

Table of Contents

SUPPORTING STATEMENT- PART A	3
Introduction	3
A. Justification	3
1. Need and Legal Basis	3
2. Information Users	4
3. Use of Information Technology	7
4. Duplication of Efforts	9
5. Small Businesses	10
6. Less Frequent Collection	10
7. Special Circumstances	10
8. Federal Register/Outside Consultation	10
9. Payments/Gifts to Respondent	11
10. Confidentiality	11
11. Sensitive Questions	12
12. Collection of Information Requirements and Annual Burden Estimates	12
13. Capital Costs	18
14. Cost to the Federal Government	18
15. Changes to Collection of Information Requirements, Burden, and Collection of Information Instruments	19
16. Publication/Tabulation Dates	19
17. Expiration Date	19
18. Certification Statement	20

List of Tables

Table 1: Information Needed from SNFs for Each Short Stay Resident Discharged During the Reporting Week	8
Table 2a: Estimated Annualized Burden Hours for Respondents: CY 2024 Proposed Implementation of the CoreQ: SS DC Survey	14
Table 2b: Estimated Annualized Burden Hours for Respondents: CY 2025 Proposed Implementation of the CoreQ: SS DC Survey	14
Table 3a: Estimated Annualized Burden for CoreQ: SS DC Survey Respondents for CY 2024	15
Table 3b: Estimated Annualized Burden for CoreQ: SS DC Survey Respondents for CY 2025	15
Table 4a: Estimated Annualized Burden for SNFs Eligible to Participate in CY 2024	16
Table 4b: Estimated Annualized Burden for SNFs Eligible to Participate Beginning with CY 2025	17
Table 5: Estimated Annualized Burden for SNFs Applying for Exemption from Participation in the CoreQ: SS DC Survey Beginning with CY 2024	18

SUPPORTING STATEMENT- PART A

CoreQ: Short Stay Discharge Survey
For the collection of data related to the Skilled Nursing
Facility (SNF) Quality Reporting Program (QRP)
OMB 0938-TBD (CMS-10852)

Introduction

The Centers for Medicare & Medicaid Services (CMS) requests a three-year clearance from the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 to implement the Skilled Nursing Facility Setting (SNF) CoreQ®: Short Stay Discharge (CoreQ: SS DC) Survey, and to assess the effects of administration mode. Under Contract Number 75FCMC18D0020, the project team would implement the CoreQ: SS DC Questionnaire for the SNF Quality Reporting Program (QRP). Prior to the CoreQ: SS DC measure, there was no national standard for collecting resident satisfaction information that would allow comparisons of skilled services or skilled care across Medicare-certified SNFs.

This collection of information request is associated with our FY 2024 SNF Prospective Payment System (PPS) proposed rule (CMS-1779-P; RIN 0938-AV02). The rule filed for public inspection on April 4, 2023, and is scheduled to publish on April 10. Comments must be received by June 5, 2023.

A. Justification

1. Need and Legal Basis

Section 1888(e)(6)(B)(i)(II) of the Act established the SNF QRP and requires that each SNF submit, for fiscal years (FYs) beginning on or after the specified application date (as defined in section 1899B(a)(2)(E) of the Act), data on quality measures specified under section 1899B(c)(1) of the Act and data on resource use and other measures specified under section 1899B(d)(1) of the Act in a manner and within the timeframes specified by the Secretary. In addition, section 1888(e)(6)(B)(i)(III) of the Act requires, for FYs beginning on or after October 1, 2018, that each SNF submit standardized resident assessment data required under section 1899B(b)(1) of the Act in a manner and within the timeframes specified by the Secretary. Section 1888(e)(6)(A)(i) of the Act requires that, for FYs beginning with FY 2018, if a SNF does not submit data, as applicable, on quality and resource use and other measures in accordance with section 1888(e)(6)(B)(i)(II) of the Act and standardized resident assessment in accordance with section 1888(e)(6)(B)(i)(III) of the Act for such FY, the Secretary reduce the market basket percentage described in section 1888(e)(5)(B)(ii) of the Act by 2 percentage points.

In CMS-1779-P, CMS is proposing to adopt the CoreQ: SS DC measure for the SNF QRP beginning with the FY 2026 SNF QRP under section 1899B(d)(1) of the Act.

