following: "Office of Consumer Information and Insurance Oversight (AU)."

II. Under Part A, establish a new Chapter AU, "Office of Consumer Information and Insurance Oversight" to read as follows:

Chapter AU, Office of Consumer Information and Insurance Oversight

Section AU.00 Mission

Section AU.10 Organization

Section AU.20 Functions

Section AU.00 Mission. The Office of Consumer Information and Insurance Oversight provides leadership for implementing the provisions of the health reform bill that address private health insurance.

Section AU.10 Organization. The Office of Consumer Information and Insurance Oversight is under the direction of a Director, who reports to the Secretary, and consists of the following components:

- Office of the Director (AUA)
- Office of Oversight (AUB)
- Office of Insurance Programs (AUC)
- Office of Consumer Support (AUD)
- Office of Health Insurance Exchanges (AUE)

Section AU.20 Functions.

A. *Office of the Director (AUA).* The Office of the Director is headed by the Director of the Office of Consumer Information and Insurance Oversight, who provides executive direction, leadership, and support to the entire Office. The Director is responsible for carrying out the Office's mission and implementing the functions of the Office of Consumer Information and Insurance Oversight. The Office is comprised of organizational components with responsibilities that include planning, evaluation, regulatory affairs, external relations, and administrative management.

B. *Office of Oversight (AUB).* The Office of Oversight is headed by a Deputy Director, who reports to the Director of the Office of Consumer Information and Insurance Oversight. The Office's responsibilities include: (1) Implementing, monitoring compliance with, and enforcing both the new rules governing the insurance market and the new rules regarding medical loss ratios; (2) performing rate reviews; and (3) issuing rate review grants to states.

C. *Office of Insurance Programs (AUC).* The Office of Insurance Programs is headed by a Deputy Director, who reports to the Director of the Office of Consumer Information and Insurance Oversight. The Office is responsible for administering both the temporary high-risk pool programs and associated funding to states and the early retiree reinsurance program.

D. *Office of Consumer Support (AUD).* The Office of Consumer Support is headed by a Deputy Director, who reports to the Director of the Office of Consumer Information and Insurance Oversight. The Office's responsibilities include: (1) Collecting, compiling and maintaining comparative pricing data for the Department's Web site; (2) providing assistance to enable consumers to obtain maximum benefit from the new health insurance system; and (3) establishing and issuing consumer assistance grants to states.

E. *Office of Health Insurance Exchanges (AUE).* The Office of Health Insurance Exchanges is headed by a Deputy Director, who reports to the Director of the Office of Consumer Information and Insurance Oversight. The Office's responsibilities include: (1) Developing and implementing policies and rules governing state-based exchanges; (2) establishing and issuing planning grants to states; and (3) overseeing the operations of exchanges.

Dated: April 14, 2010.

Kathleen Sebelius,

Secretary.

[FR Doc. 2010–8949 Filed 4–16–10; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10141, CMS–R–246, CMS–10305 and CMS–10313]

Agency Information Collection Activities: Proposed Collection; 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) 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 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.

1. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Medicare Prescription Drug Benefit Plan; *Use:* Section 101 of Title I of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 added sections 1860D–1 through D–42 to establish this new program. Part D plans use the information discussed to comply with the eligibility and associated Part D participating requirements. CMS will use this information to approve contract applications, monitor compliance with contract requirements, make proper payment to plans, and to ensure that correct information is disclosed to enrollees, both potential enrollees and enrollees. *Form Number:* CMS–10141 (OMB#: 0938–0964); *Frequency:* Yearly; *Affected Public:* Individuals and households, and Business or other for-profit and Not-for-profit institutions; *Number of Respondents:* 19,937,660; *Total Annual Responses:* 43,153,271; *Total Annual Hours:* 36,520,101. (For policy questions regarding this collection contact Christine Hinds at 410–786–4578. For all other issues call 410–786–1326.)

2. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Consumer Assessment of Health Care Providers and Systems (CAHPS); *Use:* CMS is required to collect and report information on the quality of health care services and prescription drug coverage available to persons enrolled in a Medicare health or prescription drug plan under provisions in the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA). Specifically, the MMA under Sec. 1860D–4 (Information to Facilitate Enrollment) requires CMS to conduct consumer satisfaction surveys regarding Medicare prescription drug plans and Medicare Advantage plans and report this information to Medicare beneficiaries prior to the Medicare annual enrollment period. The Medicare CAHPS survey meets the requirement of collecting and publicly reporting consumer satisfaction information. *Form Number:* CMS–R–246 (OMB#: 0938–0732); *Frequency:* Yearly; *Affected Public:* Individuals and households, and Business or other for-profit and Not-for-profit institutions; *Number of Respondents:* 567,324; *Total Annual Responses:* 567,324; *Total Annual*

Hours: 242,376. (For policy questions regarding this collection contact Elizabeth Goldstein at 410–786–6665. For all other issues call 410–786–1326.)

3. *Type of Information Collection Request:* New collection; *Title of Information Collection:* Medicare Part C and Part D Data Validation (42 CFR 422.516g and 423.514g); *Use:* Organizations contracted to offer Medicare Part C and Part D benefits are required to report data to the Centers for Medicare & Medicaid Services on a variety of measures. In order for the data to be useful for monitoring and performance measurement, the data must be reliable, valid, complete, and comparable among sponsoring organizations. To meet this goal, CMS is developing reporting standards and data validation specifications with respect to the Part C and Part D reporting requirements. These standards will provide a review process for Medicare Advantage Organizations (MAOs), Cost Plans, and Part D sponsors to use to conduct data validation checks on their reported Part C and Part D data. *Form Number:* CMS–10305 (OMB#: 0938–NEW); *Frequency:* Yearly; *Affected Public:* Business or other for-profit; *Number of Respondents:* 710; *Total Annual Responses:* 710; *Total Annual Hours:* 231,410. (For policy questions regarding this collection contact Terry Lied at 410–786–8973. For all other issues call 410–786–1326.)

4. *Type of Information Collection Request:* New collection; *Title of Information Collection:* New Quality Measures for Medicare Advantage Organizations; *Use:* For CMS to strengthen the oversight of quality improvement programs implemented by Medicare Advantage organizations, there is a need to collect additional data on quality and outcomes measures in order to better track plan performance. Examples of additional areas on which CMS plans to collect data are post-surgical infections or patient falls. Collection will begin during contract year 2012. The specific data elements that will be collected are currently under development. *Form Number:* CMS–10313 (OMB#: 0938–NEW); *Frequency:* Yearly; *Affected Public:* Business or other for-profit and Not–for-profit institutions; *Number of Respondents:* 624; *Total Annual Responses:* 624; *Total Annual Hours:* 624,000. (For policy questions regarding this collection contact Sabrina Ahmed at 410–786–7499. 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 *June 18, 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: April 13, 2010.

Michelle Shortt,

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

[FR Doc. 2010–8958 Filed 4–16–10; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–416 and CMS–R–297]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services.

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) 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 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.

1. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Annual Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services Participation Report; *Form Number:* CMS–416 (OMB#: 0938–0354); *Use:* States are required to submit an annual report on the provision of EPSDT services pursuant to section 1902(a)(43)(D) of the Social Security Act. These reports provide CMS with data necessary to assess the effectiveness of State EPSDT programs, to determine a State's results in achieving its participation goal and to respond to inquiries. Respondents are State Medicaid Agencies. The data is due April 1 of every year so States need to have the form and instructions as soon as possible in order to report timely. *Frequency:* Yearly; *Affected Public:* State, Tribal and Local governments; *Number of Respondents:* 56; *Total Annual Responses:* 112; *Total Annual Hours:* 1,568. (For policy questions regarding this collection contact Cindy Ruff at 410–786–5916. For all other issues call 410–786–1326.)

2. 1. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Request for Employment Information; *Use:* Section 1837(i) of the Social Security Act provides for a special enrollment period for individuals who delay enrolling in Medicare Part B because they are covered by a group health plan based on their own or a spouse's current employment status. When these individuals apply for Medicare Part B, they must provide proof that the group health plan coverage is (or was) based on current employment status. This form is used by the Social Security Administration to obtain information from employers regarding whether a Medicare beneficiary's coverage under a group health plan is based on current employment status. *Form Number:* CMS–R–297 (OMB#: 0938–0787); *Frequency:* Once; *Affected Public:* Private Sector: Business or other for-profits and Not-for-profit institutions; *Number of Respondents:* 5,000; *Total Annual Responses:* 5,000; *Total Annual Hours:* 1,250. (For policy questions regarding this collection contact Kevin