

QIO Program, as set forth in Title XVIII—Health Insurance for the Aged and Disabled, Section 1862(g) of the Social Security Act—is to improve the effectiveness, efficiency, economy, and quality of services delivered to Medicare beneficiaries. The quality strategies of the Medicare QIO Program are carried out by specific QIO contractors working with health care providers in their state, territory, or the District of Columbia. The QIO contract contains a number of quality improvement initiatives that are authorized by various provisions in the Act. As a general matter, Section 1862(g) of the Act mandates that the secretary enter into contracts with QIOs for the purpose of determining that Medicare services are reasonable and medically necessary and for the purposes of promoting the effective, efficient, and economical delivery of health care services and of promoting the quality of the type of services for which payment may be made under Medicare. CMS interprets the term “promoting the quality of services” to involve more than QIOs reviewing care on a case-by-case basis, but to include a broad range of proactive initiatives that will promote higher quality. CMS has, for example, included in the SOW tasks in which the QIO will provide technical assistance to Medicare-participating providers and practitioners in order to help them improve the quality of the care they furnish to Medicare beneficiaries.

Additional authority for these activities appears in Section 1154(a)(8) of the Act, which requires that QIOs perform such duties and functions, assume such responsibilities, and comply with such other requirements as may be required by the Medicare statute. CMS regards survey activities as appropriate if they will directly benefit Medicare beneficiaries. In addition, Section 1154(a)(10) of the Act specifically requires that the QIOs “coordinate activities, including information exchanges, which are consistent with economical and efficient operation of programs among appropriate public and private agencies or organizations, including other public or private review organizations as may be appropriate.” CMS regards this as specific authority for QIOs to coordinate and operate a broad range of collaborative and community activities among private and public entities, as long as the predicted outcome will directly benefit the Medicare program.

The purpose of the study is to design and conduct an analysis evaluating the impact on national and regional health care processes and outcomes of the

Ninth Scope of Work QIO Program. The QIO Program is national in scope and scale and affects the quality of healthcare of 43 million elderly and disabled Americans. CMS will conduct an impact and process analysis using data from multiple sources: (1) Primary data collected via in-depth interviews, focus groups, and surveys of QIOs, health care providers, and other stakeholders; (2) secondary data reported by QIOs through CMS systems; and (3) CMS administrative data. The findings will be presented in a final report as well as in other documents and reports suitable for publication in peer-review journals. This request relates to the following data collections: (1) Survey of QIO directors and theme leaders; (2) Survey of hospital QI directors and nursing home administrators; (3) focus groups with Medicare beneficiaries; and (4) in-person and telephone discussions with QIO staff, partner organizations, health care providers, and community health leaders. *Form Number:* CMS-10294 (OMB# 0938-New); *Frequency:* Occasionally; *Affected Public:* Business or other for-profits, and Medicare beneficiaries; *Number of Respondents:* 3,343; *Total Annual Responses:* 3,343; *Total Annual Hours:* 1,707. (For policy questions regarding this collection contact Robert Kambic at 410-786-1515. For all other issues call 410-786-1326.)

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 *January 19, 2010*.

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: December 11, 2009.

**Michelle Shortt,**

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

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Indian Health Service

#### Request for Public Comment: 30-Day Proposed Information Collection: Indian Health Service Contract Health Services Report

**AGENCY:** Indian Health Service, HHS.

**ACTION:** Notice.

**SUMMARY:** In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 which requires a 30-day advance opportunity for public comment on the proposed information collection project, Indian Health Service (IHS) is publishing for comment a summary of a proposed information collection to be submitted to the Office of Management and Budget (OMB) for review.

The IHS received no comments in response to the 60-day **Federal Register** notice 74 FR 47801 published on September 17, 2009. The purpose of this notice is to allow an additional 30 days for public comment to be submitted directly to OMB.