Collecting satisfaction information from SNF residents is more important now than ever. There has been a philosophical change in healthcare that now includes the resident and their preferences as an integral part of the system of care. The Institute of Medicine (IOM) endorses this change by placing the patient as a central figure within the care system.¹ For this transformation to person-centered care to succeed in SNFs, we must be able to measure resident satisfaction for these three reasons: (1) Measuring satisfaction is necessary to understand resident preferences, (2) Measuring and reporting satisfaction information about SNF care supports informed decision making and, (3) Satisfaction information can help facilities improve the care they provide.

CMS demonstrated interest in the consumers' perspective on quality of care by supporting the development of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys for residents/families in SNFs. However, these surveys have multiple items and were not designed to produce an overall satisfaction score. The CoreQ: SS DC Questionnaire was designed to be short and produce an overall satisfaction score, such that facilities could be compared.

The CoreQ: SS DC Survey can help SNFs work toward organizational excellence and provide high quality care by being a tool that targets a unique and growing resident population. Over the past several decades, care in SNFs has changed substantially. Statistics show that approximately 40 percent of residents who receive care in SNFs are now discharged home.² Moreover, when satisfaction information from residents (i.e., long-stay residents) is compared with satisfaction information from residents discharged to the community, substantial differences exist.³ This indicates that long-stay and short-stay residents are different populations with different needs in the facilities that serve both resident populations.

The CoreQ: SS DC Survey provides a set of standardized questions and administration methodology for residents to report and rate their SNF providers on the care received.

2. Information Users

How would the information collection take place?

-
1. IOM (US) Committee on Improving Quality in Long-Term Care, *Improving the Quality of Long-Term Care*, 2001, Wunderlich GS and Kohler PO, editors. Washington, DC: National Academies Press (US). Available at <https://www.nap.edu/catalog/9611/improving-the-quality-of-long-term-care>.
 2. MedPAC (2022). Skilled nursing facility services. https://www.medpac.gov/wp-content/uploads/import_data/scrape_files/docs/default-source/reports/mar19_medpac_ch8_sec.pdf
 3. Castle, N. G. (2020). The CoreQ: Development and Testing of a Nursing Facility Resident Satisfaction Survey. *Journal of Applied Gerontology*, 1-9.

The CoreQ: SS DC Questionnaire would be administered to all eligible short stay residents discharged from a SNF or a Non-Critical Access Hospital (CAH) with swing beds providing SNF services. The SNF would provide a CMS-approved CoreQ survey vendor (hereafter referred to as vendor) with information about their discharged short stay residents such that the survey process can begin (via mail or telephone). Data from completed surveys would be used to calculate the CoreQ: SS DC Survey measure.

The CoreQ: SS DC Survey development and data collection activities were primarily conducted using mail surveys. As such, the CoreQ: SS DC Survey has currently only been tested as a mail survey. During calendar year (CY) 2024, CMS plans to conduct mode testing of a telephone survey for the CoreQ: SS DC Survey. In the meantime, vendors would be permitted to offer telephone surveys as an option for their SNF clients.

After each quarter of survey data collection, vendors would be required to submit the survey data collected using the data submission tool function on the CoreQ: SS DC Survey website (TBD). All data submitted would be reviewed, undergo validation checks, and be scored by the CoreQ: SS DC Survey Coordination Team. CoreQ: SS DC measure results would be calculated for each SNF and displayed on [Care Compare](#) at a future date.

Who are the respondents?

The CoreQ: SS DC Survey respondents would be short-stay SNF residents discharged back to the community within 100 days of admission. Specifically, the proposed survey eligibility criteria are:

- 1.residents who are at least 18 years of age by the end of the reporting week,
- 2.residents whose SNF stay was paid by any payer, including self-pay,
- 3.residents who stayed 100 days or less from the date of admission in a SNF, and
- 4.residents who are discharged alive to the community, including discharged to home or to assisted living facilities.

The vendor would exclude any resident who meets one of the following criteria:

1. Discharged to a hospital, another SNF, nursing home, psychiatric facility, Inpatient Rehabilitation Facilities (IRF), intermediate care facility, or Long-Term Care Hospital (LTCH), discharged to hospice,
2. Dementia impairing their ability to answer the questionnaire defined as having a Brief Interview for Mental Status (BIMS) score on the Minimum Data Set (MDS) as 7 or lower,
3. Have a court appointed guardian,
4. Left Against Medical Advice (AMA),
5. Died during their SNF stay, or
6. Have a foreign address or (missing address and missing telephone number and missing email address).

