

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

[Document Identifier: CMS-43, CMS-R-142, CMS-4040 & 4040-SP, CMS-10210, and CMS-R-284]

**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 of a currently approved collection; **Title of Information Collection:** Application for Hospital Insurance Benefits for individuals with End Stage Renal Disease; **Use:** 42 CFR 406.13 outlines the requirements for entitlement to Medicare Part A (hospital insurance [HI]) and Part B (supplementary medical insurance [SMI]) for individuals with End Stage Renal Disease (ESRD). 42 CFR 406.7 lists the CMS-43 form, Application for Hospital Insurance Benefits for Individuals with End Stage Renal Disease, as the application to be used by individuals applying for Medicare under the ESRD provisions of the Act. The form CMS-43 elicits the information that the Social Security Administration and the Centers for Medicare & Medicaid Services need to determine entitlement to Medicare based on the ESRD requirements of the law and regulations. **Form Number:** CMS-43 (OMB#: 0938-0800); **Frequency:** Reporting—Once; **Affected Public:** Individuals or households; **Number of Respondents:** 60,000; **Total Annual Responses:** 60,000; **Total Annual Hours:** 25,989.60.

**2. Type of Information Collection Request:** Extension of a currently approved collection; **Title of Information Collection:** Examination and Treatment for Emergency Medical Conditions and Women in Labor Act (EMTALA) and Supporting Regulations in 42 CFR 482.12, 488.18, 489.20, and 489.24; **Use:** As mandated by Congress, the information collection requirements found in supporting regulations in 42 CFR 482.12, 488.18, 489.20, and 489.24, aim to prevent hospitals from inappropriately transferring individuals with emergency medical conditions. These requirements are supported by two other current statutes. Section 1861(e)(9) of the Act permits the Secretary to impose on hospitals such other requirements as he finds necessary in the interests of the health and safety of individuals who are furnished services in the institution. It is under this authority that the Secretary has obligated hospitals that participate in Medicare to report when they receive patients that have been inappropriately transferred. Under section 1866(b)(2)(A) and (B) of the Social Security Act (the Act), the Secretary may terminate the provider agreement of a hospital that is not complying substantially with the statute and regulations under title XVIII or that no longer substantially meets the provisions of section 1861 of the Act. **Form Number:** CMS-R-142 (OMB#: 0938-0667); **Frequency:** Recordkeeping and Reporting—On occasion; **Affected Public:** Individuals or households, Business or other for-profit, Not-for-profit, State, Local or Tribal Governments, Federal Government; **Number of Respondents:** 5,600; **Total Annual Responses:** 5,600; **Total Annual Hours:** 1.

**3. Type of Information Collection Request:** Extension of a currently approved collection; **Title of Information Collection:** Request for Enrollment in Supplementary Medical Insurance; **Use:** 42 CFR 407.10 lists the alternative requirements for enrollment in Part B for any individual who is not entitled to hospital insurance under Part A but has attained age 65 and is either a citizen of the United States (U.S.) or an alien lawfully admitted for permanent residence who has lived in the U.S. continually for 5 years. 42 CFR 407.11 lists the CMS-4040 form, Request for Enrollment in Supplementary Medical Insurance, as the application to be used by individuals not eligible for monthly benefits or free Part A. Form CMS-4040 elicits the information that the Social Security Administration and Centers for Medicare & Medicaid Services need to

determine entitlement to Part B only. **Form Number:** CMS-4040, 4040-SP (OMB#: 0938-0245); **Frequency:** Reporting—Once; **Affected Public:** Individuals or households; **Number of Respondents:** 10,000; **Total Annual Responses:** 10,000; **Total Annual Hours:** 25,000.

**4. Type of Information Collection Request:** New collection; **Title of Information Collection:** Hospital Reporting Initiative—Hospital Quality Measures (Surgical Care Improvement (SCIP) Measures/Mortality Measures; **Use:** The purpose of this information collection request is to collect data to produce valid, reliable, comparable and salient quality measures to provide a potent stimulus for clinicians and providers to improve the quality of care they provide. The reporting of Surgical Care Improvement (SCIP) measures is currently being collected from hospitals for activities associated with the Quality Improvement Organization (QIO) Program. Section 5001(a) of Public Law 109-171 of the Deficit Reduction Act sets out new requirements under the Reporting Hospital Quality Data for Annual Payment Update program. This program was initially established under section 501(b) of the MMA which offers monetary incentives for hospitals participating in the reporting of quality data. The Act requires that we expand the existing “starter set” of 10 quality measures that we have used since 2003. Although, this effort increases the volume of data currently reported into the QIO Clinical Data Warehouse; it however, does not place a substantial data collection burden on hospitals. A substantial percentage of hospitals are voluntarily submitting these SCIP measures currently. In contrast to the SCIP quality measures, no additional data collection from hospitals will be required from the mortality measures. All three mortality measures can be calculated based on Medicare inpatient and outpatient claims data that are already reported to the Medicare program for payment purposes. **Form Number:** CMS-10210 (OMB#: 0938-NEW); **Frequency:** Recordkeeping, Reporting, Third-Party Disclosure—Quarterly; **Affected Public:** Business or other for-profit, Not-for-profit; **Number of Respondents:** 3,700; **Total Annual Responses:** 3,700; **Total Annual Hours:** 587,500.

