

Number: CMS-2728 (OCN#: 0938-0046); *Frequency:* Occasionally; *Affected Public:* Individuals or households; *Number of Respondents:* 130,000; *Total Annual Responses:* 130,000; *Total Annual Hours:* 97,500. (For policy questions regarding this collection contact Michelle Tucker at 410-786-0736.)

3. *Type of Information Collection Request:* Reinstatement with change of a currently approved collection; *Title of Information Collection:* Home Health Conditions of Participation (CoP) and Supporting Regulations; *Use:* The information collection requirements contained in this request are part of the requirements classified as the conditions of participation (CoPs) which are based on criteria prescribed in law and are standards designed to ensure that each facility has properly trained staff to provide the appropriate safe physical environment for patients. These particular standards reflect comparable standards developed by industry organizations such as the Joint Commission on Accreditation of Healthcare Organizations, and the Community Health Accreditation Program. The primary users of this information will be state agency surveyors, the regional home health intermediaries, CMS and home health agencies (HHAs) for the purpose of ensuring compliance with Medicare CoPs as well as ensuring the quality of care provided by HHA patients. *Form Numbers:* CMS-R-39 (OCN: 0938-0365); *Frequency:* Occasionally; *Affected Public:* Business or for-profits, not-for-profit institutions, and State, Local or Tribal governments; *Number of Respondents:* 13,577; *Total Annual Responses:* 20,202,576; *Total Annual Hours:* 6,422,694. (For policy questions regarding this collection contact Danielle Shearer at 410-786-6617.)

4. *Type of Information Collection Request:* Reinstatement without change of a previously approved collection; *Title of Information Collection:* Retiree Drug Subsidy (RDS) Payment Request and Instructions; *Use:* Under section 1860D-22 of the Social Security Act and implementing regulations at 42 CFR part 423 subpart R, plan sponsors (e.g., employers, unions) who offer prescription drug coverage meeting specified criteria to their qualified covered retirees are eligible to receive a 28 percent tax-free subsidy for allowable drug costs. Plan sponsors must submit required prescription drug cost data and other information in order to receive the subsidy. Subpart R stipulates that plan sponsors may elect to submit RDS payment requests on a monthly, quarterly, interim annual, or annual

basis; once selected, the payment frequency may not be changed during the plan year. *Form Number:* CMS-10170 (OCN: 0938-0977); *Frequency:* Occasionally; *Affected Public:* Private sector (business or other for-profits and not-for-profit institutions); *Number of Respondents:* 4,500; *Total Annual Responses:* 4,500; *Total Annual Hours:* 679,500. (For policy questions regarding this collection contact John W. Campbell at 410-786-0542.)

5. *Type of Information Collection Request:* Reinstatement without change of a previously approved collection; *Title of Information Collection:* Retiree Drug Subsidy (RDS) Applications and Instructions; *Use:* Under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 and implementing regulations at 42 CFR part 423, subpart R plan sponsors (e.g., employers, unions) who offer prescription drug coverage to their qualified covered retirees are eligible to receive a 28 percent tax-free subsidy for allowable drug costs. In order to qualify, plan sponsors must submit a complete application with a list of retirees for whom it intends to collect the subsidy. Once CMS reviews and analyzes the information on the application and the retiree list, notification will be sent to the plan sponsor about its eligibility to participate in the RDS program. *Form Number:* CMS-10156 (OCN: 0938-0957); *Frequency:* Yearly and monthly; *Affected Public:* Private sector (business or other for-profits and not-for-profit institutions); *Number of Respondents:* 4,500; *Total Annual Responses:* 4,500; *Total Annual Hours:* 288,000. (For policy questions regarding this collection contact John W. Campbell at 410-786-0542.)

6. *Type of Information Collection Request:* New Collection (Request for a new OMB control number); *Title of Information Collection:* Evaluation of the Multi-Payer Advanced Primary Care Practice (MAPCP) Demonstration: Provider Survey; *Use:* On September 16, 2009, the Department of Health and Human Services announced the establishment of the Multi-payer Advanced Primary Care Practice (MAPCP) Demonstration, under which Medicare joined Medicaid and private insurers as a payer participant in state-sponsored patient-centered medical home (PCMH) initiatives. We selected eight states to participate in this demonstration: Maine, Vermont, Rhode Island, New York, Pennsylvania, North Carolina, Michigan, and Minnesota.

We are proposing to conduct this provider survey to understand how participating practices' structures and functions vary, particularly with respect

to their adoption of different components of the PCMH model of care. Researchers evaluating the MAPCP Demonstration plan to combine these survey data with claims data to conduct statistical analyses that identify which particular medical home care processes are associated with the largest gains in health care quality and reductions in health care cost trends. *Form Number:* CMS-10485 (OCN: 0938-NEW); *Frequency:* Annually; *Affected Public:* Individuals and households; *Number of Respondents:* 5,799; *Total Annual Responses:* 5,799; *Total Annual Hours:* 1,450. (For policy questions regarding this collection contact Suzanne Wensky at 410-786-0226.)