Identify each collection instrument.

The CoreQ: SS DC Survey would be used as the data collection instrument in either mail or telephone format. These are provided in *Appendix C and D* in the Draft CoreQ: SS DC Survey Protocols and Guidelines Manual, respectively.

How would respondents access the collection instrument?

The vendors would use either mail or telephone survey methods to collect CoreQ: SS DC responses. The respondents would be informed that the CoreQ: SS DC survey is voluntary. Surveys administered via mail would be required to include:

1. a cover letter,
2. the CoreQ: SS DC Questionnaire, and
3. a business reply envelope.

The CoreQ: SS DC Survey Protocols and Guidelines Manual outlines other details that would be required for the administration of the questionnaire.

How would respondents return the collection instrument?

The respondents would complete the CoreQ: SS DC Questionnaire by mail or via a telephone interview. If administered by mail, the respondent would return the CoreQ: SS DC Questionnaire in the reply envelope provided by the vendor.

Would invitations or other communications be sent to the Respondent?

No. Other communications would not be sent to the respondents.

How would the appropriate disclosures be provided to the Respondent (Privacy Act Statement)?

The PRA disclosure notice (see *Appendix E* in the Draft CoreQ: SS DC Protocols and Guidelines Manual) would be required to be printed either on the questionnaire or in the cover letter. The cover letter would be required to include:

1. a statement describing the purpose of the survey,
2. a statement asking that the respondent ask a family member or friend for assistance completing the survey, if help is needed,
3. language that the survey is voluntary, and they do not have to complete it, and
4. an email address and toll-free telephone customer support number staffed by the vendor.

Additionally, the toll-free telephone line would be required to have staff that can respond to questions in any language in which the vendor is offering the survey. Finally, vendors would be required to accommodate alternate telephone communications, including teletypewriter (TTY).

3. Use of Information Technology

Beginning January 1, 2024, SNFs would be required to submit data for the national implementation of the CoreQ: SS DC Survey. SNFs would be required to contract with a vendor to conduct the survey on their behalf. Vendors would not be able to collect and submit data to CMS on the SNF's behalf until they received approval to conduct the survey.

The CoreQ: SS DC Survey would be used for all eligible short stay residents discharged from a SNF.

All SNFs must submit a weekly Resident Information File (RIF) to their contracted vendor. The RIF would be required to contain information that is at both the facility-level and the resident-level.

The mail survey procedure does not require the use of any information technology by respondents. Telephone survey procedures will only require the use of a telephone or cell phone by respondents, no additional information technology is required.

SNFs would be required to submit the following facility-level data elements to their contracted vendor:

- provider name,
- provider number (CCN),
- National Provider Identifier (NPI),
- reporting week,
- reporting year, and
- number of short stay residents discharged in the reporting week.

All these elements are available in the SNFs electronic billing/administrative systems. One hundred percent of Medicare-certified SNFs are required to submit their MDS data to CMS; therefore, the data elements for the RIF are readily available.

SNFs would be required to submit the following resident-level data elements to their contracted vendor on all short stay discharged residents, each week (See **Table 1**).

Table 1: Information Needed from SNFs for Each Short Stay Resident Discharged During the Reporting Week

Data Element
Resident's full name (First Name, Middle Initial, and Last Name as separate fields)
Gender
Resident's date of birth (MMDDYYYY)
Mailing address (Resident Mailing Address 1, Resident Mailing Address 2, Address City, Address State, Address Zip Code, Email Address, and Telephone number (as separate data fields)
Payer(s) (Unknown, Medicare, Medicaid, private health insurance, other)
HMO indicator
Dual eligibility status (Medicare and Medicaid)
End Stage Renal Disease (ESRD)
Resident date of admission (MMDDYYYY)
Resident discharge date (MMDDYYYY)

Data Element
Brief Interview Mental Status (Range 1 to 15; 99 if resident is unable to complete)
Discharge status
Left against medical advice
Court appointed guardian
Ethnicity
Race
Resident's preferred language

Most of these data elements SNFs have available in the resident MDS record. One hundred percent of Medicare-certified SNFs are required to submit their MDS data to CMS; therefore, the data elements are readily available.

