

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hours)	Total burden (in hours)
Comparison Organization Staff (Telephone Interviews).	Consumer Focus Group Discussion Guide.	1	1	10	Advance Letter for Comparison Organizations
	Comparison Organization Interview Protocol.				
Total					335

**Seleda Perryman,**

Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

[Document Identifier: CMS-10050, CMS-1450(UB-04), CMS-276 and CMS-R-254]

**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:* Revision of the currently approved collection; *Title of Information Collection:* New Enrollee Survey; *Use:* The New Enrollee survey was developed to gather information from newly enrolled Medicare

beneficiaries about their Medicare knowledge and needs. CMS is seeking understanding about what types of information new enrollees need and what they know about Medicare. Included in the survey are questions regarding how well informed new enrollees are about Medicare and what information they have received about the Medicare program. Information gathered in this survey will be used only for purposes of targeting and improving communications with newly eligible Medicare beneficiaries. *Form Number:* CMS-10050 (OMB#: 0938-0869); *Frequency:* Reporting—Quarterly; *Affected Public:* Individuals or Households; *Number of Respondents:* 1200; *Total Annual Responses:* 1200; *Total Annual Hours:* 300. (For policy questions regarding this collection contact Renee Clarke at 410-786-0006. For all other issues call 410-786-1326.)

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Medicare Uniform Institutional Provider Bill and Supporting Regulations in 42 CFR 424.5; *Use:* Section 42 CFR 424.5(a)(5) requires providers of services to submit a claim for payment prior to any Medicare reimbursement. Charges billed 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 CMS 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. *Form Numbers:* CMS-1450 (UB-04)(OMB#: 0938-0997); *Frequency:* Reporting—On occasion; *Affected Public:* Not-for-profit institutions, Business or other for-profit; *Number of*

*Respondents:* 53,111; *Total Annual Responses:* 181,909,654; *Total Annual Hours:* 1,567,455. (For policy questions regarding this collection contact Matt Klischer at 410-786-7488. For all other issues call 410-786-1326.)

3. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Prepaid Health Plan Cost Report; *Use:* Health Maintenance Organizations and Competitive Medical Plans (HMO/CMPs) contracting with the Secretary under Section 1876 of the Social Security Act are required to submit a budget and enrollment forecast, four quarterly reports and a final certified cost report. Health Care Prepayment Plans (HCPPs) contracting with the Secretary under Section 1833 of the Social Security Act are required to submit a budget and enrollment forecast, mid-year report, and final cost report. An HMO/CMP is a health care delivery system that furnishes directly or arranges for the delivery of the full spectrum of health services to an enrolled population. A HCPP is a health care delivery system that furnishes directly or arranges for the delivery of certain physician and diagnostics services up to the full spectrum of non-provider Part B health services to an enrolled population. These reports will be used to establish the reasonable cost of delivering covered services furnished to Medicare enrollees by an HMO/CMP or HCPP.; *Form Numbers:* CMS-276 (OMB#: 0938-0165); *Frequency:* Recordkeeping, Reporting—Quarterly and Annually; *Affected Public:* Business or other for-profit; *Number of Respondents:* 35; *Total Annual Responses:* 128; *Total Annual Hours:* 5,285. (For policy questions regarding this collection contact Temeshia Johnson at 410-786-8692. For all other issues call 410-786-1326.)

4. *Type of Information Collection Request:* Reinstatement of a currently approved collection; *Title of*

*Information Collection:* National Medicare & You Education Program (NMEP) Survey of Medicare Beneficiaries Use: The Centers for Medicare and Medicaid Services is requesting a reinstatement of this information collection request to continue to collect information from Medicare beneficiaries, caregivers, health care providers, and health information providers. The collection of information was inadvertently discontinued in December 2008; however, as stated earlier, we are currently seeking a reinstatement with change as we have revised the collection instrument. It is critical for this agency to obtain feedback from the aforementioned groups so that the agency can accurately assess the needs of the Medicare audience. Using random digit dial and/or an administrative sample, members of the Medicare audience will be called and asked to complete the survey via telephone. The results of this survey will be compiled and studied so that communication may be amended to benefit Medicare's audience. The survey has the following objectives: to assess satisfaction with and knowledge of the Medicare program; to gather information on health behaviors and quality of health care; to determine the most used source for Medicare information; and to gather information from health care provider and health information providers. *Form Number:* CMS-R-254 (OMB# 0938-0738); *Frequency:* Once; *Affected Public:* Individuals and Households, Private Sector—Business or other for-profits; *Number of Respondents:* 7,000; *Total Annual Responses:* 7,000; *Total Annual Hours:* 1,750.

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](mailto: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 by the OMB desk officer at the address below, no later than 5 p.m. on September 14, 2009: OMB, Office of Information and Regulatory Affairs, Attention: CMS Desk Officer, Fax Number: (202) 395-6974, E-mail: [OIRA\\_submission@omb.eop.gov](mailto:OIRA_submission@omb.eop.gov).

Dated: August 7, 2009.

**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-284 and CMS-10190]**

#### 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 without change of a currently approved collection; *Title of Information Collection:* Medicaid Statistical Information System; *Use:* State data are reported by the Federally mandated electronic process, known as (MSIS) Medical Statistical Information System. These data are the basis of actuarial forecasts for Medicaid service utilization and costs; of analysis and cost savings estimates required for legislative initiatives relating to Medicaid and for responding to requests for information from CMS components, the Department, Congress and other customers.

*Form Number:* CMS-R-284 (OMB#: 0938-0345); *Frequency:* Reporting—Quarterly; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 51; *Total Annual Responses:* 204; *Total Annual Hours:*

2,040. (For policy questions regarding this collection contact Denise Franz 410-786-6117. For all other issues call 410-786-1326.)

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Section 1901 of the Act (42 U.S.C. 1396) requires that States must establish a State plan for medical assistance that are approved by the Secretary to carry out the purposes of title XIX. The DRA provides States with numerous flexibilities in operating their State Medicaid programs. The intent of these flexibilities is to provide States with program alternatives that allow them to provide the most appropriate health care coverage that meets beneficiary needs, while at the same time curtailing State and Federal spending. Except for the documentation of citizenship requirements, States can submit SPAs to CMS to effectuate these changes to their Medicaid programs. CMS provided State Medicaid Directors letters providing guidance on these provisions and the implementation of the DRA and associated SPA templates for use by States to modify their Medicaid State plans if they choose to implement these flexibilities. Under this process, the end result is the State burden will be reduced significantly. To implement these flexibilities, a collection of information to effectuate these changes is required. Therefore, State Medicaid agencies will complete the templates to effectuate the changes. CMS will review the information to determine if the State has met all of the requirements of the DRA provisions the States choose to implement. If the requirements are met, CMS will approve the amendments to the State's Title XIX plan giving the State the authority to implement the flexibilities. For a State to receive Medicaid Title XIX funding, there must be an approved Title XIX State plan. Five templates were created to assist States in effectuating these flexibilities through modifications to the State plan. The Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009, enacted on February 4, 2009, corrected language in section 6044 (Alternative Benefit Packages) of the DRA as if these amendments were included in the DRA, and subsequently amended section 1937 "State Flexibility for Medicaid Benefit Packages." We have modified the preprints to reflect these statutory changes. *Form Number:* CMS-10190 (OMB#: 0938-0993); *Frequency:* Reporting—Yearly; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 56; *Total Annual Responses:* 16; *Total*