column 3	 We have changed the text of this item from: "DHHS Regional Office" in the existing CMS-576 form to "CMS Location" In the revised CMS-576 form We have also relocated this revised text to the 3rd row, in the 1st column of the revised CMS-576 form, in the section titled "To Be Completed by CMS Staff Only" 	 This change was made because the CMS Regional Offices were renamed to "CMS Locations." Also, the Regional Offices, (now titled "CMS Locations") have never had DHHS in their title either before or after being renamed. Therefore, the reference to "DHHS Regional Office" is no longer valid. To correct this issue, we have renamed this data item to "To Be Completed by CMS Staff Only." We believe this revised title reflects the intended meaning that the data items in this section should be completed by the CMS Location staff.
1	1	Section Number: N/A Section Title: CMS Regional Office Use Only Existing Data Field Text: Date of SA Receipt Location: Row 3, column 1	 We have retitled: "Date of SA Receipt" In the existing CMS-576 form to "Date of CMS Receipt" In the revised CMS-576 form We have also relocated this data field from the row 3, column 1 to Row 2, column 1 	 We have retitled this data items from "Date of SA Receipt" to "Date of CMS Receipt" because it would be the CMS Locations that would receive the completed CMS-576 form and not the State Survey Agencies. We have relocated this data filed because we have revised this section by deleting or relocating some of the unnecessary data items. Therefore, the remaining data items required relocation.

Existing Page #	New Page #	Current Section Number, Section Title, Data Field Text and Location	Changes to the Application	Reasons for the Change
1	1	Section Number: N/A Section Title: CMS Regional Office Use Only Existing Data Field Text: Date of RO Receipt Location: Row 3, column 2	This item has been deleted.	 We have deleted this data field because it is not necessary to document when the SA received the CMS -576 form. The SA can document the date they receive the completed CMS-576 form in their internal computer system. We made this change because it is only necessary to document the date the CMS Locations (formerly titled "CMS Regional Offices") receive the completed CMS-576 form because the CMs Location staff would be the personnel that would process and use the information contained in the CMS-576 form.
1	1	Section Number: N/A Section Title: CMS Regional Office Use Only Existing Data Field Text: State/Reg. Location: Row 3, column 3	This "State/Reg." data field has been deleted	 We have deleted this data field for the following reasons: 1. It is no longer necessary to collect this information; 2. This information is not helpful; to CMS; and 3. The state in which the OPO is provided with the OPO address.

Existing Page #	New Page #	Current Section Number, Section Title, Data Field Text and Location	Changes to the Application	Reasons for the Change
1	1`	Section Number: N/A Section Title: CMS Regional Office Use Only Existing Data Field Text: State/County Code Location: Row 3, column 4	The "State/County Code" data field has been deleted	 We have deleted this data field for the following reasons: It is no longer necessary to collect this information; This information is not helpful; to CMS; and This is a duplicate of the same data field located in the section to be completed by the OPO staff, row 1, column 2. There is no need to collect the same information twice.
1	1	Section Number: N/A Section Title: None Existing Data Field Text: NA Location: Row 4, column 1	We have added a new shaded title row as row #4 on the revised CMS-576 form which contains the following text: "To Be Completed by the OPO Provider Staff"	The rows below rows 1-3 are to be completed by the OPO staff since they are outside the grey area designated as "For CMS Regional Office Use Only." However, this is not specified in the current version of the CMS-576 form. Also, the 4th row is not contained in the gray section and also above the section below titled ""I. Identifying Information." We believe that the position of the 4th row could be confusing and raise questions as to whether it should be completed by the CMS or OPO staff.

Existing Page #	New Page #	Current Section Number, Section Title, Data Field Text and Location	Changes to the Application	Reasons for the Change
				To prevent such confusion and to clearly delineate where the section to be completed by the CMS Location staff ends and the section to be completed by the OPO staff begins, we have added a new title row as row #4 (not counting the document heading row) which states the following: "To Be Completed by the OPO Provider Staff."
1	1	Section Number: NA Section Title: None	We have deleted row #4 of the previous version of the CMS-576 form and moved the data fields from this row to other positions or deleted them as follows:	Below are explanations for the changes made to each section listed below.
		Existing Data Field Text: Location: Row 4, columns 1-5	 Column 1 - Related Provider Number: 1. This data field was moved to Row 2, column 3 in the "To Be Completed by CMS Staff Only" section of the revised CMS-576 form. 2. This data field was also retitled as "Related CCN Number (e.g. for CHOWS / Mergers/Consolidations)" 3. This data field was also retitled as "Related CCN Number (e.g. for CHOWS / Mergers/Consolidations)" 	Column 1 – Related Provider Number: These changes were made to reduce redundancies in the data fields, and to make the title of the data fields more accurate,
			Column 2 – State/County Code: This item has been deleted	Column 2 – State/County Code: This item has been deleted because this information is no longer relevant.

