DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services


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: New collection; Title of Information Collection: Monthly State File of Medicaid/Medicare Dual Eligible Enrollees and Supporting Regulations in 42 CFR 423.900 through 423.910; Use: The monthly file of dual eligible enrollees will be used to determine those duals with drug benefits for the phased-down State contribution process required by the Medicare Modernization Act of 2003 (MMA). Section 103(a)(2) of the MMA addresses the phased-down state contribution (PDSC) process for the Medicare program. The reporting of the Medicare/Medicaid dual eligibles on a monthly basis is necessary to implement those provisions, and to Support Part D subsidy determinations and auto-assignment of individuals to Part D plans. The PDSC is a partial recoupment from the States of ongoing Medicaid drug costs for dual eligibles assumed by Medicare under MMA, which absent the MMA would have been paid for by the States; Form Number: CMS–10143 (OMB# 0938–NEW); Frequency: Recordkeeping and Monthly reporting; Affected Public: State, local or tribal government; Number of Respondents: 51; Total Annual Responses: 612; Total Annual Hours: 10,710.

2. Type of Information Collection Request: New Collection; Title of Information Collection: Claims Error Rate Testing (CERT)/Electronic Medical Records Exploratory Survey; Form No.: CMS–10140 (OMB# 0938–NEW); Use: The Centers for Medicare and Medicaid Services (CMS) is using a private vendor to conduct market research to assess the value of electronic patient medical records relative to the Claims Error Rate Testing (CERT) program and determine what actions CMS can take to encourage the use of electronic records for the purpose of lowering the CERT error rate. The proposed effort will test the hypothesis that increased functionality of electronic records (meaning, greater connectivity and features), is associated with lower CERT error rates related to coding, non-response and incomplete documentation. The project is expected to assist CMS in identifying a strategy to improve the CERT claims error rate by developing an approach that would both facilitate and encourage the use of electronic patient medical records in the health care setting. This research focuses on physician practices, outpatient hospitals, durable medical equipment (DME) providers and skilled nursing facilities (SNFs) that have been randomly sampled as part of the CERT process; Frequency: On occasion; Affected Public: Business or other for-profit; Number of Respondents: 1600; Total Annual Responses: 1600; Total Annual Hours: 454.

3. Type of Information Collection Request: Extension of a currently approved collection; Title of Information Collection: Information Collection Requirements in Final Peer Review Organization Regulations, 42 CFR sections 1004.40, 1004.50, 1004.60, 1004.70; Form No.: CMS–R–65 (OMB# 0938–0444); Use: This final rule updates the procedures governing the imposition and adjudication of program sanctions predicated on the recommendations of Peer Review Organizations (PROs). These changes are being made as a result of statutory revisions designed to address health care fraud and abuse issues in the OIG sanction process. The Peer Review Improvement Act of 1982 amended Title XI of the Social Security Act, creating the Utilization and Quality Control Peer Review Organization program. Section 1156 of the Social Security Act imposes obligations on health care practitioners and other persons who furnish or order services or items under Medicare. This section also provides for sanction actions, if the Secretary determines that the obligations as stated by this section are not met. Quality Improvement Organizations (QIOs) are responsible for identifying violations. QIOs may allow practitioners or other persons, opportunities to submit relevant information before determining that a violation has occurred. These requirements are used by the QIOs to collect the information necessary to make their determinations; Frequency: On occasion; Affected Public: Not-for-profit institutions; Number of Respondents: 53; Total Annual Responses: 1060; Total Annual Hours: 22,684.

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/ regulations/pра/, 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.

Written comments and recommendations for the proposed information collections must be mailed

Dated: June 3, 2005.

Jim L. Wickiffe,
CMS Paperwork Reduction Act Reports Clearance Officer, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.

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within 30 days of this notice directly to
the OMB desk officer:
OMB Human Resources and Housing
Branch, Attention: Christopher
Martin, New Executive Office
Building, Room 10235, Washington,
DC 20503.

Dated: June 10, 2005.

Jim L. Wickliffe,
CMS Reports Clearance Officer, 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

254, CMS–1450, CMS–10146, CMS–10147,
CMS–10154, and CMS–10160]

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: Extension of a currently
approved collection; Title of
Information Collection: Plan Benefit
Package (PBP) and Formulary
Submission for Medicare Advantage
(MA) Plans and Prescription Drug
Plans (PDPs); Form No.: CMS–R–262 (OMB #
0938–0763); Use: Under the Medicare
Modernization Act (MMA), Medicare
Advantage (MA) and Prescription Drug
Plan (PDP) organizations are required to
submit plan benefit package information
to CMS for approval. Organizations will
provide this information through the
submission of the formulary and the
PBP software; Frequency: On occasion,
annually and other (as required by new
legislation); Affected Public: Business or
other for-profit and Not-for-profit
institutions; Number of Respondents:
470; Total Annual Responses: 2,092;
Total Annual Hours: 5,546.