Would this collection be completed electronically?

While electronic information would be used in the data collection and submission process, the questionnaire itself is only available for mail or telephone mode.

If CMS had the capability of accepting electronic signature(s), could this collection be made available electronically?

The survey data collection does not require a signature from the respondents, and therefore the ability to accept electronic signatures would not impact survey data collection. In the future, CMS could conduct a mode analysis for the electronic collection of the survey information by vendors.

If this collection isn't currently electronic but will be made electronic in the future, please give a date (month & year) as to when this will be available electronically and explain why it can't be done sooner.

There are currently no plans to make the questionnaire available in an electronic format. The telephone mode testing would take priority over the development of an electronic questionnaire.

If this collection cannot be made electronic or if it isn't cost beneficial to make it electronic, please explain.

We would need to conduct a mode analysis for electronic collection of the questionnaire to study the effects of this mode. The goal of the mode test would be to determine if any differences in the scores exist based on the mode of data collection.

4. Duplication of Efforts

This information collection would not duplicate any other effort and the information could not be obtained from any other source.

5. Small Businesses

Respondents would be residents discharged within 100 days from a SNF. The administrative procedures proposed for the CoreQ: SS DC Survey, provide a low volume exemption option for SNFs who discharge fewer than 60 short stay residents in the year prior to the survey administration period. We estimate that this option would be available to approximately 3,272 Medicare-certified SNFs, based on CMS data from 7/1/2021 through 6/30/2022. Therefore, the proposed survey should have no impact on the smallest SNFs.

6. Less Frequent Collection

We proposed that SNFs who do not meet the low volume exemption criteria would be required to participate in the CoreQ: SS DC Survey. If they do not participate in the collection or complete it less frequently than proposed, they could be subject to a two percentage (2 percent) point reduction in the Annual Payment Update (APU) for the applicable performance year for failure to comply with the SNF QRP reporting requirements.

7. Special Circumstances

There are no special circumstances associated with this information collection request.

8. Federal Register/Outside Consultation

Federal Register

This collection of information request is associated with our FY 2024 SNF Prospective Payment System (PPS) proposed rule (CMS-1779-P; RIN 0938-AV02). The rule filed for public inspection on April 4, 2023, and is scheduled to publish on April 10. Comments must be received by June 5, 2023.

Outside Consultation

A workgroup of professional organization members, practitioners, and SNF owners (the American Health Care Association/National Center for Assisted Living [AHCA/NCAL] Consumer Experience Committee) partnered with Nick Castle, Ph.D., from West Virginia University, to develop the CoreQ surveys.

As part of the development of the CoreQ measures, draft versions of the questionnaires were administered to over 25,000 residents in SNFs (both short term and long stay residents) and Assisted Living (AL) residents and family members. The respondents were from multiple organizations in different states. Approximately 10,000 responses were received. Drs. Nick

Castle and Matt O'Connor conducted extensive psychometric testing to further develop the CoreQ Questionnaires and resulting measures.⁴

The AHCA/NCAL and Dr. Castle submitted the CoreQ: SS DC measure for endorsement by the National Quality Forum (NQF) (NQF #2614). The CoreQ: SS DC Survey measure was endorsed by NQF in 2016.⁵ As such, the CoreQ: SS DC Survey is the only satisfaction survey NQF endorsed for use by short stay residents in SNF settings. The AHCA/NCAL and Dr. Castle remain as the custodians of the CoreQ: SS DC Survey for ongoing consensus-based entity requirements and endorsement renewal.

The AHCA/NCAL and Dr. Castle continue to collect information to determine the ongoing viability of the measure and the elements and procedures that are used to calculate the measure. This additional data and information are used to maintain endorsement by the consensus-based entity). AHCA/NCAL and Dr. Castle examine the data and data collection protocols used in the CoreQ: SS DC Survey measure annually.

The additional and ongoing testing of the data and information requirements is also essential to AHCA/NCAL to ensure the integrity of their quality recognition program. AHCA/NCAL use CoreQ measures as part of their quality recognition program. This National Quality Award program recognizes the quality of SNFs at bronze, silver, and gold levels. As part of this quality recognition resident satisfaction information from CoreQ measures are utilized.

9. Payments/Gifts to Respondent

This data collection would not include respondent incentive payments or gifts.