Existing Page #	New Page #	Current Section Number, Section Title, Data Field Text and Location	Changes to the Application	Reasons for the Change
			Column 3 – State/Region Code: This item has been deleted	Column 3 – State/Region Code: This item has been deleted because this information is no longer relevant.
			Column 4 – FY Ending Date: This item has been relocated to line 3, column 3 in the revised CMS-576 form in the "To Be Completed by CMS Staff Only" section. This data field was also retitled as "Current Fiscal Year End Date."	Column 4 – FY Ending Date: We made these changes because we believe that it would be better for the CMS staff to complete this data field. Many non-government persons are not familiar with the fiscal year concept and would get confusing with determining the end date for the fiscal year. We retitled this item to "Current Fiscal Year End Date" to make it clear what dates should be added.
			Column 5 – Medicare Provider Number: This item was moved to Row 5, column 3 in the revised CMS-576 form in the "To Be Completed by the OPO Provider Staff" section. This data field was also retitled as "CMS Certification Number (CCN)"	Column 5 – Medicare Provider Number: We made this change because this same item appears twice on the current version of the CMS-576 form in both the "CMS Regional Office Use Only" and also in the ""To Be Completed by CMS Staff Only" section. There is no need to collect the same information twice and it doesn't matter whether this information is supplier by the OPO provider or the CMS Location. Therefore, we have elected to move this field to the "To Be Completed by CMS Staff Only" section and ha 6ve the OPO staff fill in their Medicare CCN.

Existing Page #	New Page #	Current Section Number, Section Title, Data Field Text and Location	Changes to the Application	Reasons for the Change		
	Section I - Identifying Information					
1	1	Section Number: 1. Section Title: Identifying Information Existing Data Field Text: Name of Facility Location: Row 5, column 1	 The title of this data field has been changes from: "Name of Facility" in the existing CMS-576 form to "Name of OPO" In the revised CMS-576 form This data field has been relocated to row 1, column 1 of section titled "Identifying Information" 	 We changed the name of this data field because we believe that the title "Name of Facility" is too vague and could refer to any type of health care provider. We believe the title "Name of OPO" is more specific and better reflects the information to be collected. This data field was relocated to row 1, column 1 of section 1 because the items in the row above in the current version of the CMS-576 form have either been deleted or relocated. 		
1	1	Section Number: 1 Section Title: Identifying Information Existing Data Field Text: Street Address Location: Row 5, column 2	The data field for the street address of the OPO has been relocated from Page 1, row 5, column 2, in the existing version of the CMS-576 form to Page 1, row 5, column 1 in the revised version of the CMS-576 form.	 This change has been made because some of the data fields in the section to be completed by the OPO staff have been deleted, requiring that the remaining data fields be rearranged. Also, we have rearranged the remaining data fields because we believe that the logical order of the data fields containing identifying information about the OPO would be: Name of OPO CCN Number of OPO Street Address City & County 		

Existing Page #	New Page #	Current Section Number, Section Title, Data Field Text and Location	Changes to the Application	Reasons for the Change
				5. State6. Zip Code7. Telephone Number of OPO8. Name of OPO or CEO or Director
1	1	Section Number: 1 Section Title: Identifying Information	The following changes were made to this data field: 1. We separated this data field into the following 2	These changes have been made because some of the data fields in the section to be completed by the OPO staff have been deleted, requiring that the
		Existing Data Field Text: City, County and State	separate data fields:City/CountyState	remaining data fields be rearranged. Also, we have rearranged the remaining data fields because we believe that the logical order of
		Location: Row 6, column 1	2. The City/County data field was relocated from	the data fields containing identifying information about the OPO would be:
			page 1, row 6, column 1 to page 1, row 6, column 2.	 Name of OPO CCN Number of OPO Street Address
			3. The State data field was relocated from	4. City & County5. State6. Zip Code
			page 1, row 6, column 1 To Page 1, row 7, column 1	7. Telephone Number of OPO8. Name of OPO or CEO or Director
				We believe that it would be better to separate the City, County & State data fields to prevent having too much separate information being included into one single data field. It is customary in most

Existing Page #	New Page #	Current Section Number, Section Title, Data Field Text and Location	Changes to the Application	Reasons for the Change
				forms to collect this information separately in separate data fields.
				Also, these data fields should be placed on separate data fields to allow for exportation of the from the Excel files. If the City, county and state are all included in the same data field it would not be possible to search and filter the exported data by any of the separate fields separately if they are combined into one data field on the CMS-576 form.
1	1	Section Number: 1	The Zip Code data field was relocated from:	These changes have been made because some of the data fields in the section to be completed by
		Section Title: Identifying Information	Page 1, row 6, column 2 to	the OPO staff have been deleted, requiring that the remaining data fields be rearranged.
		Existing Data Field Text: Zip Code	Page 1, row 7, column 2	
		Location: Row 6, column 2		
1	1	Section Number: 1	The Zip Code data field was relocated from:	These changes have been made because some of the data fields in the section to be completed by
		Section Title: Identifying Information	Page 1, row 6, column 3	the OPO staff have been deleted, requiring that the
		Existing Data Field Text: Telephone No. (include area code)	Page 1, row 7, column 3	remaining data fields be rearranged.
		Location: Row 6, column 3		

