OMB SUPPORTING STATEMENT

**FEHB Program Health Plan Carrier Application Supporting Statement**

A. Justification

1. Explain the circumstances that make the collection of information necessary. Identify any legal or administrative requirements that necessitate the collection. Attach a copy of the appropriate section of each statute and regulation mandating or authorizing the collection of information.

The Federal Employees Health Benefits (FEHB) Program is offered under the authority of the FEHB law (Chapter 89 prof title 5 of the U.S. Code) and is administered by the Office of Personnel Management (OPM) in accordance with the FEHB law and its implementing regulations (5 CFR Part 89, and 48 CFR Chapter 16).

The Postal Service Health Benefits (PSHB) Program is a separate program within the Federal Employees Health Benefits Program and is also administered by OPM.

Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess. Patient experience encompasses the range of interactions that patients have with the healthcare system, including their health plans. Questions include several aspects of healthcare such as getting timely appointments, easy access to information and good communication with health care providers

2. Indicate how, by whom, and for what purpose the information is to be used. Except for a new collection, indicate the actual use the agency has made of the information received from the current collection.

OPM uses the CAHPS results as part of the FEHB and PSHB Program Plan Performance Assessment (PPA). The PPA enables a consistent, objective evaluation of carrier performance and provides more transparency for enrollees. This assessment uses a discrete set of quantifiable measures to examine key aspects of performance in the areas of clinical quality, customer service and resource use. Six CAHPS measures are part of this discrete set of quantifiable measures. Taken together with more traditional assessments of contract administration, these measures help ensure that enrollees receive high quality affordable healthcare and a positive customer experience. The PPA is linked to carrier profit and adjustment factors. FEHB and PSHB contracts include language to incorporate the PPA as a determinant of the Service Charge or Performance Adjustment.

3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses, and

the basis for the decision for adopting this means of collection. Also describe any consideration of using information technology to reduce burden.

- The National Committee for Quality Assurance (NCQA) oversees the technical guidance that FEHB Carriers follow to administer the CAHPS Survey. CAHPS Survey guidance is outlined in the NCQA HEDIS Volume 3: Specifications for Survey Measures.
- OPM also requires all FEHB and PSHB Carriers to work with a certified CAHPS vendor in the administration of the survey.
- The CAHPS Survey relies largely on a mail and telephone-based approach
- HEDIS Volume 3: Specifications for Survey Measures states that
    - The health plan and survey vendor select one of two standard options for administering HEDIS CAHPS surveys:
        - The **mail-only methodology,** a five-wave mail protocol with three questionnaire mailings and two reminder postcards.
        - The **mixed methodology,** a four-wave mail protocol (two questionnaires and two reminder postcards) with telephone follow-up of a minimum of three and a maximum of six telephone attempts.
    - NCQA provides a standardized internet data collection protocol enhancement for optional use by health plans and survey vendors (prior approval is not required). Survey vendors may add an email component to the internet enhancement which allows vendors to email the cover letters, surveys and reminders to members with valid email addresses. The email component is optional (prior approval is not required). Specifications for the standardized HEDIS CAHPS internet enhancement are included in HEDIS Volume 3: Specifications for Survey Measures.

The CAHPS program is funded and administered by the Agency for Healthcare Research and Quality (AHRQ), which oversees the use of the CAHPS Survey. According to their website:

> *Web-based surveying is an increasingly popular mode of survey administration given its cost-effectiveness. However, the CAHPS research team has found that healthcare organizations are unlikely to have valid email addresses for a representative portion of their patient or enrollee population. Further, research indicates that a web-based administration, by itself, of CAHPS surveys consistently yields the lowest response rates. Therefore, to minimize nonresponse bias and increase response rates, web administration is currently recommended only as part of a mixed mode protocol.*

4. Describe efforts to identify duplication. Show specifically why any similar information already available cannot be used or modified for use for the purposes described in Item 2 above.

The CAHPS survey is the only vehicle that OPM obtains information on enrollee experiences with health plans and their services. OPM does not directly collect data on

enrollees' experiences with their health plans. The FEHB and PSHB health plans provide the CAHPS health plan survey to a sample of enrollees within their population, or the health plans contract out to a vendor to provide the CAHPS health plan survey to a sample within the population of enrollees of the health plan.

OPM does not send the survey out to enrollees for several reasons. One of the main reasons is that many health plans are mandated by CMS or their State to collect the CAHPS survey within Medicare, Medicaid, and CHIP. In addition, the National Committee for Quality Assurance (NCQA) requires health plan seeking accreditation to submit the CAHPS Health Plan survey. If OPM also sent the survey out this would be identified as duplicated efforts.

