

1. Type of Information Collection

Request: Extension of a currently approved collection; **Title of Information Collection:** Indirect Medical Education (IME) and Supporting Regulations at 42 CFR 412.105; Direct Graduate Medical Education (GME) and Supporting Regulations at 412 CFR 413.75 through 83; **Use:** Section 1886(d)(5)(B) of the Social Security Act (the Act) requires additional payments to be made under the Medicare Prospective Payment System (PPS) for the indirect medical educational costs a hospital incurs in connection with interns and residents (IRs) in approved teaching programs. In addition, Title 42, Part 413, sections 75 through 83 implement section 1886(d) of the Act by establishing the methodology for Medicare payment of the cost of direct graduate medical educational activities. These payments, which are adjustments (add-ons) to other payments made to a hospital under the PPS, are largely determined by the number of full-time equivalent (FTE) IRs that work at a hospital during its cost reporting period. In Federal fiscal year (FY) 2011, the estimated Medicare program payments for indirect medical education (IME) costs amounted to \$6.59 billion. Medicare program payments for direct graduate medical education (GME) are also based upon the number of FTE-IRs that work at a hospital. In FY 2011, the estimated Medicare program payments for GME costs amounted to \$2.57 billion. **Form Number:** CMS-R-64 (OCN: 0938-0456); **Frequency:** Reporting—Annually; **Affected Public:** Private Sector—Business or other for-profits and Not-for-profit institutions; **Number of Respondents:** 1,075; **Total Annual Responses:** 1075; **Total Annual Hours:** 2,150. (For policy questions regarding this collection contact Milton Jacobson at 410-786-7553. For all other issues call 410-786-1326.)

2. Type of Information Collection

Request: Reinstatement of a previously approved collection; **Title of Information Collection:** Social Security Office (SSO) Report of State Buy-in Problem; **Use:** Under Section 1843 of the Social Security Act, States may enter into an agreement with the Department of Health and Human Services to enroll eligible individuals in Medicare and pay their premiums. The purpose of the State Buy-in program is to assure that Medicaid is the payer of last resort by permitting a State to provide Medicare protection to certain groups of needy individuals, as part of the State's total assistance plan. State Buy-in also has the effect of transferring some medical costs for this population from the

Medicaid program, which is partially State funded to the Medicare program, which is funded by the federal government and individual premiums. Generally, the States Buy-in for individuals who meet the eligibility requirements for Medicare and are cash recipients or deemed cash recipients or categorically needy under Medicaid. In some cases, States may also include individuals who are not cash assistance recipients under the Medical Assistance Only group. The day-to-day operations of the State Buy-in program is accomplished through an automated data exchange process. The automated data exchange process is used to exchange Medicare and Buy-in entitlement information between the Social Security District Offices, Medicaid State Agencies and the Centers for Medicare & Medicaid Services. When problems arise however that cannot be resolved through the normal data exchange process, clerical actions are required. The CMS-1957, "SSO Report of State Buy-In Problem" is used to report Buy-in problems cases. The CMS-1957 is the only standardized form available for communications between the aforementioned agencies for the resolution of beneficiary complaints and inquiries regarding State Buy-in eligibility. **Form Number:** CMS-1957 (OCN: 0938-0035); **Frequency:** Reporting—Annually; **Affected Public:** Individuals and Households; **Number of Respondents:** 3,802; **Total Annual Responses:** 3,802; **Total Annual Hours:** 1,266. (For policy questions regarding this collection contact Lucia Diaz-Robinson at 410-247-6843. 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 Email 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 April 29, 2013:

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: February 22, 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 Identifier: CMS-10079 and CMS-10149]