Existing Page #	New Page #	Current Section Number, Section Title, Data Field Text and Location	Changes to the Application	Reasons for the Change
1	1	Section Title: Identifying Information Section Number: 1 Existing Data Field Text: Name of Chief Executive Location: Row 7, column 1	The following changes has been made to the "Name of Chief Executive" data field: 1. We have changed the text of this data field from: "Name of Chief Executive" to "Name of OPO CEO or Director" 2. The "Name of OPO CEO or Director" data field was relocated from: Page 1, row 7, column 1 to Page 1, row 8 column 1	 This data field was relocated to row 8 because some of the data fields in this section have been deleted, requiring that the remaining data fields be rearranged. The name of this data field was changed to "Name of OPO CEO or Director" in the revised CMS-576 form because we believe that "Name of Chief Executive" is vague and does not identify which Chief Executive's identity was being sought. For example, was the name of the OPO's CEO or an associated hospital's CEO being sought?
1	1	Section Number: 1 Section Title: Identifying Information Existing Data Field Text: Service Areas (Attach separate sheet if necessary (TITLE ROW) Location: Row 8	The title in this header row has been changed from: "SERVICE AREA (Attach Separate Sheet if necessary)" in the existing CMS-576 form to Area Served By This OPO Provider" in the revised CMS-576 form	We changed the text of this header row because we believe that the text in the current version of the CMS-576 form is vague and non-specific. We believe that the revised text better describes the information that is being requested.

Existing Page #	New Page #	Current Section Number, Section Title, Data Field Text and Location	Changes to the Application	Reasons for the Change
1	1	Section Number: 1 Section Title: Identifying Information Existing Data Field Text: A. List Counties Served (or State if the service includes the entire State) Location: Row 9	 The "A. List Counties Served (or State if the service includes the entire State)" data field was relocated from: Page 1, row 9 to Page 1, row 10 The lettering identifying each item (i.e a., b., c., d.) has been removed. 	 This change has occurred because 2 of the data fields in this section have been deleted and the remaining data fields been rearranged. The lettering for the data items was removed because after the deletion of 2 of the 4 data items, there are only 2 items left. We do not believe there is a need to use lettering to identify only 2 data items.
1	1	Section Number: 1 Section Title: Identifying Information Existing Data Field Text: B. Geographic Boundaries Location: Row 10	This data field had been deleted	This data field has been deleted in the revised CMS-576 form because CMS no longer needs to collect this information.
1	1	Section Number: 1 Section Title: Identifying Information Existing Data Field Text: C. Total Population Location: Row 11	This data field had been deleted	This data field has been deleted in the revised CMS-576 form because CMS no longer needs to collect this information.

Existing Page #	New Page #	Current Section Number, Section Title, Data Field Text and Location	Changes to the Application	Reasons for the Change
1	1	Section Number: 1 Section Title: Identifying Information Existing Data Field Text: D. List All Acute Care Hospitals With An Operating Room And The Equipment And Personnel To Retrieve Organ Location: Row 12	 The "D. List All Acute Care Hospitals With An Operating Room And The Equipment And Personnel To Retrieve Organ" data field was relocated from: Page 1, row 12 To Page 1, row 11 The lettering identification for the data fields in this section has been deleted. 	 This change to the location of this data item was caused by the deletion of several data items in the section above. Also, the remaining data fields were re-arranged. The lettering of the items in this section has been removed because we deleted 2 out of 4 of the data fields in this section, leaving on 2 remaining data fields on this section in the revised CMS-576 form. We do not believe it is necessary to use lettering to identify the remaining 2 items. Also, lettering identification is not used anywhere else in the CMS-576 form.

Existing Page #	New Page #	Current Section Number, Section Title, Data Field Text and Location	Changes to the Application	Reasons for the Change		
	Section 3 - Administration & Staffing					
1	1	Section Number: 3 Section Title: Administration & Staffing Existing Data Field Text: (TITLE ROW) Board Of Directors And Advisory Board (Give names and title of members who represent the following) Location: Row 14	The header row for this section has been split from 1 column into 2 columns and the text changed from: "BOARD OF DIRECTORS AND ADVISORY BOARD (Give names and titles of persons who represent the following)" in the existing CMs-576 form to "Name of OPO Administrative Staff" (Column #1) "Title of OPO Administrative Staff" (Column #2) in the revised CMS-576 form	 We changed the text in this header row because we believe that the text in the current version of the CMS-576 form is vague and nonspecific. We believe that the revised text better describes the information that is being requested. Also, we separated the name and title of the OPO Administrative staff into to 2 separate data fields to allow for their separate exportation of the from the Excel files. 		
1	1	Section Number: 3 Section Title: Administration & Staffing Existing Data Field Text: 1. Hospital Administrator Location: Row 15, Column 2	 1. This item was changed from "Hospital Administrator" In the existing CMS-576 form to "Name of OPO Administrator" In the revised CMS-576 form 2. A new data field was added to the right for "Title of OPO Administrator" 	 The intent of this item is to collect the name of the OPO's Administrator. However, in the current CMS-576 form, this item asks for the name of the hospital administrator. We believe this is confusing because in many cases the OPO is not a hospital. We have changed the text of this item to "Name of OPO's Administrator" to be more specific and prevent confusion. In the current version of the CMS-576 form, the name and title of the hospital administrator is collected on the same data 		

