Paperwork Reduction Act Submission

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: **Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street N.W., Washington, DC 20503**

1. Agency/Subagency originating request

HHS/CMS/OFM

2. OMB control number b. ☒ None

a. 0938-NEW

3. Type of information collection (check one)
   a. ☒ New Collection
   b. ☐ Revision of a currently approved collection
   c. ☐ Extension of a currently approved collection
   d. ☐ Reinstatement, **without change**, of a previously approved collection for which approval has expired
   e. ☐ Reinstatement, **with change**, of a previously approved collection for which approval has expired
   f. ☐ Existing collection in use without an OMB control number

For b-f, note item A2 of Supporting Statement Instructions

4. Type of review requested (check one)
   a. ☐ Regular
   b. ☒ Emergency-Approval requested by: _7/7/06_____
   c. ☐ Delegated

5. Small entities

Will this information collection have a significant economic impact on a substantial number of small entities? ☐Yes ☒No

6. Requested expiration date
   a. ☐ Three years from approval date b. ☒ Other Specify: 01__/07___

7. Title Evaluation of the Medicare Recovery Audit Contractor Demonstration RAC Provider Satisfaction Survey

8. Agency form number(s) *(if applicable)* CMS - 10195

9. Keywords RAC Medicare Demonstration Survey

10. Abstract

The purpose of the RAC Provider Satisfaction Survey is to gauge provider communications and satisfaction with the RACs. Measuring providers' reactions to and experiences with RACs will enable to CMS to better understand the potential impact of the RACs on providers nationwide and to improve and refine the process, both in the context of the current demonstration as well as in future reform initiatives. The survey will cover all aspects of provider transactions with RACs.

11. Affected public (*Mark primary with "P" and all others that apply with "X"*)
   a. ____ Individuals or Households
   b. __P__ Business or other for-profit
   c. ____ Not-for-profit institutions
   d. ____ Farms
   e. ____ Federal Government
   f. ____ State, Local or Tribal Govt.

12. Obligation to respond *(Mark primary with "P" and all others that apply with "X")*
   a. __P__ Voluntary
   b. ____ Required to obtain or retain benefits
   c. ____ Mandatory

13. Annual recordkeeping and reporting burden
   a. Number of respondents 1200
   b. Total annual responses 1200
      1. Percentage of these responses collected electronically 100 %
   c. Total annual hours requested 276
   d. Current OMB inventory 0
   e. Difference 276
   f. Explanation of difference
      1. Program change 276
      2. Adjustment

14. Annual reporting and recordkeeping cost burden *(in thousands of dollars)*
   a. Total annualized capital/startup costs 0
   b. Total annual costs (O&M) 0
   c. Total annualized cost requested 0
   d. Current OMB inventory 0
   e. Difference 0
   f. Explanation of difference
      1. Program change 0
      2. Adjustment 0

15. Purpose of information collection (Mark primary with "P" and all others that apply with "X")
   a. ____ Application for benefits
   b. __P__ Program evaluation
   c. ____ General purpose statistics
   d. ____ Audit
   e. __X__ Program Planning or Mgmt.
   f. ____ Research
   g. ____ Regulatory or compliance

16. Frequency of recordkeeping or reporting (check all that apply)

   a. ☐ Recordkeeping b. ☐ Third party disclosure
   c. ☒ Reporting
      1. ☐ On occasion 2. ☐ Weekly 3. ☐ Monthly
      4. ☐ Quarterly 5. ☐ Semi-annually 6. ☐ Annually
      7. ☐ Biennially 8. ☒ Other (describe) One time_____

17. Statistical methods
   Does this information collection employ statistical methods?

   ☒ Yes ☐ No

18. Agency contact *(person who can best answer questions regarding the content of this submission)*

Name: Wayne A. Slaughter, Ph.D./William Parham

Phone: 410 786-0038/410 786-4669

19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8 (b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collections of information, that the certification covers:

(a) Is necessary for proper performance of the agency's functions and has practical utility;
(b) It avoids unnecessary duplication;
(c) It reduces burden on small entities;
(d) It uses plain, coherent and unambiguous terminology that is understandable to respondents;
(e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
(f) It indicates the retention periods for recordkeeping requirements;
(g) It informs respondents of the information called for under 5 CFR 1320.8 (b)(3) --

(i) Why the information is being collected;
(ii) Use of information;
(iii) Burden estimate;
(iv) Nature of response (voluntary, required for a benefit, or mandatory);
(v) Nature and extent of confidentiality; and
(vi) Need to display currently valid OMB control number;

(h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to collected;
(i) It uses effective and efficient statistical survey methodology; and,
(j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Sponsoring Official	Date
Reports Clearance Officer	Date
Signature of Senior Departmental Official or Designee	Date