Addendum to the Supporting Statement for
the Enterprise Scheduling System (ESS) and
the National Appointment and Scheduling Calendar (NASC)
OMB No. 0960-0828

Background

When SSA implemented the Enterprise Scheduling System (ESS) in 2022 for use in scheduling enumeration appointments, we did so with the expectation that we would continue to include more appointment types (e.g., enumeration, Post-Entitlement (PE), etc.) and contact options (i.e., phone, video, in-office) under ESS as we continue to expand its use for appointment scheduling purposes.

To that end, we are planning to extend the current ESS functionality to enable customers and technicians to: (1) schedule enumeration appointments for new or replacement Social Security cards; (2) reschedule or cancel PE actions, such as changing a Representative Payee, processing non-receipt of payment, updating an SSI record, or submitting evidence, and (3) including functionality to allow technicians the ability to schedule, reschedule or cancel PE appointments on behalf of customers. In addition, we are also using the new National Appointment and Scheduling Calendar (NASC) to allow technicians to schedule, reschedule, or cancel initial claim (IC) appointments. Just as ESS already allows the public an easier way to schedule enumeration appointments, this new functionality under ESS and NASC will make it easier for respondents who need to schedule PE and IC appointments. We expect to continue to expand our scheduling capabilities moving forward, and eventually we will use NASC to incorporate all scheduling systems. NASC will continue to use ESS-based scheduling as we expand our scheduling options.

NASC uses the current ESS functionality for scheduling, which allows the technician to seamlessly schedule appointments. When a member of the public requests an enumeration or PE appointment, the technician inputs that data into the system, and the system presents the ESS appointment screens. In the same way, when a member of the public requests and IC appointment, the technician inputs the data, and the system presents the NASC screens for IC appointment. Since the only change is to a back-end system, the respondents experience no change in the way the technicians handle the appointment scheduling. The only difference between ESS and NASC is that NASC will allow any available technician across the country to conduct the interview and schedule the appointment. Currently, ESS scheduling is region-based.

While we still expect to expand our scheduling system further in the future, this current expansion will help respondents self-schedule and allow more ease to SSA technicians who need to manage some of the highest volume workloads SSA processes. Most importantly, it will help reduce the lifecycle of a request and enable us to better serve the public much faster.

Revision to the Collection Instruments

We are making the following overall changes ESS and NASC:

- **Change #1:** We are adding the NASC platform to this information collection, which uses the same functionality as ESS, but allows for any technician (nationwide) to schedule and or take the appointment via telephone.

  Justification #1: While NASC uses the same functionality as ESS, it utilizes a different back-end software platform. NASC allows for any available technician (nationwide) to conduct the scheduling interview and schedule an appointment. However, ESS only allows technicians within the regional office or teleservice center to schedule appointments for respondents who call into that region. Since NASC will allow any available technician in any office or region, who has the proper skill to use the scheduling system, to schedule appointments, we believe this will cut down on scheduling time and make it easier for the respondents to schedule appointments.

  Change #2: We will use NASC for technician-assisted, initial claim (IC) appointments.

  Justification #2: As we roll out NASC, we will begin with IC appointments only. However, we expect our future expansions to the scheduling system will be through NASC (and not ESS). Eventually, we expect to replace ESS with NASC.

- **Change #3:** We are moving technician-assisted appointment scheduling for initial claim (IC) from eLAS (OMB No. 0960-0822) to NASC.

  Justification #3: We are moving the functionality for technician-assisted IC appointment scheduling from eLAS (0960-0822), which is the system we currently use to schedule IC appointments, to NASC as our first move towards decommissioning eLAS. Moving forward, technicians will use NASC to schedule IC appointments via telephone or in person. Technicians will utilize the current call script for ESS, which allows an interview with the customer to determine the type of appointment needed, then use the current eLAS script to obtain the necessary information regarding the type of IC. We anticipate an increase in the technician-assisted scheduling for this information collection due to the inclusion of the eLAS requests for IC under NASC. Therefore, we have updated the burden chart in #12 of the Supporting Statement accordingly

We are making the following changes to the ESS and NASC Technician Screens:

- **Change #4:** We are adding a phone appointment contact type as an option.

  Justification #4: We are making this change to increase the functionality for ESS and to collect another contact method.

We are making the following changes to the ESS Internet screens for self-scheduling:

- **Change #5:** We are including a short online questionnaire for self-schedulers to use before they can access the time slots in ESS to schedule their appointments.

