

**Information Collection:** Procedures for Making National Coverage Decisions; **Form No.:** CMS-R-0290 (OMB# 0938-0776); **Use:** These information collection requirements provide the process CMS will use to make a national coverage decision for a specific item or service under sections 1862 and 1871 of the Social Security Act. This will streamline our decision making process and will increase the opportunities for public participation in making national coverage decisions; **Frequency:** Other (as needed); **Affected Public:** Business or other for-profit, Not-for-profit institutions; **Number of Respondents:** 200; **Total Annual Responses:** 200; **Total Annual Hours:** 8,000.

(3) **Type of Information Collection Request:** Extension of a currently approved collection; **Title of Information Collection:** Request for Retirement Benefit Information; **Form No.:** CMS-R-0285 (OMB# 0938-0769); **Use:** This information is needed to determine whether a beneficiary meets the requirements for reduction of the Part A premium to zero.; **Frequency:** On occasion.; **Affected Public:** State, Local or Tribal Government; **Number of Respondents:** 1,500; **Total Annual Responses:** 1,500; **Total Annual Hours:** 208.

(4) **Type of Information Collection Request:** Extension of a currently approved collection; **Title of Information Collection:** End Stage Renal Disease Medical Information System ESRD Facility Survey; **Form No.:** CMS-2744 (OMB# 0938-0447); **Use:** The ESRD Facility Survey form is completed annually by Medicare approved providers of dialysis and transplant services. The CMS-2744 is designed to collect information concerning treatment trends, utilization of services and patterns of practice in treating ESRD patients.; **Frequency:** Annually; **Affected Public:** Business or other for-profit, Not-for-profit institutions; **Number of Respondents:** 4,225; **Total Annual Responses:** 4,225; **Total Annual Hours:** 33,800.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS's Web site address at <http://www.hcfa.gov/regs/prdact95.htm>, or e-mail your request, including your address, phone number, OMB number, and CMS document identifier, to [Paperwork@hcfa.gov](mailto:Paperwork@hcfa.gov), or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice directly to the CMS Paperwork Clearance Officer designated at the following address:

CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development and Issuances, Attention: Dawn Willingham, Room N2-14-26, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: October 10, 2002.

**John P. Burke, III,**

*Paperwork Reduction Act Team Leader, CMS Reports Clearance Officer, Office of Strategic Operations and Strategic Affairs, Division of Regulations Development and Issuances.*

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**BILLING CODE 4120-03-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare and Medicaid Services

[Document Identifier: CMS-R-21]

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

**AGENCY:** Centers for Medicare and 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 and Medicaid Services (CMS) (formerly known as the Health Care Financing Administration (HCFA), 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 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.

**Type of Information Collection Request:** Extension of a currently approved collection; **Title of Information Collection:** Withholding Medicare Payments to Recover Medicaid Overpayments and Supporting Regulations in 42 CFR 447.31; **Form No.:** CMS-R-21 (OMB# 0938-0287); **Use:** Overpayments may occur in either the Medicare and Medicaid program, at times resulting in a situation where an institution or

person that provides services owes a repayment to one program while still receiving reimbursement from the other. Certain Medicaid providers that are subject to offsets for the collection of Medicaid overpayments may terminate or substantially reduce their participation in Medicaid, leaving the State Medicaid Agency unable to recover the amounts due. These information collection requirements give CMS the authority to recover Medicaid overpayments by offsetting payments due to a provider under the program; **Frequency:** On occasion; **Affected Public:** State, Local, or Tribal Government; **Number of Respondents:** 54; **Total Annual Responses:** 27; **Total Annual Hours:** 81.

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.hcfa.gov/regs/prdact95.htm>, or e-mail your request, including your address, phone number, OMB number, and CMS document identifier, to [Paperwork@hcfa.gov](mailto:Paperwork@hcfa.gov), or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the OMB desk officer: OMB Human Resources and Housing Branch, Attention: Brenda Aguilar, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: October 10, 2002.

**John P. Burke, III,**

*Paperwork Reduction Act Team Leader, CMS Reports Clearance Officer, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development and Issuances.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS-8013-N]

**RIN 0938-AL56**

#### Medicare Program; Inpatient Hospital Deductible and Hospital and Extended Care Services Coinsurance Amounts for 2003

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), HHS.

**ACTION:** Notice.

**SUMMARY:** This notice announces the inpatient hospital deductible and the hospital and extended care services