Further, CAHPS surveys, although not a universal requirement for all health plans, are frequently used by various organizations for quality measurement, public reporting and overall accreditation purposed.

5. If the collection of information impacts small businesses or other small entities (Item 5 of OMB Form 83-I), describe any methods used to minimize.

This ICR does not impact small businesses.

6. Describe the consequence to Federal/DHS program or policy activities if the collection of information is not conducted, or is conducted less frequently, as well as any technical or legal obstacles to reducing burden.

Several CAHPS measures are a part of the PPA and the PPA is linked to carrier profit and adjustment factors. FEHB and PSHB contracts include language to incorporate the PPA as a determinant of the Service Charge or Performance Adjustment. CAHPS data is also provided annually to consumers through the FEHB Plan Comparison Tool and the PSHB Decision Support Tool used as part of the FEHB and PSHB Open Season. It is important that consumers have the most recent data available to assist in decision making.

7. Explain any special circumstances that would cause an information collection to be conducted in a manner:
• requiring respondents to report information to the agency more often than quarterly;
•requiring respondents to prepare a written response to a collection of information in fewer than 30 days after receipt of it;
•requiring respondents to submit more than an original and two copies of any document;
• requiring respondents to retain records, other than health, medical, government contract, grant-in-aid, or tax records, for more than three years;
• in connection with a statistical survey, that is not designed to produce valid and reliable results that can be generalized to the universe of study;
• requiring the use of a statistical data classification that has not been reviewed and approved by OMB;
• that includes a pledge of confidentiality that is not supported by authority established in statute or regulation, that is not supported by disclosure and data security policies that are

consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or
• requiring respondents to submit proprietary trade secrets, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.

There are no special circumstances involved in the collection of this information.

8. Federal Register Notice: Provide a copy and identify the date and page number of publications in the Federal Register of the agency's notice soliciting comments on the information collection prior to submission to OMB

The 60 Day FRN was published at 90 Fed. Reg. 27058 (June 25, 2025). One (1) comment was received. The commenter recommended not delaying the implementation of the national healthcare system after experiencing denial of a claim for medical services. OPM has determined this comment is outside the scope of the ICR. The 30 Day FRN was published at 87 Fed. Reg. 35576 (September xx, 2025).

9. Explain any decision to provide any payment or gift to respondents, other than remuneration of contractors or grantees.

No payment or gift is provided to respondents.

- HEDIS Volume 3: Specifications for Survey Measures states that

o NCQA does not allow the health plan or survey vendor to use incentives of any kind. Proxy responses are not permitted for the adult surveys; the sampled member must complete his or her own survey.

10. Describe any assurance of confidentiality provided to respondents and the basis for the assurance in statute, regulation, or agency policy.

This information collection is protected as confidential contracting documents under the Federal Acquisition Regulation and the FEHB Acquisition Regulation. In addition, the Freedom of Information Act protects commercial or financial information from being disclosed that could harm the business interest of a company. The information is also protected by the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act.

11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private. This justification should include the reasons why the agency considers the questions necessary, the specific uses to be made of the information, the explanation to be given to persons from whom the information is requested, and any steps to be taken to obtain their consent.

While the information collection does not include questions such as sexual behavior and attitudes, religious beliefs, etc., CAHPS surveys do collect information on patient experience.

Therefore, the following statement is included on the cover page of the survey

- Personally identifiable information will not be made public and will only be released in accordance with federal laws and regulations.
- You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey, so we don't have to send you reminders.

12. Provide estimates of the hour burden of the collection of information. The statement should:

a. Indicate the number of respondents, frequency of response, annual hour burden, and an explanation of how the burden was estimated. Unless directed to do so, agencies should not conduct special surveys to obtain information on which to base hour burden estimates. Consultation with a sample (fewer than 10) of potential respondents is desired. If the hour burden on respondents is expected to vary widely because of differences in activity, size, or complexity, show the range of estimated hour burden, and explain the reasons for the variance. Generally, estimates should not include burden hours for customary and usual business practices.
b. If this request for approval covers more than one form, provide separate hour burden estimates for each form and aggregate the hour burdens in Item 13 of OMB Form 83-I.
c. Provide estimates of annualized cost to respondents for the hour burdens for collections of information, identifying and using appropriate wage rate categories. The cost of contracting out or paying outside parties for information collection activities should not be included here. Instead, this cost should be included in Item 14.