#### Proposed Collection

*Title:* 0917-0002, “Indian Health Service Contract Health Services Report.” *Type of Information Collection Request:* Three year renewal, with change of currently approved information collection, 0917-0002, “Indian Health Service Contract Health Services Report.” *Form Number:* IHS 843-1A. Reporting formats are contained in an IHS Contract Health Services Manual Exhibit and IHS Web site. *Need and Use of Information Collection:* The IHS Contract Health Services Program needs this information to certify that the health care services requested and authorized by the IHS have been performed by the Contract Health Services provider(s); to have providers validate services provided; to process payments for health care services performed by such providers; and to serve as a legal document for health and medical care authorized by IHS and rendered by health care providers under contract with the IHS. *Affected Public:* Patients, health and medical care providers or Tribal Governments. *Type of Respondents:* Health and medical care providers.

*The table below provides:* Types of data collection instruments, Estimated number of respondents, Number of responses per respondent, Annual number of responses, Average burden

hour per response, and Total annual burden hours.

Data collection instrument(s)	Estimated number of respondents	Responses per respondent	Annual number of responses	Average burden hour per response*	Total annual burden hours
IHS-843-1A .....	7,424	51	378,624	0.05 (3 mins)	18,931
IDS** .....	15,157	1	15,157	0.05 (3 mins)	758
Total .....	22,581	.....	.....	.....	19,689

\*For ease of understanding, burden hours are also provided in actual minutes.

\*\*Inpatient Discharge Summary (IDS)

There are no Capital Costs, Operating Costs, and/or Maintenance Costs to report.

**Request for Comments:** Your written comments and/or suggestions are invited on one or more of the following points: (a) Whether the information collection activity is necessary to carry out an agency function; (b) whether the IHS processes the information collected in a useful and timely fashion; (c) the accuracy of the public burden estimate (this is the amount of time needed for individual respondents to provide the requested information); (d) whether the methodology and assumptions used to determine the estimate are logical; (e) ways to enhance the quality, utility, and clarity of the information being collected; and (f) ways to minimize the public burden through the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

**Direct Comments to OMB:** Send your written comments and suggestions regarding the proposed information collection contained in this notice, especially regarding the estimated public burden and associated response time to: Office of Management and Budget, Attention: Desk Officer for IHS, Office of Regulatory Affairs, New

Executive Office Building, Room 10235, Washington, DC 20503.

**Send Comments and Requests for Further Information:** To request more information on the proposed collection or to obtain a copy of the data collection instrument and/or instructions, contact: Ms. Betty Gould, Reports Clearance Officer, 801 Thompson Avenue, TMP, Suite 450, Rockville, MD 20852, call non-toll free (301) 443-7899, send via facsimile to (301) 443-9879, or send your e-mail requests, comments, and return address to: *Betty.Gould@ihs.gov*.

**Comment Due Date:** Your comments regarding this information collection are best assured of having full effect if received within 30 days of the date of this publication.

Dated: December 11, 2009.

**Yvette Roubideaux,**

*Director, Indian Health Service.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Proposed Information Collection Activity; Comment Request**

*Proposed Projects:*

**ANNUAL BURDEN ESTIMATES**

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
MCP Data Collection Process (MCPDCP) .....	150	4	12	7,200

**Estimated Total Annual Burden Hours:** 7,200.

In compliance with the requirements of Section 506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above.

Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, *Attn:* ACF Reports Clearance Officer. *E-mail address:*

**Title:** Mentoring Children of Prisoners Data Collection Process (MCPDCP).

**OMB No.:** 0970-0266.

**Description:** Information from the Mentoring Children of Prisoners Data Collection Process is necessary for the Federal agency's reporting and planning under the Government Performance and Results Act and to support evaluation requirements in the statute. The data will be used for accountability monitoring, management improvement, and research. Acquisition of the data ensures that the Federal agency knows if Grantees are meeting the targets (number of children being mentored) recorded in the grant application as required by the statute, and that mentoring activities are faithful to characteristics established by research as essential to success. The data also support grantees as they carry out ongoing responsibilities, maintain program service and manage information for internal uses.

**Respondents:** Recipients of grants from the HHS/ACF/Family and Youth Services Bureau to operate programs to provide mentoring for children of prisoners.

*infocollection@acf.hhs.gov.* All requests should be identified by the title of the information collection.

**The Department specifically requests comments on:** (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have