10. Confidentiality

CMS would provide sample cover letters for vendors to use when contacting potential respondents. A draft of the full text of the letter can be found in **Appendix C** of the Draft CoreQ: SS DC Survey Protocols and Guidelines Manual. In addition, the Draft Manual specifies survey protocols in detail and lists requirements for the mailings (**Chapter 5**).

Mailings would need to include: a cover letter, the CoreQ: SS DC Questionnaire, and a business reply envelope. Cover letters could be individualized with the name and address of the respondent. If the vendor uses double-sided printing (i.e., the cover letter and questionnaire are on one piece of paper), the cover letter should not be personalized to ensure that no personally identifiable information (PII) is returned with the survey when it is sent back to the vendor.

4. Castle, N. G. (2020). The CoreQ: Development and Testing of a Nursing Facility Resident Satisfaction Survey. *Journal of Applied Gerontology*, 1-9.

5. (NQF), N. Q. (2016). *Measure evaluation criteria and guidance for evaluating measures for endorsement. Endorsed: NQF #2614*. Washington DC: NQF.

The PRA disclosure notice (see *Appendix E*) would be required to be printed either on the survey or in the cover letter. The cover letter would need to include: a statement describing the purpose of the survey, a statement asking that the respondent ask a family member or friend for assistance completing the survey, if help is needed, language that the survey is voluntary, and they do not have to complete it, and an email address and toll-free telephone number customer support number manned by the vendor. Additionally, the toll-free telephone line would have to have staff that can respond to questions in any language in which the vendor is offering the survey. Vendors must accommodate alternate telephone communications, including teletypewriter (TTY).

A system of records notice would not be relevant for the proposed national implementation of the CoreQ: SS DC Survey because all data received by CMS is de-identified. Although the RIFs that would be used by vendors would include resident information, these files would not be submitted to CMS. Similarly, for the mode testing, CMS would only receive de-identified data. The mode testing would compare the proposed CoreQ: SS DC measures calculated from data collected using the telephone with data collected using the mail mode of administration. The goal of the mode test would be to determine if any differences in the scores exist based on the mode of data collection.

11. Sensitive Questions

The potential for distress would be a possibility for residents completing the proposed CoreQ: SS DC Survey. The Draft CoreQ: SS DC Survey Protocols and Guidelines Manual outlines the required Distressed Respondent Procedures.

It would be extremely important that vendors develop a “distressed respondent protocol” to be incorporated into all interviewer and help desk training. Dealing with distressed respondent circumstances requires a balance keeping PII and protected health information (PHI) confidential while helping the person who needs assistance. For survey research businesses, best practices recommend having a distressed respondent protocol in place for handling distressed respondents that balances the respondent’s right to confidentiality and privacy while giving assistance, if the situation indicates that the respondent’s health and safety are in jeopardy.

Each approved vendor would be expected to have these procedures in place and to follow them for handling distressed respondent situations.

12. Collection of Information Requirements and Annual Burden Estimates

Tables 2a and 2b show the estimated annualized burden hours and costs to respondents for the proposed national implementation of the CoreQ: SS DC Survey.

Table 2a shows the estimated annualized burden for the respondents' time to participate in the proposed national implementation of CoreQ: SS DC data collection. The questionnaire contains 6 items (mail) or 4 questions (telephone) and is estimated to require an average

administration time of one minute per question in English for an average response time of between 4 to 6 minutes. These burden and pace estimates are based on CMS' experience with questionnaires of similar length that were administered to Medicare beneficiaries and with the testing of CoreQ: SS DC Questionnaire for NQF endorsement.

We proposed a phased-in implementation for the CoreQ: SS DC measure.

Estimated Annualized Burden Hours for Respondents

Between January 1, 2024, and June 30, 2024, we proposed that SNFs would be required to (1) contract with a vendor, (2) submit one weekly RIF, and (3) ensure one survey information file (SIF) was transmitted to the CoreQ: SS DC Data Center. The vendor would need to demonstrate the ability to administer at least one CoreQ: SS DC survey using the information in the RIF and compile and submit a SIF containing the SNFs' actual CoreQ: SS DC Survey data for a resident discharged between January 1, 2024 and June 30, 2024. Using the most recent data from 7/1/2021 through 6/30/2022, the estimated burden would be calculated for 27 weeks for the first year of implementation (CY 2024) shown in Table 2a (133,028 hours).

