

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Use of Post-Expenditure Report Form as Part of the Intended Use Plan	56	1	2	112
Post-Expenditure Report	56	1	110	6,160

*Estimated Total Annual Burden
Hours: 6,272*

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: 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 practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Dated: October 18, 2010.

Robert Sargis,

Reports Clearance Officer.

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**DEPARTMENT OF HEALTH AND
HUMAN SERVICES**

**Centers for Disease Control and
Prevention**

[60 Day-11-11AD]

**Proposed Data Collections Submitted
for Public Comment and
Recommendations**

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-5960 and send comments to Carol E. Walker, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to omb@cdc.gov.

Comments are invited 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 practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

Surveys of State, Tribal, Local, and Territorial (STLT) Governmental Health Agencies—New—Office of the Director, Office for State, Tribal Local and Territorial Support (OSTLTS)—(proposed), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC's mission includes addressing the leading causes of disease, injury, and disability in the United States, including a focus on tobacco control; improving nutrition, physical activity, and food safety; reducing healthcare-associated infections; preventing motor vehicle injuries; preventing teen pregnancy; and preventing HIV. CDC's priorities for approaching improvements to public health include—strengthening surveillance, epidemiology, and laboratory science; better supporting efforts in states and communities; and pursuing policies that have an impact. As such, CDC's relationship with State, local, tribal and territorial (STLT) governmental health officials is key to its emergency preparedness, health promotion and disease prevention responsibilities.

CDC is requesting a three-year approval for a generic clearance to assess information related to a myriad of public health issues that affect STLT health agencies. Information will be used to assess situational awareness of current public health emergencies, make decisions that will affect planning, response and recovery activities of subsequent emergencies, and fill gaps in knowledge that will strengthen surveillance, epidemiology, and laboratory science; better supporting efforts in states and communities. CDC will conduct short surveys, across a range of public health topics, using standard questionnaire administration approaches (e.g., phone, web, e-mail, and paper, in person).

CDC estimates that it will conduct up to 50 of queries with State, territorial or tribal health officials, 12 queries with county health officials, and 4 of queries with municipal health officials each year. Ninety percent of queries will be web-based, with remaining in-person or paper-based surveys. The total annualized burden hours of 40,980 is based on the following estimates.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Number of respondents	Number of responses per respondent	Average burden per respondent (in hours)	Total burden hours
State, Territorial, or Tribal Health Officials	50	50	1	2,500
County Health Officials	1,600	12	2	38,400
Municipal/City Health Officials	20	4	1	80
Total				40,980

Dated: October 15, 2010.

Catina Conner,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10336]

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

AGENCY: Centers for Medicare & Medicaid Services.

In compliance with the requirement of section 3506(i)(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:* Medicare and Medicaid Programs; Electronic Health Record Incentive Program; *Use:* The American Reinvestment and Recovery Act of 2009 (Recovery Act) (Pub. L. 111-5) was enacted on February 17, 2009. The Recovery Act includes many measures to modernize our nation's infrastructure, and improve affordable health care. Expanded use of health

information technology (HIT) and certified electronic health records (EHRs) will improve the quality and value of American health care. Title IV of Division B of the Recovery Act amends Titles XVIII and XIX of the Social Security Act (the Act) by establishing incentive payments to EPs, eligible hospitals, and CAHs to promote the adoption and meaningful use of interoperable HIT and EHRs. These provisions, together with Title XIII of Division A of the Recovery Act, may be cited as the "Health Information Technology for Economic and Clinical Health Act" or the "HITECH Act." The incentive payments for adoption and meaningful use of HIT and certified EHRs are part of a broader effort under the HITECH Act to accelerate the adoption of HIT and utilization of certified EHRs.

The HITECH Act creates incentives for EPs and eligible hospitals, including CAHs, in the Medicare Fee-for-Service (FFS), Medicare Advantage (MA), and Medicaid programs that meaningfully use certified EHR technology, and payment adjustments in the Medicare FFS and MA programs starting in FY 2015 for EPs and eligible hospitals participating in Medicare that are not meaningful users of certified EHR technology.

In the final rule that published July 28, 2010 (75 FR 44314), CMS establishes the definition of "meaningful use of certified EHR technology" and describes the use of HIT to advance the goals of information exchange among healthcare professionals and hospitals. As required by section 3004(b)(1) of the Public Health Service Act (amended by section 13101 of the HITECH Act), the "certified EHR technology" with which to demonstrate "meaningful use" will be determined in a rulemaking document provided by the Office of the National Coordinator for Health Information Technology (ONC). The functionality of certified EHR technology should facilitate the implementation of meaningful use.

The information collection requirements contained in this information collection request are

needed to implement the HITECH Act. In order to avoid duplicate payments, all EPs are enumerated through their NPI, while all eligible hospitals and CAHs will also be enumerated through their CCN. State Medicaid agencies and CMS will use the provider's TIN and NPI or CCN combination in order to make payment, validate payment eligibility and detect and prevent duplicate payments for EPs, eligible hospitals and CAHs. *Form Number:* CMS-10336 (OMB#: 0938-New); *Frequency:* Occasionally; *Affected Public:* State, Local and Tribal governments, Private Sector: Business or other for-profits and not-for-profit institutions; *Number of Respondents:* 1,448,895 *Total Annual Responses:* 2,099,458; *Total Annual Hours:* 6,344,458. (For policy questions regarding this collection contact Rachel Maisler at 410-786-5754. 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, 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 *November 22, 2010*. OMB, Office of Information and Regulatory Affairs, Attention: CMS Desk Officer, Fax Number: (202) 395-6974, E-mail: OIRA_submission@omb.eop.gov.

Dated: October 18, 2010.

Martique Jones,

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

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