Existing Page #	New Page #	Current Section Number, Section Title, Data Field Text and Location	Changes to the Application	Reasons for the Change
				field. However, if this data is exported, it would not be possible to export separately or search and filter the name and title of the hospital (to be changed to OPO) administrator separately in the exported data. To correct this issue, we have added a new column to the right in which to add the tile of the OPO Administrator.
1	1	Section Number: 3 Section Title: Administration & Staffing Existing Data Field Text: 2. Intensive Care or Emergency Room Personnel Location: Row 16, Column 2	This data field has been deleted	This data field has been deleted because CMS has determined that it is no longer necessary to collect this information.
1	1	Section Number: 3 Section Title: Administration & Staffing Existing Data Field Text: 3. Director Location: Row 17 Column 3	 The text of this data field has been changed from "Director" in the existing CMS-576 form to "Name of OPO's Medical Director" In the revised CMS-576 form We placed this revised text into a separate row 	1. The intent of this item is to collect the name of the OPO's Medical Director. However, in the current version of the CMS-576 form, this item asks for the name of "Director". We believe this is vague and could be confusing. To correct this issue, we have changed the text of this data item to "Name of OPO's Medical Director."

Existing Page #	New Page #	Current Section Number, Section Title, Data Field Text and Location	Changes to the Application	Reasons for the Change
				2. In the current version of the CMS-576 form, the name and title of the director is collected in the same data field. However, if this data is exported from the fillable CMS-576 form, it would not be possible to export the name and title as separate pieces of information so that they could be searched and filtered separately in the exported data. To correct this issue, we have added a new column to the right in which to add the tile of the OPO Administrator.
1	1	Section Number: 3 Section Title: Administration & Staffing	1. A new data field for "Name of OPO's Program Manager" was added at section 3, row 16, column 2 of the revised CMS-576 form.	These 2 new data fields were added because we believe that it is important to collect the name and title of the OPO's program manager. This is
		Existing Data Field Text: NA Location: NA	2. A new data field for " <i>Title of OPO's Program Manager</i> " was added at section 3, row 16, column 3 of the revised CMS-576 form.	because the program manager plays an important part in managing the day to day activities and projects of the OPO.

Existing Page #	New Page #	Current Section Number, Section Title, Data Field Text and Location	Changes to the Application	Reasons for the Change
1	1	Section Number: 3 Section Title: Administration & Staffing Existing Data Field Text: 4. Donation Coordinator Location: Row 18, Column 3	 The text of this data field has been changed from "Donation Coordinator" in the existing CMS-576 form to "Name of OPO's Donation Coordinator" in the revised CMS-576 form A new data field was added in a new column to the right for "Title of OPO's Donation Coordinator" 	 We changed the name of this items to make it more specific. We added a new, separate column in which the title for the OPO's donation coordinator can be added for the reasons started above.
1	1	Section Number: 3 Section Title: Administration & Staffing Existing Data Field Text: 5. Tissue Banks Location: Row 15, Column 3	This data field has been deleted	This data field has been deleted because CMS has determined that the information is no longer needed.
1	1	Section Number: 3 Section Title: Administration & Staffing Existing Data Field Text: 6. Organ Procurement Specialist Location: Row 16, Column 3	1. The text of this data field has been changed from "Organ Procurement Specialist" in the existing CMS-576 form to "Name of OPO's Organ Procurement Specialist" in the revised CMS-576 form	1. We believe that the existing text of "Organ Procurement Specialist" is vague because it does not state for whom the Organ Procurement Specialist is employed. For example, is the Organ Procurement Specialist one that is employed at a hospital that is donating organs from one of its deceased patients or seeking organs for a patient on the

Existing Page #	New Page #	Current Section Number, Section Title, Data Field Text and Location	Changes to the Application	Reasons for the Change
			2. A new data field was added in a new column to the right for "Title of OPO's Organ Procurement Specialist"	recipient's list? Or, is the Organ Procurement Specialist employed by the OPO? We have revised the text of this data item to "Name of OPO's Organ Procurement Specialist" because we believe this text provides the required level of specificity. 2. In the current version of the CMS-576 form, the name and title of the Organ Procurement Specialist is collected in the same data field. However, if this data is exported from the fillable CMS-576 form, it would not be possible to export the name and title as separate pieces of information so that they could be searched and filtered separately in the exported data. To correct this issue, we have added a new column to the right in which to add the tile of the OPO's Organ Procurement Specialist.
1	2	Section Number: 3 Section Title: Administration & Staffing Existing Data Field Text: Voluntary Health Associations Location: Page 1, Row 17 & 18, Column 3	This data field has been deleted.	We have deleted this data field because we have determined that it is no longer necessary to collect this information.

Existing Page #	New Page #	Current Section Number, Section Title, Data Field Text and Location	Changes to the Application	Reasons for the Change
2	NA	Section Number: 3 Section Title: Administration & Staffing Existing Data Field Text: 8. Physician With Knowledge, Experience, Or Skill In The Field Of Human Histocompatibility Or An Individual With A Doctorate Degree In Biological Science Or Who Has Knowledge, Experience, Or Skills In The Field Of Human Histocompatibility Location: Page 2, Row 1, Column 2	This data field has been deleted	We have deleted this data field because CMS has determined that it is no longer necessary to collect this information.
		Section Number: 3 Section Title: Administration & Staffing Existing Data Field Text: 9. Transplant Surgeons (from each transplant hospital with an agreement in the service area) Location: Page 2, Row 2, Column 2	This data field has been deleted	We have deleted this data field because we have determined that it is no longer necessary to collect this information.
		Section Number: 3 Section Title: Administration & Staffing	This data field has been deleted	We have deleted this data field because we have determined that it is no longer necessary to collect this information.

