

location concerning data collection and submission.

All information collected as part of the WISEWOMAN evaluation will be used to assess the costs, effectiveness, and cost-effectiveness of WISEWOMAN in reducing cardiovascular disease risk factors, for obtaining more complete health data among vulnerable

populations, promoting public education of disease incidence and risk-factors, improving the availability of screening and diagnostic services for under-served women, ensuring the quality of services provided to women, and developing strategies for improved interventions. Because certain demographic data are already collected

as part of NBCCEDP, the additional burden on grantees will be modest. Once the infrastructure is established to capture the additional WISEWOMAN data, the response burden is expected to be reduced even further. The annualized estimated burden for this data collection is 2,160 hours.

Form	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Screening MDE report	15	2	16
Intervention MDE report	15	2	8
Cost report	15	2	16
Quarterly report	15	4	16

Dated: September 29, 2003.

Nancy E. Cheal,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services

[CMS-10000, CMS-10097, CMS-10086, CMS-10093]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare and 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 and Medicaid Services (CMS) (formerly known as the Health Care Financing Administration (HCFA)), 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.

1. Type of Information Collection Request: Extension of a currently approved collection; **Title of Information Collection:** Medicare Consumer Assessment of Health Plan Survey-Fee for Service (CAHPS-FFS); **Form No.:** CMS-10000 (OMB# 0938-0796); **Use:** Under the Balanced Budget Act of 1997, CMS is required to provide general and plan comparative information to beneficiaries that will help them make more informed plan choices. A CAHPS fee-for-service survey is needed to provide information comparable to those data collected from the CAHPS managed care survey; **Frequency:** Annually; **Affected Public:** Individuals or Households; **Number of Respondents:** 142,920; **Total Annual Responses:** 142,920; **Total Annual Hours:** 47,640.

2. Type of Information Collection Request: New Collection; **Title of Information Collection:** Medicare Contractor Provider Satisfaction Survey; **Form No.:** CMS-10097 (OMB# 0938-NEW); **Use:** CMS needs standard data about Medicare provider's satisfaction with their Medicare contractors, who are charged with all Medicare claims processing and related activities on behalf of the Agency. Respondents will be staff representatives of hospitals, skilled nursing facilities, rural health clinics, home health agencies, end-stage renal disease clinics, physicians, non-physicians, durable medical equipment suppliers, laboratories and ambulance providers. The Survey will be used as a mechanism for evaluating and improving Medicare providers' satisfaction with their Medicare contractors. The results will provide CMS with a comprehensive review of contractor-provider business relations from the perspective of the 'customer' or Provider. The information will help the Agency appropriately address provider concerns about Medicare Contractors'

performance, aid in business/contracting decisions, evaluate contractor performance and assist or guide contractors in identifying/implementing 'best practices' or quality improvement initiatives.; **Frequency:** On Occasion; **Affected Public:** Business or other for-profit and Not-for-profit institutions; **Number of Respondents:** 6,052; **Total Annual Responses:** 6,052; **Total Annual Hours:** 4,204.

3. Type of Information Request: Extension of a currently approved collection; **Type of Information Collection:** CMS/AoA Aging and Disability Resource Center Grant Program; **CMS Form Number:** CMS-10093 (OMB# 0938-0903); **Use:** Information sought by CMSO/DEHPG is needed to award competitive grants to States to develop Aging and Disability Resource Centers; **Frequency:** On occasion; **Affected Public:** State, local, or tribal government, Not-for-profit institutions, Business or other for-profit; **Number of Respondents:** 50; **Total Annual Responses:** 50; **Total Annual Burden Hours:** 160.

4. Type of Information Request: Extension of a currently approved collection; **Type of Information Collection:** Medicaid Program: Real Choice Systems Change Grants for Community Living; **CMS Form Number:** CMS-10086 (OMB# 0938-0901); **Use:** Executive Order 13217, "Community-Based Alternatives for Individuals with Disabilities" called upon the federal government to assist states and localities to swiftly implement the decision of the United States Supreme Court in *Olmstead v. L.C.*, stating: "The United States is committed to community-based alternatives for individuals with disabilities and recognizes that such services advance the best interests of the United States." State agencies and community groups will be applying for these grants; **Frequency:** On occasion;

Affected Public: State, local, or tribal government; not-for-profit institutions; *Number of Respondents:* 150 *Total Annual Responses:* 150; *Total Annual Burden Hours:* 1500.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS's Web site address at <http://cms.hhs.gov/regulations/pr/default.asp>, or E-mail your request, including your address, phone number, OMB number, and CMS document identifier, to Paperwork@hcf.gov, or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice directly to the CMS Paperwork Clearance Officer designated at the following address:

CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development and Issuances, Attention: Melissa Musotto, Room C5-14-03, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: September 26, 2003.

