

1. *Electronically.* You may send your comments electronically to <https://www.regulations.gov>. Follow the instructions for “Comment or Submission” or “More Search Options” to find the information collection document(s) that are 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.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, please access the CMS PRA website by copying and pasting the following web address into your web browser: <https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing>.

FOR FURTHER INFORMATION CONTACT: William N. Parham at (410) 786–4669.

SUPPLEMENTARY INFORMATION:

Contents

This notice sets out a summary of the use and burden associated with the following information collections. More detailed information can be found in each collection’s supporting statement and associated materials (see **ADDRESSES**).

CMS–855O Medicare Registration Application

CMS–855I Medicare Enrollment Application for Physician and Non-Physician Practitioners

Under the 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 requires federal agencies to publish a 60-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.

Information Collection

1. *Type of Information Collection*

Request: Revision of a currently approved collection; *Title of Information Collection:* Medicare Registration Application; *Use:* Various sections of the Social Security Act (Act), the United States Code (U.S.C.), Internal Revenue Service Code (Code) and the Code of Federal Regulations (CFR) require providers and suppliers to furnish information concerning the amounts due and the identification of individuals or entities that furnish medical services to beneficiaries before allowing payment. The principal function of the CMS–855O is to gather information from a physician or other eligible professional to help CMS determine whether he or she meets certain qualifications to enroll in the Medicare program for the sole purpose of ordering or certifying certain Medicare items or services. The CMS–855O allows a physician or other eligible professional to enroll in Medicare without approval for billing privileges.

The collection and verification of this information protects our beneficiaries from illegitimate providers/suppliers. These procedures also protect the Medicare Trust Funds against fraud. The CMS–855O gathers information that allow Medicare contractors to ensure that the physician or eligible professional is not sanctioned from the Medicare and/or Medicaid program(s), or debarred, or excluded from any other Federal agency or program.

Furthermore, the data collected also ensures that the applicant has the necessary credentials to order and certify health care services. This is the sole instrument implemented for this purpose. *Form Number:* CMS–855O (OMB control number 0938–1135); *Frequency:* Occasionally; *Affected Public:* Private Sector (Business or other for-profits), State, Local, or Tribal Governments; *Number of Respondents:* 6,190; *Number of Responses:* 6,190; *Total Annual Hours:* 3,095. (For policy questions regarding this collection contact Frank Whelan at 410–786–1302).

2. *Type of Information Collection*

Request: Revision of a currently approved collection; *Title of Information Collection:* Medicare Enrollment Application for Physician and Non-Physician Practitioners; *Use:* The Social Security Act (Act) requires providers and suppliers to furnish information concerning the amounts due and the identification of individuals or entities that furnish medical services to beneficiaries before allowing

payment. The primary function of the CMS–855I Medicare enrollment application for physicians and non-physician practitioners is to gather information from an individual provider or supplier that tells us who he/she is, whether he/she meets certain qualifications to be a Medicare health care provider or supplier, where he/she practices or renders services, and other information necessary to establish correct claims payments.

The collection and verification of this information is the first line defense to defend and protect our beneficiaries from illegitimate physicians, non-physician practitioners, and other eligible professionals and to protect the Medicare Trust Fund against fraud. It gathers information that allow Medicare contractors to ensure only legitimate physicians, non-physician practitioners, and other eligible professionals enroll in the Medicare program, and are not sanctioned from the Medicare and/or Medicaid program(s), or debarred, or excluded from any other Federal agency or program. This is the sole instrument implemented for this purpose. *Form Number:* CMS–855I (OMB control number 0938–1355); *Frequency:* Occasionally; *Affected Public:* State, Local, or Tribal Governments, Private Sector (not-for-profit institutions); *Number of Respondents:* 472,617; *Number of Responses:* 472,617; *Total Annual Hours:* 961,651.

(For policy questions regarding this collection contact Frank Whelan at 410–786–1302).

Dated: September 16, 2022.