Existing Page #	New Page #	Current Section Number, Section Title, Data Field Text and Location	Changes to the Application	Reasons for the Change
		Existing Data Field Text:_10. Members Who Represent The Public Residing In The Area Location: Page 2, Row 3, Column 2		
		Section Number: 3 Section Title: Administration & Staffing Existing Data Field Text: "11. Neurosurgeon Or Another Physician With Knowledge Or Skills In The Field Of Neurology" Location: Page 2, Row 4, Column 2	This data field has been deleted	We have deleted this data field because we have determined that it is no longer necessary to collect this information.
			Section 4 - Narrative	
2	2	Section Number: 4 Section Title: Narrative Existing Data Field Text: "Answer The Following Questions And Attach Supporting Documentation" Location: Page 2, Row 5, Column 2	We have changed the instructions for this section from: "Answer The Following Questions And Attach Supporting Documentation" in the existing CMS-576 form to "Provide narrative responses to the following questions regarding your OPO (in a separate	 We have changed the text of the instructions for providing narrative responses to the questions because we do not believe they are specific enough for several reasons, including: the person completing the CMS-576 form is required to provide narrative responses to these questions, however this is not specifically stated in these instructions;

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			document) and provide all documentation required to support your responses" in the revised CMS-576 form.	b. The responses to the questions are to be provided in a separate document which is to be attached to the CMS-576 form, but this is not stated in the instructions; and
				c. The person completing the CMS-576 form should attach all documentation that supports all responses to all questions. We do not believe that this is properly emphasized in the instructions.
				We believe that the modified instructions to section 4 on the revised CMS-576 form are more specific and provide more information to the person completing the CMS-576 form about how to complete their narrative responses to the questions. For example, these revised instructions advises the person completing the CMS-576 form that the responses provided to the questions in section 4 must be provided in a separate document, must be in a narrative format and that all documentation supporting all responses to all questions must be provided.
				2. In the current version of the CMS-576 form, the instructions for completion of the responses to the questions in section 4 are

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				contained in the same row and column as the questions themselves. We believe this format make the completion instructions less visible to the reader. To fix this issue, we have placed the revised completion instructions in a separate row which is located above the rows containing the questions. (We have also placed each question in a separate row as discussed below). We believe that the modified instructions in the revised CMS-576 form are more specific and provide more specific information to the person completing the CMS-576 form about how to complete their narrative responses to the questions. For example, these revised instructions advises the person completing the CMS-576 form that the responses provided to the questions in section 4 must be provided in a separate document, must be in a narrative format and that all documentation supporting all responses to all questions must be provided.

Existing Page #	New Page #	Current Section Number, Section Title, Data Field Text and Location	Changes to the Application	Reasons for the Change
2	2	Section Number: 4 Section Title: Narrative Existing Data Field Text: "1. Attach documentation of working relationship that exists with facilities of the service area for harvesting organs. Specify percentage of hospitals in the service area that you have a working relationship with and specify bed capacity of associated hospitals." Location: Page 2, Row 5, Column 2	 Question #1 has been changed from: "Attach documentation of working relationship that exists with facilities of the service area for harvesting organs. Specify percentage of hospitals in the service area that you have a working relationship with and specify bed capacity of associated hospitals" in the existing CMS-576 form:	The CMS-576 form is completed by OPOs seeking new CMS designation or OPOs that are undergoing a change of ownership (CHOW). CMS has placed a moratorium on designation of new OPOs, This moratorium is expected to last for the foreseeable future. Therefore, we expect that CMS-576 forms will be submitted by OPOs undergoing CHOWs only until said moratorium has been lifted We made this change because the only OPOs expected to submit CMS-576 form for the foreseeable future are those undergoing a change of ownership (CHOW). Therefore, the questions in section 4 should be geared towards situations in which an OPO is contemplating to or undergoing a CHOW. Also, we have changed question #1 because the revised question asks the OPO to provide a transition plan to ensure continuity of operations after a CHOW takes place. We believe that this information is necessary to CMS to collect. Also, we will be collecting information about the hospitals in the OPO's service area with which the OPO has agreements with the revised question #2 in the revised CMS-576 form. Therefore, we will still be collecting some of the information sought by question #1 in the existing version of the CMS-

Existing Page #	New Page #	Current Section Number, Section Title, Data Field Text and Location	Changes to the Application	Reasons for the Change
				We have decided not to use the text of question #1 on the existing version of the CMS-576 form on the revised version of the CMS-576 form for several reasons. First, this information is already being collected by some of the other questions. Also, the existing and all previous version of the CMS-576 form have contained 12 questions that require a narrative response and supporting documentation. Preparing a response to these questions and gathering the documents to support the responses is burdensome to the OPO provider. We do not want to increase burden to the OPO provider but adding additional question,
2	2	Section Number: 4 Section Title: Narrative Existing Data Field Text: "2. Specify allocation plan for donated organs among transplant patients." Location: Page 2 Row 6, Column 2	1. Question #2 has been changed from: "Specify allocation plan for donated organs among transplant patients" in the existing CMS-576 form. to "Specify the number of hospitals in your OPO's service area with which you have agreements and provide plan for how these hospitals will notified if a CHOW is to take place" in the revised CMS-576 form.	 Question #2 in the revised CMS-576 form has the following purposes: To identify the hospitals in the OPO's service area with which the OPO has an agreement; and To require the OPO to provide a plan for how it will notify the hospitals with which it has an agreement in the event that a CHOW does take place.