Table 2a: Estimated Annualized Burden Hours for Respondents: CY2024 Proposed Implementation of the CoreQ: SS DC Survey

Form Name	Number of Respondents (N)	Number of Responses (N)	Total Burden (Hours)
CoreQ: SS DC Survey per survey	1	6	0.1
Total for all surveys	1,330,284	7,981,704	133,028

Using the most recent data from 7/1/2021 through 6/30/2022, we estimate there would be 2,558,238 respondents in the first full year of national implementation (January 1, 2025, through December 31, 2025). As indicated below (Table 2b), the total burden hours for survey participants are estimated to be 255,824 hours for CY 2025.

Table 2b: Estimated Annualized Burden Hours for Respondents: CY 2025 Proposed Implementation of the CoreQ: SS DC Survey

Form Name	Number of Respondents (N)	Number of Responses (N)	Total Burden (Hours)
CoreQ: SS DC Survey per survey	1	6	0.1
Total for all surveys	2,558,238	15,349,428	255,824

Table 3a shows the estimated burden for respondents in CY 2024 (January 1, 2024 through December 31, 2024). Given a mean hourly wage of \$20.71, we estimate a total burden of \$2.07 per respondent and \$2,755,010 for all respondents.

Table 3a: Estimated Annualized Burden for CoreQ: SS DC Survey Respondents for CY 2024

Form Name	Number of Respondents (N)	Total Burden (Hours)	Average Hourly Wage Rate (\$)*	Total Cost Burden (\$)
CoreQ: SS DC Survey per survey costs	1	0.1	\$20.71	\$2.07
Total respondent costs	1,330,284	133,028	\$20.71	\$2,755,010

*Based upon [Valuing Time in U.S. Department of Health and Human Services Regulatory Impact Analyses: Conceptual Framework and Best Practices](#)

Table 3b shows the estimated cost burden for respondents in CY 2025 (January 1, 2025 through December 31, 2025). Given a mean hourly wage of \$20.71, we estimate a total burden of \$2.07 per respondent and \$5,298,115 for all respondents.

Table 3b: Estimated Annualized Burden for CoreQ: SS DC Survey Respondents for CY 2025

Form Name	Number of Respondents (N)	Total Burden (Hours)	Average Hourly Wage Rate (\$)*	Total Cost Burden (\$)
CoreQ: SS DC Survey per survey costs	1	0.1	\$20.71	\$2.07
Total respondent costs	2,558,238	255,824	\$20.71	\$5,298,115

*Based on [Valuing Time in U.S. Department of Health and Human Services Regulatory Impact Analyses: Conceptual Framework and Best Practices](#)

The estimated annualized burden hours and costs for the proposed CoreQ: SS DC Survey mode experiment are estimated to be minimal for respondents. In the mode experiment, respondents will be participating in the CoreQ: SS DC Survey, the only difference is whether it is mail or telephone.

Estimated Annualized Burden Hours for SNFs Participating in the CoreQ: SS DC Survey

As proposed in the CY 2024 SNF PPS proposed rule, SNFs with 60 or more short stay discharges in the previous CY would be required to participate in the CoreQ: SS DC Survey or may incur a 2-percentage point reduction in their market basket update for the applicable FY. SNFs' burden would consist of their time and effort to prepare and submit RIFs to their vendor. SNFs would use internal data processes to create these files. To keep the burden to SNFs as low as possible, the list of required data elements for the file would be as parsimonious as possible.

Table 4a shows the estimated annualized cost burden to SNFs eligible to participate in the proposed CoreQ: SS DC survey for CY 2024. After discussing the data submission protocol and variables with our technical experts, CMS estimates that the majority of SNFs would have internal data processes to assemble the weekly RIFs. Table 4a summarizes the overall estimated SNF burden for the proposed CoreQ: SS DC measure for CY 2024: \$4,998.89 per SNF and \$60,801,499 across all SNFs.

