

extraordinarily high costs. To qualify for outlier payments, a case must have costs above a predetermined threshold amount (a dollar amount by which the estimated cost of a case must exceed the Medicare payment). Hospital-specific cost-to-charge ratios are applied to the covered charges for a case to determine the estimated cost of the case. In general, additional outlier payments for eligible cases are made based on a marginal cost factor of 80 percent, i.e. a fixed percentage of the costs. Therefore, if the estimated cost of the case exceeds the Medicare payment for that discharge plus the outlier threshold, generally Medicare will pay the hospital 80 percent of the excess amount. The outlier threshold is updated annually at the beginning of the Federal Fiscal Year. *Form Number:* CMS-10179 (OMB #: 0938-1020); *Frequency:* Occasionally; *Affected Public:* Private Sector and Business or other for-profits, Not-for-profit institutions; *Number of Respondents:* 18; *Total Annual Responses:* 18 *Total Annual Hours:* 144. (For policy questions regarding this collection contact Michael Treitel at 410-786-4552. For all other issues call 410-786-1326.)

5. *Type of Information Collection Request:* Extension without change of a currently approved collection; *Title of Information Collection:* Subpart D—Private Contracts and Supporting Regulations contained in 42 CFR 405.410, 405.430, 405.435, 405.440, 405.445, and 405.455. *Use:* Section 4507 of Balancing Budget Act (BBA) 1997 amended section 1802 of the Social Security Act to permit certain physicians and practitioners to opt-out of Medicare and to provide through private contracts services that would otherwise be covered by Medicare. Under such contracts the mandatory claims submission and limiting charge rules of section 1848(g) of the Act would not apply. Subpart D and the Supporting Regulations contained in 42 CFR 405.410, 405.430, 405.435, 405.440, 405.445, and 405.455, counters the effect of certain provisions of Medicare law that, absent section 4507 of BBA 1997, preclude physicians and practitioners from contracting privately with Medicare beneficiaries to pay without regard to Medicare limits. *Form Number:* CMS-R-234 (OMB#: 0938-0730); *Frequency:* Biennially; *Affected Public:* Private Sector and Business or other for-profits; *Number of Respondents:* 26,820; *Total Annual Responses:* 26,820; *Total Annual Hours:* 7,197. (For policy questions regarding this collection contact Fred Grabau at

410-786-0206. For all other issues call 410-786-1326.)

6. *Type of Information Collection Request:* Extension without change of a currently approved collection; *Title of Information Collection:* Skilled Nursing Facility and Skilled Nursing Facility Health Care Complex Cost Report. *Use:* Providers of services participating in the Medicare program are required under sections 1815(a), 1833(e) and 1861(v)(1)(A) of the Social Security Act (42 USC 1395g) to submit annual information to achieve settlement of costs for health care services rendered to Medicare beneficiaries. *Form Number:* CMS-2540 (OMB#: 0938-0463); *Frequency:* Yearly; *Affected Public:* Private Sector; *Number of Respondents:* 15,071; *Total Annual Responses:* 15,071; *Total Annual Hours:* 2,953,916 (For policy questions regarding this collection contact Edwin Gill Sr. at 410-786-4525. For all other issues call 410-786-1326.)

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS' Web site at <http://www.cms.hhs.gov/PaperworkReductionActof1995>, or E-mail your request, including your address, phone number, OMB number, and CMS document identifier, to Paperwork@cms.hhs.gov, or call the Reports Clearance Office on (410) 786-1326.

In commenting on the proposed information collections please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in one of the following ways by May 28, 2010:

1. *Electronically.* You may submit your comments electronically to <http://www.regulations.gov>. Follow the instructions for "Comment or Submission" or "More Search Options" to find the information collection document(s) accepting comments.

2. *By regular mail.* You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, *Attention:* Document Identifier/OMB Control Number, Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: March 19, 2010.

Michelle Shortt,

Director, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10292, CMS-718-721 and CMS-685]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the Agency's function; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. *Type of Information Collection Request:* New Collection; *Title of Information Collection:* State Medicaid HIT Plan and Templates for Implementation of Section 4201 of ARRA; *Form Number:* CMS-10292 (OMB#: 0938-NEW); *Use:* This information is being requested in order that States can submit documentation to CMS for review and approval in order that States can implement the Medicaid program and draw down Federal financial participation. The American Reinvestment and Recovery Act of 2009 (ARRA) provides States with the flexibility to request funds to develop a health information technology vision and road to get to the ultimate goal of meaningful use of certified electronic health records technology. We will be sending State Medicaid Directors letters and templates for the State Medicaid Hit Plan (SMHP), the Planning Advance Planning Document (PAPD) and the Implementation Advance Planning Document (IAPD) to States in an effort to request these changes if they so choose to make the process as simple as possible. *Frequency:* Yearly, once and/or occasionally; *Affected Public:* State, Tribal and Local governments; *Number*

of Respondents: 56; Total Annual Responses: 56; Total Annual Hours: 280. (For policy questions regarding this collection contact Donna Schmidt at 410-786-5532. For all other issues call 410-786-1326.)

