

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.

We are, however, requesting an emergency review of the information collection referenced below. In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, we have submitted to the Office of Management and Budget (OMB) the following requirements for emergency review. We are requesting an emergency review because the collection of this information is needed before the expiration of the normal time limits under OMB's regulations at 5 CFR Part 1320. This is necessary to ensure compliance with an initiative of the Administration. We cannot reasonably comply with the normal clearance procedures because of an unanticipated event. Due to the CMS mandatory deadlines set forth by OMB for Agencies to have full disclosure financial statements prepared and independently audited, the CMS requests an emergency clearance process based on 5 CFR 1320.13(a)(2)(ii).

The approval of this information collection process is essential in order to comply with Section 3515 of the Chief Financial Officers (CFO) Act that requires government agencies to produce auditable financial statements in accordance with Office of Management and Budget (OMB) guidelines on form and content. The Government Management and Reform Act of 1994 requires all offices, bureaus and associated activities of the 24 CFO Act agencies to be covered in an agency-wide, audited financial statement. CMS fulfills its mission through its contractors and the States. These entities are the primary source of information for the financial statements. Collection of State Children's Health Insurance Program (SCHIP) data and the calculation of the SCHIP Incurred But Not Reported (IBNR) estimate are pertinent to CMS' financial audit. The CFO auditors have reported the lack of an estimate for SCHIP IBNR payables and receivables as a reportable

condition in the FY 2005 audit of CMS' financial statements.

1. *Type of Information Collection Request:* New collection; *Title of Information Collection:* State Children's Health Insurance Program (SCHIP) Report on Payables and Receivables; *Use:* Collection of SCHIP data and the calculation of the SCHIP Incurred But Not Reported (IBNR) estimate are pertinent to CMS' financial audit. The CFO auditors have reported the lack of an estimate for SCHIP IBNR payables and receivables as a reportable condition in the FY 2005 audit of CMS's financial statements. It is essential that CMS collect the necessary data from State agencies in FY 2006, so that CMS continues to receive an unqualified audit opinion on its financial statements. Program expenditures for the SCHIP have increased since its inception; as such, SCHIP receivables and payables may materially impact the financial statements. The SCHIP Report on Payables and Receivables will provide the information needed to calculate the SCHIP IBNR.; *Form Number:* CMS-10180 (OMB#: 0938-NEW); *Frequency:* Reporting—Annually; *Affected Public:* State, Local, or Tribal governments; *Number of Respondents:* 56; *Total Annual Responses:* 56; *Total Annual Hours:* 336.

CMS is requesting OMB review and approval of this collection by March 20, 2006, with a 180-day approval period. Written comments and recommendation will be considered from the public if received by the individuals designated below by March 6, 2006.

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 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.

Interested persons are invited to send comments regarding the burden or any other aspect of these collections of information requirements. However, as noted above, comments on these information collection and recordkeeping requirements must be mailed and/or faxed to the designees referenced below by January 31, 2005:

Centers for Medicare and Medicaid Services, Office of Strategic Operations and Regulatory Affairs, Room C4-26-05, 7500 Security Boulevard, Baltimore, MD 21244-

1850, Attn: William N. Parham, III, and
OMB Human Resources and Housing Branch, Attention: Carolyn Lovett, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: January 25, 2006.

Michelle Shortt,

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-R-70, CMS-10178, CMS-R-209, and CMS-R-245]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services.

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:* Information Collection Requirements in HSQ-110, Acquisition, Protection and Disclosure of Peer Review Organization Information and Supporting Regulations in 42 CFR 480.104, 480.105, 480.116, and 480.134; *Use:* The Peer Review Improvement Act of 1982 authorizes quality improvement organizations (QIOs), formally known as peer review organizations (PROs), to acquire information necessary to fulfill their duties and functions and places limits on disclosure of the information. The QIOs are required to provide

notices to the affected parties when disclosing information about them. These requirements serve to protect the rights of the affected parties. The information provided in these notices is used by the patients, practitioners and providers to: Obtain access to the data maintained and collected on them by the QIOs; add additional data or make changes to existing QIO data; and reflect in the QIO's record the reasons for the QIO's disagreeing with an individual's or provider's request for amendment.; *Form Number:* CMS-R-70 (OMB#: 0938-0426); *Frequency:* Reporting—On occasion; *Affected Public:* Business or other for-profit, individuals or households, not-for-profit institutions, Federal government, and State, Local or Tribal governments; *Number of Respondents:* 362; *Total Annual Responses:* 3729; *Total Annual Hours:* 60,919.