CMS estimates these would be an initial burden for a Computer Programmer to create a report that could be used to populate a RIF on a weekly basis. CMS also estimates that a Medical Record Specialist would create the RIF on a weekly basis, and the preparation and submission of the weekly RIF will take 17.5 hours per SNF in CY 2024. The burden estimate was calculated by weighting each salary based on the following breakdown:

- Computer Programmer at 4 hours and a Medical Record Specialist at 30 minutes per week to create and send the RIF to the vendor.
 - [(4 hours initial set up) + (1 week at 30 minutes, January 1, 2024 through June 30, 2024) + (26 week at 30 minutes, July 1, 2024 through December 31, 2024)].

For the purposes of calculating the costs associated with the collection of information requirements, we obtained mean hourly wages for these staff from the U.S. BLS May 2021 National Occupational Employment and Wage Estimates, including Computer Programmer at \$92.92 per hour and a Medical Record Specialist at \$46.46 per hours.

The proposed CoreQ: SS DC Survey would also require SNFs to contract with a CMS-approved CoreQ survey vendor to administer the CoreQ: SS DC survey on their behalf. We estimate that the average annual vendor cost will be \$4,000 for each SNF.

Table 4a: Estimated Annualized Burden for SNFs Eligible to Participate in CY 2024

CoreQ: SS DC RIF per SNF (CY2024)	Occupation Code	Number of SNFs (N)	Total Burden Hours per SNF (Hours)	Average Hourly Wage Rate (\$) *	Total Cost Burden (\$)
Computer Programmer	15-1251	1	4	\$92.92	\$371.68
Medical Record Specialist	29-2072	1	13.5	\$46.46	\$627.21
Contracting with a Vendor	n/a	1	n/a	n/a	\$4,000
Total		12,163	212,853	Varies	\$60,801,499

Based upon mean hourly wages, “National Compensation Survey: All United States May 2021,” U.S. Department of Labor, Bureau of Labor Statistics. https://www.bls.gov/oes/current/oes_nat.htm

Table 4b shows the estimated annualized cost burden to SNFs eligible to participate in the CoreQ: SS DC survey beginning with CY 2025. CMS estimates creation and submission of the RIF to the vendor would take a Medical Record specialist 30 minutes per week or 26 hours annualized [(26 weeks x 30 min) x 52 weeks]. For the purposes of calculating the costs associated with the collection of information requirements, we obtained mean hourly wages for these staff from the U.S. BLS May 2021 National Occupational Employment and Wage Estimates. We also estimate that the average annual cost to contract with a vendor would be \$4,000 per SNF. Therefore, we estimate the annualized burden would be \$5,207.96 per SNF and \$63,344,417 for all SNFs.

Table 4b: Estimated Annualized Burden for SNFs Eligible to Participate Beginning with CY 2025

CoreQ: SS DC RIF per SNF	Occupation Code	Number of SNFs (N)	Total Burden Hours per SNF	Average Hourly Wage Rate (\$) *	Total Cost Burden (\$)
Medical Record Specialist	29-2072	1	26	\$46.46	\$1,207.96
Contracting with a Vendor	n/a	1	n/a	n/a	\$4,000
Total		12,163	316,238	n/a	\$63,344,417

Based upon mean hourly wages, “National Compensation Survey: All United States May 2021,” U.S. Department of Labor, Bureau of Labor Statistics. https://www.bls.gov/oes/current/oes_nat.htm

Estimated Cost Burden for SNFs Taking Part in the CoreQ: SS DC Mode Experiment

The estimated cost burden for the provision of the weekly data file by SNFs participating in the mode experiment is expected to be minimal. We estimate that those SNFs participating in the mode experiment will incur no additional burden. The SNFs will already be sending weekly RIFs to their vendors.

Estimated Annualized Burden Hours for SNFs Applying For An Exemption from the CoreQ: SS DC Requirement

Table 5 shows the estimated annualized cost burden for SNFs applying for exemption from participation in national implementation. SNFs with less than 60 short stay discharges in the prior year would have the option to complete and submit a Participation Exemption Request form on the CoreQ: SS DC Survey website (TBD).

We estimate that completion of the Participation Exemption Request form would take a Medical Record Specialist 35 minutes. We estimate 3,272 SNFs would have less than 60 eligible discharges in a prior year, and therefore the burden is estimated to be 1,898 hours (3,272 SNFs * 0.58 hours) for all SNFs completing the exemption form. For the purposes of calculating the costs, we obtained mean hourly wages for these staff from the U.S. BLS May

2021 National Occupational Employment and Wage Estimates at \$46.46 per hour for a Medical Record Specialist. We estimate the cost of completing the Participation Exemption Request form would be \$26.95 per SNF ($46.46/\text{hr} \times 0.58 \text{ hr}$) and \$88,181 for all SNFs ($26.95 \text{ per SNF} \times 3,272 \text{ SNFs}$).

