

Dated: June 19, 2008.

**Ivor A. Pritchard,**

*Acting Director, Office for Human Research Protections.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration on Aging

#### Agency Information Collection Activities; Submission for OMB Review; Comment Request; Extension of Certification on Maintenance of Effort for the Title III and Certification of Long-Term Care Ombudsman Program Expenditures

**AGENCY:** Administration on Aging, HHS.

**ACTION:** Notice.

**SUMMARY:** The Administration on Aging (AoA) is announcing that the proposed collection of information listed below has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995.

**DATES:** Submit written comments on the collection of information by July 31, 2008.

**ADDRESSES:** Submit written comments on the collection of information by fax 202.395.6974 to the OMB Desk Officer for AoA, Office of Information and Regulatory Affairs, OMB.

**FOR FURTHER INFORMATION CONTACT:**

Rodd Clay, e-mail: [rodd.clay@aoa.hhs.gov](mailto:rodd.clay@aoa.hhs.gov).

**SUPPLEMENTARY INFORMATION:** In compliance with 44 U.S.C. 3507, AoA has submitted the following proposed collection of information to OMB for review and clearance. With respect to the following collection of information, AoA invites comments on: (1) Whether the proposed collection of information is necessary for the proper performance of AoA's functions, including whether the information will have practical utility; (2) the accuracy of AoA's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques when appropriate, and other forms of information technology.

The Certification on Maintenance of Effort for the Title III and Certification

of Long-Term Care Ombudsman Program Expenditures provides statutorily required information regarding state's contribution to programs funded under the Older Americans Act and conformance with legislative requirements, pertinent Federal regulations and other applicable instructions and guidelines issued by Administration on Aging (AoA). This information will be used for Federal oversight of Title III Programs and Title VII Ombudsman Program.

AoA estimates the burden of this collection of information as follows: 56 State Agencies on Aging respond annually which should be an average burden of one half (1/2) hour per State agency per year or a total of twenty-eight hours for all state agencies annually. In the **Federal Register** of March 19, 2008 (Vol. 73, No. 54 Page 14821), the agency requested comments on the proposed collection of information. No comments on the content of the collection were received.

Dated: June 26, 2008.

**Josefina G. Carbonell,**

*Assistant Secretary for Aging.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

#### Statement of Organization, Functions, and Delegations of Authority

Part F of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS), (**Federal Register**, Vol. 73, No. 46, pp. 12451-12452, dated Friday, March 7, 2008) is amended to reflect a change in the name and updates to the functions for the Center for Beneficiary Choices.

Part F. is described below:

• Section F. 20. (Functions) reads as follows:

#### Center for Drug and Health Plan Choice (FAE)

• Responsible for all national policies and operations necessary for the purchasing of Medicare Prescription Drug (Part D) and Medicare Advantage (Part C) health plan benefits. Designs, implements, and manages the procurement of prescription drug plans (PDPs) and Medicare Advantage plans (MA and MA-PD plans), including the solicitation and approval of

applications, review of benefits and negotiation of competitive bids, the implementation of quality improvement and performance measures, review of fiscal solvency and contractor management activities.

• Develops and improves all bidding and payment policies related to the Medicare Prescription Drug Benefit and the Medicare Advantage (MA) program.

• Validates payments to the Part D prescription drug and MA plans, including routine annual risk adjustment data validation based on medical record review.

• Coordinates the development and management of business requirements for the national systems for enrollment, payment, and contractor management for the Prescription Drug Benefit and the Medicare Advantage (MA) programs.

• Develops and implements the national policy and oversees operational implementation for all issues related to the Retiree Drug Subsidy Program.

• Develops national policy for eligibility, enrollment and entitlement for Medicare Parts A, B, C, and D, including oversight of activities related to Part D auto-enrollment, low income subsidy, and creditable coverage.

• Develops national policy and oversees operational activities related to Medicare Part A, B, C, and D claims-related hearings, appeals, grievances and other beneficiary-centered dispute resolution processes.

• Serves as the focal point for issues related to a variety of Federal standards affecting private health insurance coverage, including those pertaining to its administration of the Medigap program, Title I of the Health Insurance Portability and Accountability Act and the Consolidated Omnibus Budget Reconciliation Act.

• Works closely with the regional Consortium for Medicare Health Plans Operations (CMHPO) on all operational aspects of the Part C and Part D programs.

• Develops and implements Part C and Part D contractor performance monitoring programs and Part C and Part D compliance and oversight programs and carries out these programs collaboratively with CMHPO.

• Develops surveys to measure consumer experiences with their health plans and health care providers; manages the Consumer Assessment of Health Care Provider and Systems (CAHPS) survey; develops and prepares performance measures for Part C sponsors; analyzes and reports Health Plan Employers Data and Information Set data for Part C performance measures and consumer reports; and