Existing Page #	New Page #	Current Section Number, Section Title, Data Field Text and Location		Changes to the Application		Reasons for the Change
			2.	Question 2 in the existing CMS-576 form was added with revisions to the revised CMS-576 as question #4.	to an ag Al wi th ag	nis information is important because CMS needs know the number and names of the hospitals in a OPO's services are with which that OPO has an greement. so, CMS needs to be able to review the OPO's ritten plans for notification of the hospitals in the OPO's services area with which they have an greement that a CHOW is going to take place to assure that the notification will be adequate, mely and contain the required information.
		Section Number: 4 Section Title: Narrative	1.	Question #3 has been changed from: "Discuss arrangements for tissue typing	1.	It is important to note that the text of question #3 in the revised CMS-576 form is not one of
		Existing Data Field Text: "3. Discuss		donated organs" in the existing CMS-576 form		the questions contained in the existing CMS-576 form.
		arrangements for tissue typing donated organs." Location: Page 5, Row 5, Column 2	"Describe the role of the OPO in training hospital designated requestor(s) in establishing and implementing protocols for making routine inquiries about organ donations by potential donors" in the revised		This question was added to collect information about the role of OPO training in establishing and implementing protocols for making routine inquiries about organ donations by potential donors. This is information that CMS believes is necessary to track at this time.	
				CMS-576 form.	2.	In the existing CMS-576 form, there are 12 questions to which a narrative response and supporting documents must be provided. These questions cover various topics.

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			2. The text of question #3 in the current CMS-576 form was made question #7 (with revisions) in the revised CMS-576 form.	In the existing CMS-576 form, the questions do not seem to be placed in any particular order. Likewise, the questions containing similar topics are not grouped together. We believe that it would aid the person completing the CMS-576 form if the questions are placed in a more logical order such as if the questions of like topics are placed together. Therefore, we have revised the order of the questions to do this.
		Section Number: 4 Section Title: Narrative Existing Data Field Text: "4. Discuss and document your accounting procedures and give name and address of accounting firm." Location: Page 5, Row 5, Column 2	 Question # 4 has been changed from: "Discuss and document your accounting procedures and give name and address of accounting firm" in the existing CMS-576 form. to "Provide your organization's plan for the allocation of donated organs among potential transplant recipients" in the revised CMS-576 form The text of question #4 in the existing version of the CMS-576 form has been made question #9 (with revisions) in the revised CMS-576 form. 	It is important to note that the text of question #4 in the revised CMS-576 form is question #12 in the existing CMS-576 form. We made this change to place the set of narrative questions in a more logical order and to group question of like type and topic together.

Existing Page #	New Page #	Current Section Number, Section Title, Data Field Text and Location		Changes to the Application	Reasons for the Change
		Section Number: 4 Section Title: Narrative Existing Data Field Text: "5. Submit quantifiable data showing service area, population and number of potential donors per year." Location: Page 2, Row 5, Column 2	2.	Question #5 has been changed from: "Submit quantifiable data showing service area, population and number of potential donors per year" in the existing CMS-576 form to "Describe procedures for complying with OPTN allocation policies" in the revised CMS-576 form. The text of question #5 in the existing version of the CMS-576 form has not been used on the revised version of the CMS-576 form.	Due to changes in the OPO regulations, we are required to collect information about the OPO's compliance with OPTN allocation policies. Therefore, we needed to add a question regarding this issue, As we have already addressed the OPO's service area in revised question #2, we believe that question #5 is the most appropriate question to delete and replace with a question about OPTN compliance.
		Section Number: 4 Section Title: Narrative Existing Data Field Text: "6. Document your affiliation with tissue banks for the retrieval, processing, preservation, storage and distribution of tissues to assure that all usable tissues from potential donors are obtained." Location: Page 2, Row 5, Column 2	1.	Question #6, has been changed from: "Document your affiliation with tissue banks for the retrieval, processing, preservation, storage and distribution of tissues to assure that all usable tissues from potential donors are obtained" in the existing CMS-576 form. to "Provide documentation of your coordination activities with transplant programs in the service area" in the revised CMS-576 form.	1. Due to changes in the OPO regulations, we are required to collect information about the OPO's coordination activities with transplant programs in their service areas. Therefore, we needed to add a question regarding this issue, As we have already addressed the OPO's service area in revised question #2, we believe that question #5 would be the most appropriate one to delete and replace with a question about OPTN compliance.