Table 5: Estimated Annualized Burden for SNFs Applying for Exemption from Participation in the CoreQ: SS DC Survey Beginning with CY 2024

Exemption from CoreQ: SS DC Survey per SNF	Occupation Code	Number of SNFs (N)	Total Burden Hours per SNF	Average Hourly Wage Rate (\$) *	Total Cost Burden (\$)
Medical Record Specialist	29-2072	1	0.58	\$46.46	\$26.95
Total		3,272	1,898	\$46.46	\$88,181

*Based upon mean hourly wages, “National Compensation Survey: All United States May 2021,” U.S. Department of Labor, Bureau of Labor Statistics. https://www.bls.gov/oes/current/oes_nat.htm

13. Capital Costs

SNFs would incur no capital costs because of participation. SNFs who would submit CoreQ: SS DC survey data will bear an annual cost to secure the services of a vendor to conduct the survey on their behalf. We estimate that the average annual vendor cost would be \$4,000 per SNF. We estimate 12,163 SNFs would submit the CoreQ: SS DC Questionnaire for a total cost of \$48,652,000 ($12,163 \text{ SNFs} \times \$4,000/\text{SNF}$). Our assumption for the cost of a vendor is based on our experience with the home health and hospice CAHPS surveys that have been in place since 2010 and 2015, respectively. We estimate 43 vendors currently provide CoreQ survey services to SNFs (www.CoreQ.org). However, it is unclear how many of these vendors might apply to be approved vendors. Typically, the cost of a survey varies among vendors, as well as with (1) the mode of administration, (2) the size of the sample (larger surveys cost more), and (3) the types of additional services provided by the vendor. Our estimate of \$4,000 is an attempt to average the costs across the full range of SNF sizes, survey modes, and services.

Please note that there would be no additional vendor cost for SNFs participating in the mode experiment, as these costs would be borne by CMS via a contract to C&T, as indicated in Section A14.

14. Cost to the Federal Government

The annual cost to the Federal Government for data collection, analysis and reporting of the proposed CoreQ: SS DC measure scores would be \$922,877.66. The annual cost to the

federal government is a result of a contract awarded for the implementation of the survey. The contract includes such activities as operation of a data warehouse for collecting survey results from vendors, technical assistance to vendors, training for vendors, website maintenance of the survey website, vendor oversight, and data checks. In addition, the contractor would provide analysis as requested by CMS. The cost reported here is the contract amount for the base year of the contract. There are additionally 4 option years.

15. Changes to Collection of Information Requirements, Burden, and Collection of Information Instruments

This is a new information collection request.

16. Publication/Tabulation Dates

We anticipate that the analysis plan would include: (1) psychometric evaluation of the survey items; (2) development of sampling and nonresponse weights (3) development and evaluation of case-mix adjustment; (4) development of adjusted SNF-level results, (5) development of national, regional, and subgroup estimates, and (6) mode experiment analysis. Each of these elements are defined in more detail next. All aspects of these analyses would be described in a final project report to CMS.

(1) Psychometric Evaluation. Analyses would include evaluation of item missing data, item distribution (including ceiling and floor effects), and assessment of SNF-level reliability of items. We would compute these statistics overall, and separately by SNF characteristics and mode of administration.

(2) Imputation. Analyses would include the calculation of imputed values, and whether they influence the overall scores.

(3) National, Regional, and Subgroup Estimates. The contractor would use adjustments as appropriate to produce national and regional estimates of resident satisfaction with SNF care for short stay residents.

(4) Mode Experiment Analysis. The contractor would compare response rates and measure scores with and without mode adjustment by survey mode based on cases being randomized by mode within the SNF.

Publication of Results: CMS would use future rulemaking to propose any plans for public reporting as required at our regulation at section 1899(g).

17. Expiration Date

The expiration date for OMB approval of this information collection would be displayed on the survey.

18. Certification Statement

There are no exceptions to the certification statement identified in item 19.a. of OMB Form 83-I associated with this data collection effort.