Julie Brown,

CMS Reports Clearance Officer, Office of Strategic Operations and Strategic Affairs, Division of Regulations Development and Issuances.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services

[Document Identifier: CMS-10024, CMS-2384, CMS-R-64]

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

AGENCY: Centers for Medicare and 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 and Medicaid Services (CMS) (formerly known as the Health Care Financing Administration (HCFA), 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.

1. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Medicare Health Survey (MHS) and Data Collection for Administering the PACE Health Survey to Beneficiaries Enrolled in PACE and the Dual Eligible Demonstrations; *Form No.:* CMS-10024 (OMB# 0938-0844); *Use:* The Centers for Medicare & Medicaid Services has developed a survey, the PHS, that is similar to the Health Outcomes Survey (HOS). This survey was approved for PACE and the Wisconsin Partnership Program (WPP) on March 14, 2003. OMB also approved the use of the PHS to beneficiaries enrolled in Minnesota Senior Health Options and Minnesota Disability Health Options (MSHO/MnDHO) on June 3, 2003 for a 6-month period. This PRA submission combines OMB approval for PACE, WPP 0938-0844 with OMB approval for MSHO/MnDHO 0938-0899 and requests to administer the PHS to beneficiaries enrolled in MassHealth SCO as well as administer the PHS in year 2005. The main purpose of the PHS is to collect health status information that may be used to adjust Medicare payment to MSHO/MnDHO health plan organizations. It has been successfully pilot-tested to assess response rates and accuracy of responses under different distribution approaches. The pilot test enabled CMS to select an approach whereby PACE and Dual Eligible Demonstration enrollees will be sent surveys to fill out and can request assistance from family or professionals; *Frequency:* Annually; *Affected Public:* Individuals or Households and Not-for-profit institutions; *Number of Respondents:* 15,859; *Total Annual Responses:* 10,785; *Total Annual Hours:* 1,798.

2. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Third Party Premium Billing Request and Supporting Regulations in 42 CFR 408.6 and 408.202; *Form No.:* CMS-2384; *Use:* The Third Party Premium Billing Request is used as an authorization to designate that a family member or other interested party receive the Medicare Premium Bill and pay it on behalf of a Medicare beneficiary. Section 408.202

requires a State to get written authorization from Medicare beneficiaries for CMS to send billing notices directly to the State or local government agency and to release any information required under the SMI premium surcharge agreement; *Frequency:* On occasion; *Affected Public:* Individuals or households; *Number of Respondents:* 17,350; *Total Annual Hours:* 6,446.

3. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Indirect Medical Education (IME) and Supporting Regulations in 42 CFR 412.105; *Form No.:* HCFA-R-64 (OMB# 0938-0456); *Use:* This collection of information on interns and residents (IR) is needed to properly calculate Medicare program payments to hospitals that incur indirect costs for medical education. The agency's Intern and Resident Information System uses the information for producing automated reports of duplicate full-time equivalent IRs for IME. The reports provide contractors with information to ensure that hospitals are properly reimbursed for IME, and help eliminate duplicate reporting of IR counts which inflate payments. The collection of this information affects 1,350 hospitals which participate in approved medical education programs; *Frequency:* Annually; *Affected Public:* Not-for-profit institutions, and Business or other for-profit; *Number of Respondents:* 1,350; *Total Annual Responses:* 1,350; *Total Annual Hours:* 2,700. 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://cms.hhs.gov/regulations/pr/default.asp>, or e-mail your request, including your address, phone number, OMB number, and CMS document identifier, to Paperwork@hcf.gov, or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the OMB desk officer: OMB Human Resources and Housing Branch, Attention: Brenda Aguilar, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: September 25, 2003.

Julie Brown,

CMS Reports Clearance Officer, Office of Strategic Operations and Strategic Affairs, Division of Regulations Development and Issuances.

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