Existing Page #	New Page #	Current Section Number, Section Title, Data Field Text and Location		Changes to the Application	Reasons for the Change
			2.	The text of question #6 in the existing CMS-576 form has been added as question #8 (without revisions) in the revised CMS-576 form.	2. We also made this change to place these questions in a more logical order and to group question of like type and topic together.
		Section Number: 4 Section Title: Narrative Existing Data Field Text: "7. Discuss and document your procedures for testing for HIV reactivity to prevent the acquisition of organs infected with the etiologic agent for acquired immune deficiency syndrome." Location: Page 2, Row 5, Column 2	2.	Question #7 been changed from: "Discuss and document your procedures for testing for HIV reactivity to prevent the acquisition of organs infected with the etiologic agent for acquired immune deficiency syndrome" in the existing CMS-576 form to "Discuss your organization's arrangements for tissue typing of donated organs" in the revised CMS-576 form. The text of question #7 in the existing CMS-576 has been added as question #10 (with revisions) to the revised CMS-576 form.	It is important to note that text of question #7 in the revised CMS-576 form is the text (with revisions) from question #3 in the existing CMS-576 form. We have added question #7 from the current CMS-576 form as question #10 on the revised CMS-576 form because we wanted to place the questions in a more logical order and group question of like type and topic together.

Existing Page #	New Page #	Current Section Number, Section Title, Data Field Text and Location		Changes to the Application		Reasons for the Change
		Section Number: 4 Section Title: Narrative Existing Data Field Text: "8. Document your arrangements to coordinate activities with transplant centers in your service area." Location: Page 2, Row 5, Column 2	2.	Question #8, has been changed from: "Document your arrangements to coordinate activities with transplant centers in your service area" on the existing CMS-576 form to "Document your affiliation with tissue banks for the retrieval, processing, preservation, storage and distribution of issues to assure that all usable tissues from potential donors are obtained." on the revised CMS-576 form. This text of question #8 in the existing CMS-576 form has been added as question #6 (with revisions) in the revised CMS-576 form.	2.	It is important to note that the text of the new question #8 on the revised version of the CMS-576 form is question #6 on the existing version of the CMS-576 form. We moved this question from #8 to be question #8 because we wanted to place these questions in a more logical order and to group question of like type and topic together.
		Section Number: 4 Section Title: Narrative Existing Data Field Text: "9. Discuss and document your procedures for ensuring the confidentiality of patient records." Location: Page 2, Row 5, Column 2	1.	Question #9, has been changed from: "Discuss and document your procedures for ensuring the confidentiality of patient records" on the existing CMS-576 form to "Discuss and document your accounting procedures and provide an audit letter on letterhead with the name and address of your accounting firm" on the revised CMS-576 form.	qu te ex W th	is important to note that the revised text for destion # 9 on the revised CMS-576 form is the xt from question #4 (less revisions made) on the xisting CMS-576 form. Ye revised the text and order of the questions in his section because we wanted to place these destions in a more logical order and to group destion of like type and topic together.

Existing Page #	New Page #	Current Section Number, Section Title, Data Field Text and Location		Changes to the Application		Reasons for the Change
			2.	Question #9 on the existing CMS-576 form has been added as question #11 (with revisions) on the revised CMS-576 form.		
		Section Number: 4 Section Title: Narrative Existing Data Field Text: "10. Discuss and document your activities relating to professional education concerning organ procurement." Location: Page 2, Row 5, Column 2	2.	Question #10 has been changed from: "Discuss and document your activities relating to professional education concerning organ procurement" in the existing CMS-576 form to "Provide your written procedures for screening and testing for HIV and other infectious diseases" in the revised CMS-576 form. Question #10 on the existing CMS-576 form has been made question 12 on the revised CMS-576 form.	2.	It is important to note that question #10 in the revised CMS-576 form corresponds to question #7 (with revisions) on the existing CMS-576 form. We moved this question from #7 on the existing CMS-576 form to question #10 on the revised CMS-576 form because we wanted to place these questions in a more logical order and to group question of like type and topic together.
		Section Number: 4 Section Title: Narrative Existing Data Field Text: 11. Document your assistance with hospitals in establishing and implementing protocols	1.	Question #11 has been changed from: "Document your assistance with hospitals in establishing and implementing protocols for making routine inquiries about organ	1.	It is important to note that the text of question #11 on the revised CMS-576 form corresponds to question #8 on the existing CMS-576 form.

Existing Page #	New Page #	Current Section Number, Section Title, Data Field Text and Location	Changes to the Application	Reasons for the Change
		for making routine inquiries about organ donations by potential donors. Location: Page 2, Row 5, Column 2	 donations by potential donor" in the existing CMS-576 form	2. We revised the text and order of the questions in this section because we wanted to place these questions in a more logical order and to group question of like type and topic together.
		Section Number: 4 Section Title: Narrative Existing Data Field Text: "12. Discuss and document your procedures for allocating organs equitably among transplant patients consistent with OPTN criteria as approved by the Secretary." Location: Page 2, Row 5, Column 2	1. Question #12 has been changed from: "Discuss and document your procedures for allocating organs equitably among transplant patients consistent with OPTN criteria as approved by the Secretary" on the existing CMS-576 form to "Discuss and document your activities relating to professional education concerning organ procurement" on the revised CMS-576 form.	 1. It is important to note that question #12 in the revised CMS-576 form corresponds to question #10 on the existing CMS-576 form. 2. We revised the text and order of the questions in this section because we want to place them in a more logical order and to group question of like type and topic together.