**5. Type of Information Collection Request:** Revision 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 Medicaid Statistical Information System

(MSIS). 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:* Quarterly; *Affected Public:* State, Local or Tribal Government; *Number of Respondents:* 53; *Total Annual Responses:* 212; *Total Annual Hours:* 3,392.

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 at the address below, no later than 5 p.m. on December 12, 2006.

CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development—C, Attention: Bonnie L Harkless, Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: October 4, 2006.

**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

#### Privacy Act of 1974; Report of a Modified or Altered System

**AGENCY:** Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS).

**ACTION:** Notice of a Modified or Altered System of Records (SOR).

**SUMMARY:** In accordance with the requirements of the Privacy Act of 1974, we are proposing to modify or alter an existing SOR, "Record of Individuals Allowed Regular and Special Parking Privileges at the Health Care Financing Administration (HCFA) Building

(PRKG), System No. 09-70-3004." Notice for this system was published at 65 **Federal Register** (Fed. Reg.) 59193, October 4, 2000. The name of the Agency has been changed from HCFA to the Centers for Medicare & Medicaid Administration (CMS). We will modify the system name to read: "Record of Individuals Allowed Regular and Special Parking Privileges at the CMS Building (PRKG)." We propose to assign a new CMS identification number to this system to simplify the obsolete and confusing numbering system originally designed to identify the Bureau, Office, or Center that maintained information in the HCFA systems of records. The new assigned identifying number for this system should read: System No. 09-70-0515.

We propose to modify existing routine use number 1 that permits disclosure to agency contractors and consultants to include disclosure to CMS grantees who perform a task for the agency. CMS grantees, charged with completing projects or activities that require CMS data to carry out that activity, are classified separate from CMS contractors and/or consultants. The modified routine use will remain as routine use number 1. We will delete routine use number 2 authorizing disclosure to support constituent requests made to a congressional representative. If an authorization for the disclosure has been obtained from the data subject, then no routine use is needed. The Privacy Act allows for disclosures with the "prior written consent" of the data subject.

We are modifying the language in the remaining routine uses to provide a proper explanation as to the need for the routine use and to provide clarity to CMS's intention to disclose individual-specific information contained in this system. The routine uses will then be prioritized and reordered according to their usage. We will also take the opportunity to update any sections of the system that were affected by the recent reorganization or because of the impact of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) (Public Law (Pub. L.) 108-173) provisions and to update language in the administrative sections to correspond with language used in other CMS SORs.

The primary purpose of the system of records is to collect and maintain information on all CMS employees, non-CMS employees, contractors, employees of other Federal agencies, visitors, and others who require parking privileges at CMS complex at Baltimore, Maryland. Information retrieved from this system will also be disclosed to: (1) Support

regulatory, reimbursement, and policy functions performed within the agency or by a contractor, consultant or grantee; and, (2) support litigation involving the agency. We have provided background information about the modified system in the **SUPPLEMENTARY INFORMATION** section below. Although the Privacy Act requires only that CMS provide an opportunity for interested persons to comment on the proposed routine uses, CMS invites comments on all portions of this notice. See Effective Dates section for comment period.

**DATES: Effective Dates:** CMS filed a modified or altered system report with the Chair of the House Committee on Government Reform and Oversight, the Chair of the Senate Committee on Homeland Security & Governmental Affairs, and the Administrator, Office of Information and Regulatory Affairs, Office of Management and Budget (OMB) on *October 5, 2006*. To ensure that all parties have adequate time in which to comment, the modified system, including routine uses, will become effective 30 days from the publication of the notice, or 40 days from the date it was submitted to OMB and Congress, whichever is later, unless CMS receives comments that require alterations to this notice.

**ADDRESSES:** The public should address comments to: CMS Privacy Officer, Division of Privacy Compliance, Enterprise Architecture and Strategy Group, Office of Information Services, CMS, Room N2-04-27, 7500 Security Boulevard, Baltimore, Maryland 21244-1850. Comments received will be available for review at this location, by appointment, during regular business hours, Monday through Friday from 9 a.m.-3 p.m., eastern time zone.

#### FOR FURTHER INFORMATION CONTACT:

Kristina Raitch-Zaruba, Physical Security Specialist, Emergency Resources Management and Response Group, Office of Operations Management, CMS, Room SLL-11-08, CMS, 7500 Security Boulevard, Baltimore, Maryland 21244-1850. Ms. Zaruba can be reached by telephone at 410-786-0837, or via e-mail at [kristina.raitchzaruba@cms.hhs.gov](mailto:kristina.raitchzaruba@cms.hhs.gov).

#### SUPPLEMENTARY INFORMATION:

##### I. Description of the Modified or Altered System of Records

###### A. Statutory and Regulatory Basis for System of Records

Authority for maintenance of this system is given under Title 5 United States Code § 301.