

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**
**Office of the Secretary**
**Statement of Organization, Functions, and Delegations of Authority; Office of the National Coordinator for Health and Information Technology; Correction**

**AGENCY:** Office of the Secretary, HHS.

**ACTION:** Notice, correction.

**SUMMARY:** This Notice was previously published in the **Federal Register** on December 1, 2009, but it contained an error with respect to one of the office names.

**FOR FURTHER INFORMATION CONTACT:**

Marc Weisman, Office of the National Coordinator, Office of the Secretary, 200 Independence Ave., NW., Washington, DC 20201, 202-690-6285.

Part A, Office of the Secretary, Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services, Chapter AR, Office of the National Coordinator for Health Information Technology (ONC), as last amended at 74 FR 62785-62786, dated December 1, 2009, is corrected as follows:

I. Under Section AR.10 Organization, retitle "B. Office of Economic Modeling and Analysis (ARB)" as B. Office of Economic Analysis and Modeling (ARB)."

II. Under Section AR.20 Functions, Chapter B, retitle all references to the "Office of Economic Modeling and Analysis" as the "Office of Economic Analysis and Modeling."

III. Delegation of Authority. Pending further delegation, directives or orders by the Secretary or by the National Coordinator for Health Information Technology, all delegations and redelegations of authority made to officials and employees of affected organizational components will continue in them or their successors pending further redelegations, provided they are consistent with this reorganization.

(Authority: 44 U.S.C. 3101.)

Dated: July 26, 2010.

**Kathleen Sebelius,**  
Secretary.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**
**Centers for Medicare & Medicaid Services**

[Document Identifier: CMS-265-94, CMS-1728-94, CMS-10240, CMS-P-0015A and CMS-10203]

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

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

In compliance with the requirement of section 3506I(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:* Extension of a currently approved collection; *Title of Information Collection:* Independent Renal Dialysis Facility Cost Report; *Use:* The Independent Renal Dialysis Facility Cost Report, is filed annually by providers participating in the Medicare program to identify the specific items of cost and statistics of facility operation that independent renal dialysis facilities are required to report. *Form Number:* CMS-265-94 (OMB#: 0938-0236); *Frequency:* Yearly; *Affected Public:* Business or other for-profits and Not-for-profit institutions; *Number of Respondents:* 5,508 *Total Annual Responses:* 5,508; *Total Annual Hours:* 275,400 (For policy questions regarding this collection contact Gail Duncan at 410-786-7278. For all other issues call 410-786-1326.)

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Home Health Agency Cost Report; *Use:* These cost report forms are filed annually by freestanding providers participating in the Medicare program to effect year end cost settlement for providing services to

Medicare beneficiaries. The data submitted on the cost reports supports management of Federal programs. Providers receiving Medicare reimbursement must provide adequate cost data based on financial and statistical records which can be verified by qualified auditors. The data from these cost reporting forms will be used for the purpose of evaluating current levels of Medicare reimbursement. *Form Number:* CMS-1728-94 (OMB#: 0938-0022); *Frequency:* Yearly; *Affected Public:* Business or other for-profits and Not-for-profit institutions; *Number of Respondents:* 7,479 *Total Annual Responses:* 7,479; *Total Annual Hours:* 1,690,254 (For policy questions regarding this collection contact Angela Havrilla at 410-786-4516. For all other issues call 410-786-1326.)

3. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Data Collection for the Nursing Home Value-Based Purchasing (NHVBP) Demonstration; *Use:* The goal of the NHVBP Demonstration is to use financial incentives to improve the quality of care in nursing homes. The main purpose of the NHVBP data collection effort is to gather information that will enable CMS to determine which nursing homes will be eligible to receive incentive payments under the NHVBP Demonstration. Information will be collected from nursing homes participating in the demonstration on an ongoing basis. CMS will collect payroll-based staffing, agency staffing and resident census information to help assess the quality of care in participating nursing homes. CMS will determine which homes qualify for an incentive payment based on their relative performance in terms of quality. *Form Number:* CMS-10240 (OMB#: 0938-1039); *Frequency:* Quarterly; *Affected Public:* Business or other for-profits and Not-for-profit institutions; *Number of Respondents:* 178 *Total Annual Responses:* 712; *Total Annual Hours:* 5,530 (For policy questions regarding this collection contact Ron Lambert at 410-786-6624. For all other issues call 410-786-1326.)

4. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Medicare Current Beneficiary Survey; *Use:* The Medicare Current Beneficiary Survey (MCBS) serves to measure what impact the changes of adding a new benefit have on the program and its beneficiaries. The MCBS is a comprehensive data collection effort that fills an information gap in the