William N. Parham, III,
Director, Paperwork Reduction Staff, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2022–20440 Filed 9–20–22; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for Office of Management and Budget (OMB) Review; National Medical Support Notice Part A (OMB No.: 0970–0222)

AGENCY: Office of Child Support Enforcement, Administration for Children and Families, Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Office of Child Support Enforcement (OCSE), Administration for Children and Families (ACF), is

requesting a three-year extension of the National Medical Support Notice (NMSN) Part A. This request includes minor revisions to the NMSN Part A form, revisions to and separation of the instructions into a stand-alone attachment, a Part A sample, and the addition of the State Medical Support Contacts and Program Requirements matrix.

To allow states to program the changes to the proposed NMSN Part A, OCSE also requests an extension of the current version of the NMSN Part A for an additional year. The current Office of Management and Budget (OMB) approval expires on October 31, 2022.

DATES: *Comments due within 30 days of publication.* OMB must make a decision about the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication.

ADDRESSES: Written comments and recommendations for the proposed

information collection should be sent within 30 days of publication of this notice to <https://www.reginfo.gov/public/do/PRAMain>. Find this particular information collection by selecting “Currently under 30-day Review—Open for Public Comments” or by using the search function. You can also obtain copies of the proposed collection of information by emailing infocollection@acf.hhs.gov. Identify all emailed requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: Federal law requires that all child support orders under Title IV–D of the Social Security Act include medical coverage. The Child Support Performance and Incentive Act of 1998 (CSPIA) requires enforcement of this provision; the NMSN Part A is the means to enforce health care orders.

This information collection expedites requests for medical coverage between state child support enforcement agencies and employers. OCSE maintains Part A of the NMSN, which states initiate and send to a parent’s employer to complete. States must

supply some sensitive information to the parent’s employer in order to enroll the child(ren) in the correct health coverage plan. This information includes names, dates of birth, Social Security numbers, and addresses. The employer retains the income withholding part of the form and withholds from the employee/obligor’s income any premium payments that may be required by the employer’s health care plan. Then the employer’s health care administrator enrolls the child(ren) in the health care plan. The Department of Labor (DOL) maintains Part B of the NMSN. This request includes minor revisions to the NMSN Part A form, revisions to and separation of the instructions into a stand-alone attachment, a Part A sample, and the addition of the State Medical Support Contacts and Program Requirements matrix. OCSE will also request from OMB that the NMSN Part A expiration date match the expiration date of the NMSN Part B, which will be submitted by DOL.

Respondents: States and employers.

Annual Burden Estimates:

Information collection title	Total number of respondents	Annual number of responses per respondent	Average burden hours per response	Annual burden hours
2019 Form—Estimated Burden for Use Through 2023				
National Medical Support Notice—Part A—Notice to Withhold for Health Care Coverage— <i>States</i>	54	90,194	.17	827,981
National Medical Support Notice—Part A—Notice to Withhold for Health Care Coverage— <i>Employers</i>	1,310,727	3.72	.17	828,904
Estimated Annual Burden 2022–2023:				1,656,885
Revised Form—Estimated Burden for Implementation in 2023				
National Medical Support Notice—Part A—Notice to Withhold for Health Care Coverage— <i>States</i>	54	90,194	.17	827,981
National Medical Support Notice—Part A—Notice to Withhold for Health Care Coverage— <i>Employers</i>	1,310,727	3.72	.17	828,904
State Medical Support Contacts and Program Requirement Matrix— <i>States</i>	54	1	1	54
Estimated Annual Burden Beginning 2023:				1,656,939

Estimated Total Annual Burden Hours: 1,656,885 while states update systems and then 1,656,939 once states use the revised collection.

Authority: 45 U.S.C. 303.32; the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. 104–193; CSPIA, Pub. L. 105–200, Sec. 401(c); Sec. 609(a)(5)(C) of the Employee Retirement Income Security Act of 1974.

Mary B. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2022–20367 Filed 9–20–22; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request; COVID–19 Provider Relief Fund and American Rescue Plan (ARP) Rural Payment Reporting Activities, OMB No. 0906–0068—Revision.