Existing Page #	New Page #	Current Section Number, Section Title, Data Field Text and Location	Changes to the Application	Reasons for the Change
			2. Question #12 on the existing CMS-576 form has been added as questions #4 and #5 (with revisions) on the revised CMS-576 form.	
			Section 5 - Performance	
		Section Number: 5	This data field has been deleted.	CMS is no longer required to collect this data.
		Section Title: Performance	1 3,	Deletion of this data field will decrease the
		Existing Data Field Text: Number Of Actual Donors	entirety	burden associated with completion of the CMS-576 form.
		Location: Page 2, Row 8, Column 2		
		Section Number: 5	This data field has been deleted.	CMS is no longer required to collect this data.
		Section Title: Performance	More specifically, section 5 has been deleted in its	Deletion of this data field will decrease the
		Existing Data Field Text: Number of Kidneys Transplanted	entirety.	burden associated with completion of the CMS-576 form.
		Location: Page 2, Row 9, Column 2		

Existing Page #	New Page #	Current Section Number, Section Title, Data Field Text and Location	Changes to the Application	Reasons for the Change
		Section Number: 5	This data field has been deleted.	CMS is no longer required to collect this data.
		Section Title: Performance	 More specifically, section 5 has been deleted in its entirety. 	Deletion of this data field will decrease the burden associated with completion of the CMS-
		Existing Data Field Text: Number of Kidneys Recovered	entirety.	576 form.
		Location: Page 2, Row 10, Column 2		
		Section Number: 5	This data field has been deleted.	CMS is no longer required to collect this data.
		Section Title: Performance	More specifically, section 5 has been deleted in its	Deletion of this data field will decrease the hunder associated with completion of the CMS
		Existing Data Field Text: Number of Extrarenal Organs Recovered	entirety.	burden associated with completion of the CMS-576 form.
		Location: Page 2, Row 11, Column 2		
		Section Number: 5	This data field has been deleted.	CMS is no longer required to collect this data.
		Section Title: Performance	More specifically, section 5 has been deleted in its	Deletion of this data field will decrease the
	Existing Data Field Text: Number of Extrarenal Organs Transplanted	entirety.	burden associated with completion of the CMS-576 form.	
		Location: Page 2, Row 12, Column 2		

Existing Page #	New Page #	Current Section Number, Section Title, Data Field Text and Location	Changes to the Application	Reasons for the Change
2	33	Section Number: 5 Section Title: Performance Existing Data Field Text: Average Number of Organs Procured Per Donor Location: Page 2, Row 13, Column 2	 This data field has been deleted. More specifically, section 5 has been deleted in its entirety.2 	 CMS is no longer required to collect this data. Deletion of this data field will decrease the burden associated with completion of the CMS-576 form.
			Attestation Statement	
2	3	Section Number: NA Section Title: Attestation Statement Existing Data Field Text: "Whoever knowingly or willfully makes or causes to be made a false statement or representation on this statement, may be prosecuted under applicable federal or state laws. In addition, knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to participate, or where the entity already participates, a termination of its agreement or contract with the state agency or the secretary, as appropriate."	 We have increased the font of this text. We have also added the title "Attestation Statement" above this text. 	 The text of the attestation statement was written in very small font making it very hard to read. This would make the reader tend to skip over reading this important statement. Also, this text was not identified with a title. As the person signing the CMS-576 form must attest that they are not knowingly or willfully making or causing to be made a false statement(a) representation, it is important that they read and understand the attestation statement. To correct these issues, we have done the following:

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		Location: Page 2, Row 14, Column NA		To identify the attestation statement we have titled it as "Attestation Statement"; and			
				• Printed the text of this statement in size 14 font so that it is clearly visible and stands out to the reader and signer of the CMS-576 form.			
	Signature Lines						
2	3	Section Number: NA	We have divided the signature line into 2 rows, with 2 columns and added the following new fields with the	We believe that more than just a signature should be obtained from the person signing a form such			
		Section Title: Signature line	following titles and properties:	as the CMS-576 form. We say this because many person's signatures are difficult to read, Therefore,			
		Existing Data Field Text:	Row 1, Column 1:	it is important to get the person's printed name in			
		SIGNATURE OF AUTHORIZED OFFICIAL (Sign In Ink)	Printed Name of Authorized OPO Representative	addition to their signature. We also believe it is important to get the signer's			
			Row 1, Column 2:	official job title . This will allow CMS to ensure			
		Location: Page 2, Row 15, Column 1	Title of Authorized OPO Representative	that they have the requisite authority to sign the CMS-576 on behalf of the OPO.			
			Row 2 Column 1:	In addition, we formatted the signature block for			
			Signature of Authorized OPO Representative	electronic signature. This will allow the OPOs to electronically sign the document and transmit			
			Note: We have formatted this data field for an	them via email to CMS.			
			electronic signature	Finally we have formatted the date signed field as			
			Row 2, Column 2:	a .pdf fillable field so that the signer can fill in the data electronically.			
			Date	data electronically.			

Existing Page #	New Page #	Current Section Number, Section Title, Data Field Text and Location	Changes to the Application	Reasons for the Change
			Note: We have formatted this data field as a .pdf fillable date field so that it can electronically be filled completed .	
		Section Number: NA Section Title: Date signed Existing Data Field Text: "Date" Location: Page 2, Row 15, Column 2	See the row above for a description of the changes made to the date field	We have made the date field in the revised CMS-576 form fillable so that this form can be completed electronically. This makes it easier to complete this form and also prevents inability to read the date due to illegibility of the handwriting,