2. *Type of Information Collection Request:* New collection; *Title of Information Collection:* Collection of Medicaid and State Children's Health Insurance (SCHIP) Managed Care Claims and Related Information; *Use:* The Improper Payments Information Act (IPIA) of 2002 (Pub. L. 107-300) requires CMS to produce national error rates in the Medicaid program and the State Children's Health Insurance Program (SCHIP). To comply with the IPIA, CMS will engage a Federal contractor to produce error rates in Medicaid managed care and SCHIP managed care. Beginning in 2007, CMS will use a rotational approach to review up to 18 States for each program, for a total 36 States each year. CMS has completed the State selection process for the Medicaid improper payments measurement. States have not yet been selected for the measurement of improper payments in SCHIP. CMS expects to select the SCHIP States in the fall of 2006.; *Form Number:* CMS-10178 (OMB#: 0938-NEW); *Frequency:* Reporting—On occasion, quarterly; *Affected Public:* State, Local, or Tribal governments; *Number of Respondents:* 36; *Total Annual Responses:* 23,400; *Total Annual Hours:* 23,400.

3. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Medicare and Medicaid Programs: Reporting OASIS Data as Part of the Conditions of Participation for Home Health Agencies and Supporting Regulations in 42 CFR 484.11 and 484.20; *Use:* This request is for OMB approval to continue to require home health agencies (HHAs) to electronically report the Outcome and Assessment Information Set (OASIS) data to CMS. OASIS is a requirement of

one of the Conditions of Participation (CoP) that HHAs must meet in order to participate in the Medicare program. Specifically, the aforementioned regulation sections provide guidelines for HHAs for the electronic transmission of the OASIS data as well as responsibilities of the State agency or OASIS contractor in collecting and transmitting this information to CMS. These requirements are necessary to achieve broad-based, measurable improvement, in the quality of care furnished through Federal programs, and to establish a prospective payment system for HHAs.; *Form Number:* CMS-R-209 (OMB#: 0938-0761); *Frequency:* Reporting—Monthly; *Affected Public:* Business or other for-profit, not-for-profit institutions, Federal government, State, local, or tribal governments; *Number of Respondents:* 8,277; *Total Annual Responses:* 102,203; *Total Annual Hours:* 1,374,051.

4. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Medicare and Medicaid Programs OASIS Collection Requirements as Part of the Conditions of Participation for Home Health Agencies and Supporting Regulations in 42 CFR Sections 484.55, 484.205, 484.245, 484.250; *Use:* The Medicare and Medicaid Programs OASIS Collection Requirements as Part of the Conditions of Participation for Home Health Agencies (HHAs) information collection requires HHAs to use a standard core assessment data set, the Outcome and Assessment Information Set (OASIS), to collect information and to evaluate adult non-maternity patients. In addition, data from the OASIS will be used for purposes of case mix adjusting patients under the home health prospective payment system and will facilitate the production of necessary case mix information at relevant time points in the patient's home health stay.; *Form Number:* CMS-R-245 (OMB#: 0938-0760); *Frequency:* Recordkeeping and reporting—Other, upon patient assessment; *Affected Public:* Business or other for-profit, not-for-profit institutions, Federal government, State, local, or tribal governments; *Number of Respondents:* 8,277; *Total Annual Responses:* 11,087,565; *Total Annual Hours:* 9,339,184.

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 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.

To be assured consideration, comments and recommendations for the proposed information collections must be received at the address below, no later than 5 p.m. on April 4, 2006. CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development—B, Attention: William N. Parham, III, Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: January 25, 2006.

Michelle Shortt,

Director, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services

[Document Identifier: CMS-R-262 and CMS-10142]

Emergency Clearance: Public Information Collection Requirements Submitted to the Office of Management and Budget (OMB)

AGENCY: Center for Medicare and Medicaid Services.

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), 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.

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