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: In compliance with of the Paperwork Reduction Act of 1995, HRSA has submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period. OMB may act on HRSA's ICR only after the 30-day comment period for this Notice has closed.

DATES: Comments on this ICR should be received no later than October 21, 2022.

ADDRESSES: Written comments and recommendations for the proposed

information collection should be sent within 30 days of publication of this notice to <https://www.reginfo.gov/public/do/PRAMain>. Find this particular information collection by selecting “Currently under Review—Open for Public Comments” or by using the search function.

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email Samantha Miller, the HRSA Information Collection Clearance Officer at paperwork@hrsa.gov or call (240) 276–7189.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: COVID–19 Provider Relief Fund (PRF) Reporting Activities OMB No. 0906–0068—Revision.

Abstract: HRSA disburses the PRF and American Rescue Plan (ARP) Rural payments to eligible health care providers to support health care-related expenses or lost revenues attributable to the COVID–19 pandemic. Providers who have attested to the Terms and Conditions regarding their PRF and ARP Rural payment(s), including the requirement that the provider “shall submit reports as the Secretary determines are needed to ensure compliance with conditions that are imposed on this Payment, and such reports shall be in such form, with such content, as specified by the Secretary in future program instructions directed to all Recipients,” will be using the PRF Reporting Portal to submit information about their use of PRF and ARP Rural payments. In anticipation of the approved OMB form (control number 0906–0068) expiring on January 31, 2023, HRSA is undergoing the revision of the ICR approval to include the ARP Rural reporting requirements and to allow for data collection beyond the January 31, 2023 expiration.

A 60-day notice published in the **Federal Register**, 87, FR pp. 20441 (April 7, 2022). There was one request for program information.

Need and Proposed Use of the Information: Recipients of a PRF and

ARP Rural payment agreed to a set of Terms & Conditions (T&Cs), which, among other requirements, mandate compliance with certain reporting requirements that will facilitate appropriate oversight of recipients' use of funds.

Information collected will allow for (1) assessing whether recipients have met statutory and programmatic requirements, (2) conducting audits, (3) gathering data required to report on findings with respect to the disbursements of PRF and ARP Rural payments, and (4) program evaluation. HRSA staff will also use information collected to identify and report on trends in health care metrics and expenditures before and during the allowable period for expending PRF and ARP Rural payments.

Included in this revision are the following:

- A new funding source is now included in the data collection form (the American Rescue Plan Act of 2021 (Pub. L. 117–2) (ARP Rural))
- Additional reporting periods are added for reporting entities to report on use of funds (Reporting Period 5, 6, and 7)
- Updated burden estimates to include ARP Rural payment reporting in Reporting Period 4
- Updated burden estimates to reflect the number of reporting entities and additional reporting periods
- Adjusted burden estimates for providers who have additional reporting requirements

Likely Respondents: PRF and ARP Rural payment recipients who have received more than \$10,000 in aggregate PRF and ARP Rural payments during one of the Payment Received Periods outlined below and that agreed to the associated T&Cs are required to submit a report in the PRF Reporting Portal during the applicable Reporting Time Period.

Reporting period	Payment received period (payments exceeding \$10,000 in aggregate received)	Reporting time period
Period 1	April 10, 2020, to June 30, 2020	July 1, 2021, to September 30, 2021.
Period 2	July 1, 2020, to December 31, 2020	January 1, 2022, to March 31, 2022.
Period 3	January 1, 2021, to June 30, 2021	July 1, 2022, to September 30, 2022.
Period 4	July 1, 2021, to December 31, 2021	January 1, 2023, to March 31, 2023.
Period 5	January 1, 2022, to June 30, 2022	July 1, 2023, to September 30, 2023.
Period 6	July 1, 2022, to December 31, 2022	January 1, 2024, to March 31, 2024.
Period 7	January 1, 2023, to June 30, 2023	July 1, 2024, to September 30, 2024.

Burden Statement: Burden in this context means the time expended by

persons to generate, maintain, retain, disclose or provide the information

requested. This includes the time needed to review instructions; to