Dated: July 9, 2013.

Martique Jones,

Deputy 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 Identifiers CMS-10108, CMS-10115, and CMS-10130]

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

ACTION: Notice.

SUMMARY: The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (PRA), federal agencies are required to publish a notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, and to allow a second opportunity for public comment on the notice. Interested persons are invited to send comments regarding the 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 functions; (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.

DATES: Comments on the collection(s) of information must be received by the OMB desk officer by August 12, 2013.

ADDRESSES: When commenting on the proposed information collections, please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be received by the OMB desk officer via one of the following transmissions:

OMB, Office of Information and Regulatory Affairs, Attention: CMS Desk Officer, Fax Number: (202) 395-6974 OR, Email:

OIRA_submission@omb.eop.gov.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, you may make your request using one of following:

1. Access CMS' Web site address at <http://www.cms.hhs.gov/PaperworkReductionActof1995>.

2. Email your request, including your address, phone number, OMB number, and CMS document identifier, to Paperwork@cms.hhs.gov.

3. Call the Reports Clearance Office at (410) 786-1326.

FOR FURTHER INFORMATION CONTACT:

Reports Clearance Office at (410) 786-1326.

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501-3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. The term "collection of information" is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires federal agencies to publish a 30-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice that summarizes the following proposed collection(s) of information for public comment:

1. *Type of Information Collection Request:* Extension of a currently

approved collection; *Title of Information Collection:* Medicaid Managed Care Regulations; *Use:* The information collection requirements contained in this information collection request implement regulations that allow states greater flexibility to implement mandatory managed care programs, implement new beneficiary protections, and eliminate certain requirements viewed by state agencies as impediments to the growth of managed care programs. Information collected includes information about managed care programs, grievances and appeals, enrollment broker contracts, and managed care organizational capacity to provide health care services. Medicaid enrollees use the information collected and reported to make informed choices regarding health care, including how to access health care services and the grievance and appeal system. States use the information collected and reported as part of its contracting process with managed care entities, as well as its compliance oversight role. We use the information collected and reported in an oversight role of state Medicaid managed care programs. *Form Number:* CMS-10108 (OCN: 0938-0920); *Frequency:* Occasionally; *Affected Public:* Individuals or households, Private sector (business or other for-profit and not-for-profit institutions), and State, local or Tribal Government; *Number of Respondents:* 1,640,223; *Total Annual Responses:* 5,217,333; *Total Annual Hours:* 5,872,255. (For policy questions regarding this collection contact Amy Gentile at 410-786-3499.)

2. *Type of Information Collection Request:* Reinstatement with change of a previously approved collection; *Title of Information Collection:* Federal Reimbursement of Emergency Health Services Furnished to Undocumented Aliens, Section 1011 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA); *Use:* Section 1011 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA) provides that the Secretary will establish a process (i.e., enrollment and claims payment) for eligible providers to request payment. The Secretary must directly pay hospitals, physicians and ambulance providers (including Indian Health Service, Indian Tribe and Tribal organizations) for their otherwise unreimbursed costs of providing services required by section 1867 of the Social

Security Act and related hospital inpatient, outpatient and ambulance services. We will use the application information to administer this health services program and establish an audit process. *Form Number:* CMS-10115 (OCN: 0938-0929); *Frequency:* Once and occasionally; *Affected Public:* Private sector (business or other for-profit and not-for-profit institutions); *Number of Respondents:* 10,000; *Total Annual Responses:* 10,000; *Total Annual Hours:* 5,000. (For policy questions regarding this collection contact Fred Rooke at 404-562-7502.)

3. *Type of Information Collection Request:* Reinstatement without change of a previously approved collection; *Title of Information Collection:* Federal Reimbursement of Emergency Health Services Furnished to Undocumented Aliens, Section 1011 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA); "Section 1011 Provider Payment Determination" and "Request for Section 1011 Hospital On-Call Payments to Physicians" Forms; *Use:* Section 1011 of the MMA requires that the Secretary establish a process under which eligible providers (certain hospitals, physicians and ambulance providers) may request payment for (claim) their otherwise unreimbursed costs of providing eligible services. The Secretary must make quarterly payments directly to such providers. The Secretary must also implement measures to ensure that inappropriate, excessive, or fraudulent payments are not made under Section 1011, including certification by providers of the veracity of their requests for payment. Both forms have been established to address the statutory requirements outlined above. *Form Number:* CMS-10130 (OCN: 0938-0952); *Frequency:* Occasionally; *Affected Public:* Private sector (business or other for-profit and not-for-profit institutions); *Number of Respondents:* 12,037; *Total Annual Responses:* 300,148; *Total Annual Hours:* 75,037. (For policy questions regarding this collection contact Fred Rooke at 404-562-7205.)

Dated: July 9, 2013.

Martique Jones,

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

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