Burden Estimate**:** Approximately 48,829 CAHPS surveys will be processed annually. The survey requires approximately 15 minutes for the respondents to read the instructions and complete the survey. A burden of 12,207.25 hours is estimated and is not expected to vary substantially.

| **Form Name** | **Form Number** | **No. of Respondents** | **No. of Responses per Respondent** | **Average Burden per Response (in hours)** | **Total Annual Burden (in hours)** | **Average Rate** | **Total Annual Respondent Cost** |
|---|---|---|---|---|---|---|---|
| ***CAHPS Enrollee Survey*** | 3206-0274 | 48,829 | 1 | 0.25 hours | 12,207.25 hours | $8.17 per form | $398,688.79 |

Note: https://data.bls.gov/oes/#/industry/000000

13. Provide an estimate of the total annual cost burden to respondents or record keepers resulting from the collection of information. (Do not include the cost of any hour burden shown in Items 12 and 14.)

The cost estimate should be split into two components: (1) a total capital and start-up cost component (annualized over its expected useful life); and (b) a total operation and maintenance

and purchase of services component. The estimates should take into account costs associated with generating, maintaining, and disclosing or providing the information. Include descriptions of methods used to estimate major cost factors including system and technology acquisition, expected useful life of capital equipment, the discount rate(s), and the time period over which costs will be incurred. Capital and start-up costs include, among other items, preparations for collecting information such as purchasing computers and software; monitoring, sampling, drilling and testing equipment; and record storage facilities.

If cost estimates are expected to vary widely, agencies should present ranges of cost burdens and explain the reasons for the variance. The cost of purchasing or contracting out information collection services should be a part of this cost burden estimate. In developing cost burden estimates, agencies may consult with a sample of respondents (fewer than 10), utilize the 60-day pre-OMB submission public comment process and use existing economic or regulatory impact analysis associated with the rulemaking containing the information collection as appropriate.

Generally, estimates should not include purchases of equipment or services, or portions thereof, made: (1) prior to October 1, 1995, (2) to achieve regulatory compliance with requirements not associated with the information collection, (3) for reasons other than to provide information to keep records for the government, or (4) as part of customary and usual business or private practices.

The CAHPS survey is at no cost to individuals who are asked to fill the survey out. There are no additional documents needed to be submitted by the individual. The surveys are designed to gather feedback on patient experience with healthcare and participation is voluntary. There are no financial incentives offered to complete the survey. Based on the 2024 number of respondents to the CAHPS survey, 30,990 completed the survey and sent the survey back using the pre-addressed and pre-stamped envelope. Using the 30,990 respondents by mail and the 2025 IRS mileage rates of $0.70 per mile as well as a 2023 USPS report stating 95% of Americans live within 5 miles of a Post Office, OPM estimates that the non-hourly cost burden will be $108,465. OPM acknowledges that this is likely an overestimation since it does not account for those who walked to a mailbox, and for those that live less than 5 miles from a Post Office.

14. Provide estimates of annualized cost to the Federal Government. Also, provide a description of the method used to estimate cost, which should include quantification of hours, operational expenses (such as equipment, overhead, printing and support staff), and any other expense that would have been incurred without this collection of information. You may also aggregate cost estimates for Items 12, 13, and 14 in a single table.

FEHB and PSHB plans are required to participate in the CAHPS survey program. The respective Plan will send the CAHPS survey to a randomly selected group of their members to evaluate their experience with the plan.

Each Plan contracts with an approved and certified National Committee for Quality Assurance (NCQA) HEDIS/CAHPS vendor to administer the adult version of the CAHPS Health Plan Survey for commercial members. The FEHB/PSHB Carriers are responsible for a pro-rata share of the cost of compiling, processing and reporting the CAHPS survey results. OPM's data collection contractor invoices each Carrier directly for a processing fee per unique NCQA Submission ID for which data is submitted on their behalf.

Operating expenses for the cost of administrating the CAHPS survey may be factored into the premiums paid by the enrollees and the government. The federal government contributes a significant portion of the premium for the FEHB/PSHB plans, which indirectly supports the cost of the CAHPS survey.

While there is no direct cost to the government for the CAHPS survey, there may be a very small percentage of costs paid from the government share of the premiums. To determine these costs, OPM calculated the total average government contribution costs from the previous three years (2023-2025) and multiplied it by the total number of enrollees who receive a government contribution towards their premiums.[1] [2] OPM also calculated the average enrollee contribution cost to their share of the premiums for 2023-2025. OPM computed the percentage of the government share of premiums and the percentage of the enrollee share of premiums. OPM applied these percentages to the total cost of the CAHPS Survey per year from 2023-2025, providing us with the overall total cost of the CAHPS survey allocated to enrollee share of premiums and the total CAHPS survey cost allocated to the government share of premiums. To obtain an estimated cost to the government for FEHB/PSHB Health Carriers to issue the CAHPS survey per year we took the average government share of the health premiums estimated to pay for the CAHPS survey. The total costs to the government for issuing the CAHPS survey is estimated at $78,161 per year.