2. Type of Information Collection
Request: Revision of a currently
approved collection; Title of
Information Collection: National
Medicare Education Program (NMEP);
Form No.: CMS–R–254 (OMB # 0938–
0738); Use: The NMEP was developed to
inform people with Medicare, their
family members, and other interested
parties about their Medicare options.
The Medicare Modernization Act of
2003 expanded the program to include
among other things, a new Prescription
Drug Benefit; therefore, this package has
been revised to include this
information. The NMEP employs
numerous communication channels to
teach people with Medicare and help
them make more informed decisions
concerning their Medicare program
benefits; health plan choices;
 supplemental health insurance; rights,
responsibilities, and protections; and
preventive health services. As part of
the NMEP, CMS must provide
information to this population about the
Medicare program and their Health Plan
options, as well as information about
the new prescription drug coverage to
help them choose the option that is right
for them. This survey seeks to assess the
awareness, knowledge, understanding
and experience of people with
Medicare regarding the Medicare
program overall and these new
initiatives; Frequency: On occasion;
Affected Public: Individuals or
Households; Number of Respondents:
5,700; Total Annual Responses: 5,700;
Total Annual Hours: 1,425.

3. Type of Information Collection
Request: Extension of a currently
approved collection; Title of
Information Collection: Medicare
Uniform Institutional Provider Bill and
Supporting Information
Submission for Medicare
Part B, Hospital Outpatient
Claims; Form No.: CMS–1450 (OMB #
0938–0279); Use: Section 42 CFR
424.5; Form No.: CMS–1450 (OMB #
0938–0279); Use: Section 42 CFR
424.5(a)(5) requires providers of services
to submit claims prior to Medicare
reimbursement. Charges are coded by
revenue codes. The bill specifies
diagnoses according to the
International Classification of Diseases, Ninth Edition
(ICD-9–CM) code. Inpatient procedures
are identified by ICD-9–CM codes, and
outpatient procedures are described using
the Healthcare Common
Procedure Coding System (HCPCS).
These are standard systems of
identification for all major health
insurance claims payers. Submission of
information on the CMS–1450 permits
Medicare intermediaries to receive
consistent data for proper payment;
Frequency: On occasion; Affected
Public: Not-for-profit institutions,
Business or other for profit; Number of
Respondents: 51,629; Total Annual
Responses: 174,461,278; Total Annual
Hours: 1,997,581.

4. Type of Information Collection
Request: New Collection; Title of
Information Collection: Notice of Denial of
Medicare Prescription Drug Coverage;
Form No.: CMS–10146 (OMB # 0938–
NEW); Use: Pursuant to 42 CFR
423.568(c), if a Part D plan denies drug
coverage, in whole or in part, the Part
D plan must give the enrollee written
notice of the coverage determination;
Frequency: Other: Distribution; Affected
Public: Business or other for profit, Not-
for-profit institutions; Individuals or
Households and Federal Government;
Number of Respondents: 450; Total
Annual Responses: 1,056,000; Total
Annual Hours: 528,000.

5. Type of Information Collection
Request: New Collection; Title of
Information Collection: Medicare
Prescription Drug Coverage and Your
Rights; Form No.: CMS–10147 (OMB #
0938–NEW); Use: Pursuant to 42 CFR
423.562(a)(3), a Part D plan sponsor
must arrange with its network
pharmacies to post or distribute notices
informing enrollees to contact their plan
to request a coverage determination or
an exception if the enrollee disagrees
with the information provided by the
pharmacy; Frequency: Other:
Distribution; Affected Public: Business or
other for profit, Not-for-profit
institutions; Individuals or Households
and Federal Government; Number of
Respondents: 41,000; Total Annual
Responses: 35,000,000; Total Annual
Hours: 583,333.

6. Type of Information Collection
Request: New collection; Title of
Information Collection: Physician
Assessment of Hospital Quality Reports;
Form No.: CMS–10154 (OMB # 0938–
NEW); Use: This assessment will
monitor the attitudes and behaviors of
physicians as they relate to the concerns
of their patients who have been exposed
to hospital quality-of-care reports at
CMS’s Web site; Affected Public:
Individuals or Households; Number of
Respondents: 1,730; Total Annual
Responses: 1,730; Total Annual Hours:
345.75.

7. Type of Information Collection
Request: New collection; Title of
Information Collection: The Personal
Responsibility Survey; Form No.:
CMS–10160 (OMB # 0938–NEW); Use: New
focus on personalizing messages by