  Justification #5: This short questionnaire will help the system determine the type of appointment needed and will allow the system to offer it in the body of ESS once the system moves the respondent to the scheduling screens. The option for PE appointment will be a static option which the respondents can choose to keep.

- **Change #6:** We are making the following language changes to the screens:
  - We have adjusted the user pathway to remove references to "post-entitlement."
  - We have updated the "Contact Type" field and retitled it to indicate how the appointment will occur, or how we will contact the customer.

  Justification #6: We are making these revisions due to feedback we received from the Office of Management and Budget.

- **Change #7:** We are revising the screens to collect the following, editable data for self-schedulers: name, Social Security number, and zip code.

  Justification #7: We already collect this information through the technician screens; however, we are allowing respondents to edit these screens as needed when they complete the screens themselves. This will allow us an easier way to track and contact the respondents who self-schedule.

- **Change #8:** For self-schedulers, we are adding a field with PE appointment type, which is not editable.

  Justification #8: As mentioned above, the system will communicate with the questionnaire to determine the type of appointment necessary and will pre-fill that in ESS for the respondent.

SSA will implement these revisions upon OMB's approval. Most of the above-mentioned revisions will not affect the burden we included in the Supporting Statement. However, as noted above, we expect a significant increase in technician-assisted scheduling as we are incorporating the eLAS requests under NASC. We have updated the burden chart in #12 of the Supporting Statement to show this increase. We will submit a subsequent Change Request for OMB No. 0960-0822 to reduce the burden for the eLAS requests accordingly (to avoid double-counting this burden).

Future Plans
Our ultimate vision for NASC is to use it for all appointment-scheduling purposes. At this time, we are currently in the beginning stages of moving SSA's scheduling services behind NASC. As mentioned above, we are starting with the eLAS (OMB No. 0960-0822), technician-assisted initial claims appointments. Our next plans include the following revisions to NASC:

- Expanding appointment availability across all resources nationwide.
- Distributing appointment interview responsibilities across resources nationwide.
- Implementing comprehensive self-scheduling availability to the public online through NASC.
- Supporting technician and customer self-scheduling for initial claims across multiple service channels (including technician-assisted and Internet self-scheduling).

Terms of Clearance

OMB placed the following Terms of Clearance on this Information Collection when they last approved it via Change Request on **3/15/24**:

> *Terms of the previous clearance remain in effect. The agency is encouraged to conduct further research into the lower electronic messaging consent rate for technician-scheduled appointments and to take appropriate action it believes may increase the consent rate to levels similar to the web-based consent rate. The agency is further requested to periodically monitor the management information to affirm that the overall electronic messaging consent rate remains above 90% (or if it so determines, an alternative higher threshold) and to alert OMB if the consent rate falls below this point.*

SSA Responses:

- **OMB Term #1:**
  The agency is encouraged to conduct further research into the lower electronic messaging consent rate for technician-scheduled appointments and to take appropriate action it believes may increase the consent rate to levels similar to the web-based consent rate.

  SSA Response:
  SSA's data indicates that customer-scheduled appointments have a consent rate of 90%, while technician-scheduled appointments have a consent rate of 56%. Since the agency's transition to the Appointment Focused Service (AFS) model in January of this year, which expanded appointment-based services, we have seen a significant increase in technician-scheduled appointments, particularly for PE appointments. Compared to January 2024, technician-scheduled PE appointments increased by 411%. While we have trained the technicians and strongly encourage them to promote online consent, the final decision to provide consent rests with the customer, who may choose not to include consent with their

transaction. SSA will continue to provide training and encourage technicians to promote online consent with customers.

- **OMB Term #2:**
  The agency is further requested to periodically monitor the management information to affirm that the overall electronic messaging consent rate remains above 90% (or if it so determines, an alternative higher threshold) and to alert OMB if the consent rate falls below this point.

  SSA Response:
  Agency data indicates that the transition to the AFS model influenced overall electronic messaging consent rates, coinciding with a significant increase in technician-scheduled appointments. Currently, the electronic messaging consent rate stands at 73%. With the upcoming release of ESS to facilitate PE appointments and enable customers to self-schedule, we anticipate an increase in electronic messaging consent, reflecting current trends in customer-scheduled appointments. However, we recommend lowering the threshold to 75% instead of the present 90%, as there will be a transition period during which customers adapt to using our online channel for self-scheduling PE appointments, as opposed to their current practice of calling the national 800# or their local office.