

Secretary pursuant to section 2102 of the Social Security Act in order to receive funds for initiating and expanding health insurance coverage for uninsured children. States are also required to submit State expenditure and statistical reports, annual reports and State evaluations to the Secretary as outlined in title XXI of the Social Security Act. *Form Number:* CMS–R–308 (OMB#: 0938–0841); *Frequency:* Yearly, quarterly, once and/or occasionally; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 56; *Total Annual Responses:* 1,114,124; *Total Annual Hours:* 864,973. (For policy questions regarding this collection contact Nancy Goetschius at 410–786–0707. 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 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.

In commenting on the proposed information collections please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in one of the following ways by *September 21, 2010*:

1. *Electronically.* You may submit your comments electronically to <http://www.regulations.gov>. Follow the instructions for “Comment or Submission” or “More Search Options” to find the information collection document(s) accepting comments.

2. *By regular mail.* You may mail written comments to the following address:

CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Document Identifier/OMB Control Number, Room C4–26–05, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

Dated: July 19, 2010.

**Michelle Shortt,**

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

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**BILLING CODE 4120–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration on Aging

#### Agency Information Collection Activities; Submission for OMB Review; Comment Request; Service Provider Study

**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. This collection of information relates to the Area Agency on Aging and Local Service Provider Study.

**DATES:** Submit written comments on the collection of information by August 23, 2010.

**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:** Jennifer Klocinski at 202–357–0146.

**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.

The Older Americans Act programs are administered and implemented through the Aging Service Network which is comprised of State Units on Aging (SUA), Area Agencies on Aging (AAA) and Local Service Providers (LSP). The Administration on Aging (AoA) collects annual program data at the state level and has sponsored studies to collect information regarding the Area Agencies on Aging. The third component of the Aging Network, the Local Service Providers, are poorly understood and characterized. AoA recognizes that basic information of their characteristics and understanding of their relationship with the other Aging Network components and in particular AAAs is an important knowledge gap that is in need of filling.

A qualitative study that involves a brief pre-interview questionnaire followed by interviews with AAA directors and their staff and focus groups with provider organizations was deemed to be the most appropriate method at this stage of research on LSPs. A total of 10 states will be selected for study and within each of those states three AAAs will be selected with the help of the SUA to represent

a maximum range of AAA and service provider network characteristics. A focus group will be conducted with LSPs for each AAA.

The primary purpose of the study is to better understand the complexity of the Local Service Provider network and the interactions with the Area Agencies on Aging to inform planning, policy development and implementation of the OAA reauthorization provisions. The pre-site visit questions, interviews and focus groups will provide information on the range of LSP organizational characteristics, nature of the relationship including the division of roles and responsibilities between AAAs and LSPs, and types of management information systems and provider tracking systems at the AAA level.

A second purpose will be to provide information needed for the design of future representative studies. Probabilistic sampling requires accurate definitions of the study population and the ability to construct accurate sampling frames. The information collected will be used to develop operational definitions of LSPs that will be meaningful not only to AoA but to AAAs and LSPs. Information on provider tracking systems will help AoA devise methods for sampling frame construction that take into account the variety of systems used across AAAs. The proposed data collection tools may be found on the AoA Web site at [http://www.aoa.gov/AoARoot/Program\\_results/Program\\_Evaluation.aspx](http://www.aoa.gov/AoARoot/Program_results/Program_Evaluation.aspx).

AoA estimates the burden of this collection of information as follows: 350 hours.

Dated: July 19, 2010.

**Kathy Greenlee,**

*Assistant Secretary for Aging.*

[FR Doc. 2010–18001 Filed 7–22–10; 8:45 am]

**BILLING CODE 4154–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10141, CMS–R–246, CMS–10146 and CMS–10095]

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

**AGENCY:** Centers for Medicare & Medicaid Services.

In compliance with the requirement of section 3506I(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:* Revision of a currently approved collection; *Title of Information Collection:* Medicare Prescription Drug Benefit Plan; *Use:* Section 101 of Title I of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 added sections 1860D-1 through D-42 to establish this new program. Part D plans use the information discussed to comply with the eligibility and associated Part D participating requirements. CMS will use this information to approve contract applications, monitor compliance with contract requirements, make proper payment to plans, and to ensure that correct information is disclosed to enrollees, both potential enrollees and enrollees. *Form Number:* CMS-10141 (OMB#: 0938-0964); *Frequency:* Yearly; *Affected Public:* Individuals and households, and business or other for-profit and not-for-profit institutions; *Number of Respondents:* 19,937,660; *Total Annual Responses:* 43,153,271; *Total Annual Hours:* 36,520,101. (For policy questions regarding this collection contact Christine Hinds at 410-786-4578. For all other issues call 410-786-1326.)

2. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Consumer Assessment of Health Care Providers and Systems (CAHPS); *Use:* CMS is required to collect and report information on the quality of health care services and prescription drug coverage available to persons enrolled in a Medicare health or prescription drug plan under provisions in the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA). Specifically, the MMA under Sec. 1860D-4 (Information to Facilitate Enrollment) requires CMS to conduct consumer satisfaction surveys regarding Medicare prescription drug plans and

Medicare Advantage plans and report this information to Medicare beneficiaries prior to the Medicare annual enrollment period. The Medicare CAHPS survey meets the requirement of collecting and publicly reporting consumer satisfaction information. Refer to the supporting documents to review the current collection changes. *Form Number:* CMS-R-246 (OMB#: 0938-0732); *Frequency:* Yearly; *Affected Public:* Individuals and households, and business or other for-profit and not-for-profit institutions; *Number of Respondents:* 567,324; *Total Annual Responses:* 567,324; *Total Annual Hours:* 242,376. (For policy questions regarding this collection contact Elizabeth Goldstein at 410-786-6665. For all other issues call 410-786-1326.)

3. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Notice of Denial of Medicare Prescription Drug Coverage; *Use:* Section 1860D-4(g)(1) of the Social Security Act requires Part D plan sponsors that deny prescription drug coverage to provide a written notice of the denial to the enrollee. The purpose of this notice is to provide information to enrollees when prescription drug coverage has been denied, in whole or in part, by their Part D plans. The notice must be readable, understandable, and state the specific reasons for the denial. The notice must also remind enrollees about their rights and protections related to requests for prescription drug coverage and include an explanation of both the standard and expedited redetermination processes and the rest of the appeal process. For a list of changes, refer to the summary of changes document. *Form Number:* CMS-10146 (OMB#: 0938-0976); *Frequency:* Daily; *Affected Public:* Business or other for-profits; *Number of Respondents:* 456; *Total Annual Responses:* 290,344; *Total Annual Hours:* 145,172. (For policy questions regarding this collection contact Kathryn M. Smith at 410-786-7623. For all other issues call 410-786-1326.)

4. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Detailed Explanation of Non-Coverage (42 CFR 422.626(e)(1)), and Notice of Medicare Non-Coverage (42 CFR 422.624(b)(1)); *Use:* Under section 42 CFR 422.624 (b)(1), skilled nursing facilities (SNFs), home health agencies (HHAs), and comprehensive outpatient rehabilitation facilities (CORFs) must deliver to Medicare health plan enrollees a 2-day advance notice of termination of services. Per requirements at 42 CFR

422.626(e)(1), plans must deliver detailed notices to the Quality Improvement Organization (QIO) and enrollees whenever an enrollee appeals a termination of services. The Notice of Medicare Non-Coverage (NOMNC) and the Detailed Explanation of Non-Coverage (DENC) fulfill these regulatory requirements. Additionally, 42 CFR 417.600(b) provides that cost plans must follow these same fast track appeal notification procedures for their enrollees in SNFs, HHAs and CORFs. Refer to the crosswalk document for a list of changes. *Form Number:* CMS-10095 (OMB#: 0938-0910); *Frequency:* Yearly; *Affected Public:* Business or other for-profits and not-for-profit institutions; *Number of Respondents:* 25,655; *Total Annual Responses:* 100,785; *Total Annual Hours:* 45,353.25 (For policy questions regarding this collection contact Stephanie Simons at 206-615-2420. 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](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 by the OMB desk officer at the address below, no later than 5 p.m. on August 23, 2010. OMB, Office of Information and Regulatory Affairs, Attention: CMS Desk Officer; Fax Number: (202) 395-6974; E-mail: [OIRA\\_submission@omb.eop.gov](mailto:OIRA_submission@omb.eop.gov).

Dated: July 19, 2010.

**Michelle Shortt,**

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

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## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Agency for Healthcare Research and Quality**

#### **Agency Information Collection Activities: Proposed Collection; Comment Request**

**AGENCY:** Agency for Healthcare Research and Quality, HHS.