The table below demonstrates the calculations described above.

| CAHPS Survey Distribution Cost to the Government | | | | | | | |
|---|---|---|---|---|---|---|---|
| PPA Cycle Year | Total Number of Enrollees | Average Enrollee Cost | Average Government Contribution | Average Premium Cost | Cost of CAHPS Survey | CAHPS Cost to Enrollee on Premiums | CAHPS Cost to Government Premiums |
| 2023 | 4,032,467 | $ 184.17 | $ 415.09 | $ 599.26 | $ 118,891.82 | $ 36,538.91 | $ 82,352.91 |
| 2024 | 4,103,494 | $ 194.89 | $ 432.31 | $ 627.20 | $ 111,526.84 | $ 34,654.76 | $ 76,872.08 |
| 2025 | 4,179,512 | $ 210.20 | $ 455.97 | $ 666.16 | $ 109,948.63 | $ 34,693.17 | $ 75,257.11 |
| | | | | ***Average*** | ***$ 113,455.76*** | ***$ 35,295.61*** | ***$ 78,160.70*** |

In addition to the government paying part of the costs associated with issuing the CAHPS survey the Performance Improvement (PI), Healthcare and Insurance, OPM, receives CAHPS measure results on an annual basis. CAHPS measures account for the Customer Service performance area of the annual FEHB/PSHB Plan Performance Assessment. The PI team scores the CAHPS measures according to carrier letter 2020-15, Federal Employees Health Benefits (FEHB) Plan Performance Assessment Methodology. The PI team also uses this data in annual analysis and to assess trends over time. We estimate that all team members spend 5% of their total time on CAHPS measures or a total of 572 hours combined.

We accounted for our overhead costs and received an annual overhead cost of 37% from our Office of Resource Management. We calculated the total annual salaries for our team, including Branch Chief and Program Manager. To calculated total overhead costs, we took the 37% and

[1] OPM calculates the program-wide weighted average of premiums in effect each year for Self Only, Self Plus One and Self and Family enrollments.

[2] Some government enrollees in health insurance programs do not receive government contribution towards their premiums because of their employment status or specific program rules such as temporary employment.

attributed to each PI members salary. We then added overhead costs to the PI teams salaried and took 5% of those costs for the 5% of hours worked on CAHPS. The estimated total annual cost to the Federal Government came to $48,556.

The total cost to the Federal Government amounts to $126,717, which includes $78,161 for issuance of the CAHPS Survey costs and $48,556 for employee salaries who analyze the data sent to Healthcare and Insurance at OPM.

15. Explain the reasons for any program changes or adjustments reported in Items 13 or 14 of the OMB Form 83-I. Changes in hour burden, i.e., program changes or adjustments made to annual reporting and recordkeeping **hour** and **cost** burden. A program change is the result of deliberate Federal government action. All new collections and any subsequent revisions of existing collections (e.g., the addition or deletion of questions) are recorded as program changes. An adjustment is a change that is not the result of a deliberate Federal government action. These changes that result from new estimates or actions not controllable by the Federal government are recorded as adjustments.

In 2022, 83 carriers participated in the PPA program, whereas in 2024, the number of carriers decreased to 67. The decrease in the number of carriers participating in the PPA program has led to fewer CAHPS survey responses.

The number of CAHPS survey responses has decreased from 2022 to 2024. According to ORI and CSS, most non-respondents to the CAHPS survey fall into the category of “Non-response after maximum attempts.” Additionally, NCQA excluded responses from individuals who did not meet the eligible population criteria, faced language barriers, were mentally or physically incapacitated, or were deceased.

16. For collections of information whose results will be published, outline plans for tabulation and publication. Address any complex analytical techniques that will be used. Provide the time schedule for the entire project, including beginning and ending dates of the collection of information, completion of report, publication dates, and other actions.

The results of this information collection are published as part of the FEHB Carriers Plan Comparison Tool and Quality data and the PSHB Decision Support Tool in the form of pie charts to help consumer decisions making. This information is published annually during the FEHB and PSHB open season.

17. If seeking approval to not display the expiration date for OMB approval of the information collection, explain reasons that display would be inappropriate.

N/A

18. Explain each exception to the certification statement identified in Item 19 “Certification for Paperwork Reduction Act Submissions,” of OMB Form 83-I.

There are no exceptions to the certification statement.