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: Revision of a currently approved collection; **Title of Information Collection:** Hospital Wage Index Occupational Mix Survey and Supporting Regulations in 42 CFR, Section 412.64; **Use:** Section 304(c) of Public Law 106-554 amended section 1886(d)(3)(E) of the Social Security Act to require CMS to collect data every 3 years on the occupational mix of employees for each short-term, acute

care hospital participating in the Medicare program, in order to construct an occupational mix adjustment to the wage index, for application beginning October 1, 2004 (the FY 2005 wage index). The purpose of the occupational mix adjustment is to control for the effect of hospitals' employment choices on the wage index. *Form Number:* CMS-10079 (OMB#: 0938-0907); *Frequency:* Reporting—Yearly, Biennially and Occasionally; *Affected Public:* Private Sector—Business or other for-profits and Not-for-profit institutions; *Number of Respondents:* 3,500; *Total Annual Responses:* 3,500; *Total Annual Hours:* 1,680,000. (For policy questions regarding this collection contact Geri Mondowney at 410-786-1172. For all other issues call 410-786-1326.)

2. Type of Information Collection

Request: Reinstatement without change of a previously approved collection; *Title of Information Collection:* Health Insurance Reform: Electronic Security Standards; *Use:* This information collection corresponds to existing regulations establishing standards for the security of electronic protected health information to be implemented by health plans, health care clearinghouses and certain health care providers, as required under Title II, subtitle F, sections 261 through 264 of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191. The use of the security standards improves Federal health programs, private health programs, and the effectiveness and efficiency of the health care industry in general by establishing a level of protection for certain electronic health information. This information collection request does not propose any changes to this information collection related to future modifications of the underlying HIPAA security standards. *Form Number:* CMS-10149 (OCN: 0938-0949); *Frequency:* Occasionally; *Affected Public:* Business or other for-profit, Not-for-profit institutions, Federal Government, and State, Local or Tribal Government; *Number of Respondents:* 135,560; *Total Annual Responses:* 285,560; *Total Annual Hours:* 536,743. (For policy questions regarding this collection contact William Parham at 410-786-4669. 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 Email 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 1, 2013. OMB, Office of Information and Regulatory Affairs, Attention: CMS Desk Officer, Fax Number: (202) 395-6974, Email: OIRA_submission@omb.eop.gov.

Dated: February 22, 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

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Parents and Children Together—Discussion Guide.
OMB No.: 0970-0403.

Description: The Office of Planning, Research, and Evaluation (OPRE), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), is proposing data collection activity as part of the Parents and Children Together (PACT) Evaluation.

The PACT project is a formative evaluation whose overall objective is to document and provide initial assessment of selected Responsible Fatherhood and Healthy Marriage grant programs that were authorized under the 2010 Claims Resolution Act. This information will be critical to informing decisions related to future investments in this kind of programming as well as the design and operation of such services.

To meet the objective of the study, PACT is utilizing three major, interrelated evaluation strategies:

- (a) Impact evaluation;
- (b) Implementation evaluation; and
- (c) Qualitative evaluation.

To collect data for these strategies, four instruments have been approved to-date, and 14 new instruments are proposed through this ICR:

- (1) Selecting Study Grantees (discussions with program and partner organization staff)—APPROVED April 20, 2012
- (2) Introductory Script (for RE program staff to discuss with program applicants)—APPROVED October 31, 2012
- (3) Baseline Survey (for RF study participants)—APPROVED October 31, 2012
- (4) Introductory Script (for HM program staff to discuss with program applicants)
- (5) Baseline Survey (for HM study participants)
- (6) RF study Management Information System (MIS)—APPROVED October 31, 2012
- (7) HM study Management Information System (MIS)
- (8) Semi-structured interview topic guide (for program staff)
- (9) On-line survey (for program staff)
- (10) Telephone interview guide (for program staff at referral organizations)
- (11) On-line Working Alliance Inventory (for program staff and participants)
- (12) Focus group discussion guide (for program participants)
- (13) Telephone interview guide (for program dropouts)
- (14) In-person, in-depth interview guide (for program participants)
- (15) Telephone check-in guide (for program participants)
- (16) Semi-structured interview topic guide (for program staff)
- (17) Focus group discussion guide (for program participants)
- (18) Questionnaire (for program participants in focus groups)

Respondents: Program applicants, program participants, program staff, and staff at referral agencies. Specific respondents per instrument are noted in the burden tables below.

Annual Burden Estimates

New instruments submitted for approval are included in the table below.