2. Type of Information Collection

Request: Reinstatement with change of a previously approved collection; **Title of Information Collection:** Business Proposal Forms for Quality Improvement Organizations (QIOs); **Use:** The submission of proposal information by current quality improvement associations (QIOs) and other bidders, on the appropriate forms, will satisfy CMS's need for meaningful, consistent, and verifiable data with which to evaluate contract proposals. The data collected on the forms associated with this information collection request is used by CMS to negotiate QIO contracts. The revised business proposal forms will be useful in a number of important ways. The Government will be able to compare the costs reported by the QIOs on the cost reports to the proposed costs noted on the business proposal forms. Subsequent contract and modification negotiations will be based on historic cost data. The business proposal forms will be one element of the historical cost data from which we can analyze future proposed costs. In addition, the business proposal format will standardize the cost proposing and pricing process among all QIOs. With well-defined cost centers and line items, proposals can be compared among QIOs for reasonableness and appropriateness. **Form Number:** CMS-718-721 (OMB#: 0938-0579); **Frequency:** Reporting—Triennially; **Affected Public:** Business or other for-profits and Not-for-profit institutions; **Number of Respondents:** 21; **Total Annual Responses:** 21; **Total Annual Hours:** 1,785. (For policy questions regarding this collection contact Clarissa Whatley at 410-786-7154. For all other issues call 410-786-1326.)

3. Type of Information Collection

Request: Reinstatement without change of a previously approved collection; **Title of Information Collection:** End Stage Renal Disease (ESRD) Network Semi-Annual Cost Report Forms and Supporting Regulations in 42 CFR 405.2110 and 42 CFR 405.2112; **Use:** Section 1881(c) of the Social Security Act establishes End Stage Renal Disease (ESRD) Network contracts. The regulations found at 42 CFR 405.2110 and 405.2112 designated 18 ESRD

Networks which are funded by renewable contracts. These contracts are on 3-year cycles. To better administer the program, CMS is requiring contractors to submit semi-annual cost reports. The purpose of the cost reports is to enable the ESRD Networks to report costs in a standardized manner. This will allow CMS to review, compare and project ESRD Network costs during the life of the contract. **Form Number:** CMS-685 (OMB#: 0938-0657); **Frequency:** Reporting—Semi-annually; **Affected Public:** Not-for-profit institutions; **Number of Respondents:** 18; **Total Annual Responses:** 36; **Total Annual Hours:** 108. (For policy questions regarding this collection contact Victoria Morgan at 410-786-7232. For all other issues call 410-786-1326.)

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS Web Site address at <http://www.cms.hhs.gov/PaperworkReductionActof1995>, or e-mail your request, including your address, phone number, OMB number, and CMS document identifier, to Paperwork@cms.hhs.gov, or call the Reports Clearance Office on (410) 786-1326.

To be assured consideration, comments and recommendations for the proposed information collections must be received by the OMB desk officer at the address below, no later than 5 p.m. on April 28, 2010: OMB, Office of Information and Regulatory Affairs, Attention: CMS Desk Officer, Fax Number: (202) 395-6974, E-mail: OIRA_submission@omb.eop.gov.

Dated: March 19, 2010.

Michelle Shortt,

Director, Regulations Development Group,
Office of Strategic Operations and Regulatory Affairs.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects

(section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104-13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, e-mail paperwork@hrsa.gov or call the HRSA Reports Clearance Officer at (301) 443-1129.

Comments are invited on: (a) The proposed collection of information for the proper performance of the functions of the agency; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project: Federally Qualified Health Centers (FQHC) Application Forms: (OMB No. 0915-0285 Revisions)

HRSA's Bureau of Primary Health Care Federally Qualified Health Centers (FQHCs) are a major component of America's health care safety net, the Nation's "system" of providing health care to low-income and other vulnerable populations. Health Centers care for people regardless of their ability to pay and whether or not they have health insurance. They provide primary and preventive health care, as well as services such as transportation and translation. Many Health Centers also offer dental, mental health and substance abuse care.

FQHC's are administered by the Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care (BPHC). HRSA uses the following application forms to administer and manage the FQHCs. These application forms are used by new and existing FQHCs to apply for grant and non-grant opportunities, renew their grant or non-grant opportunities or change their scope of project.

Estimates of annualized reporting burden are as follows: