

and Delegations of Authority for the Department of Health and Human Services (HHS) is being amended at Chapter AM, Office of the Assistant Secretary for Financial Resources (ASFR), as last amended at 75 FR 369–370, dated January 5, 2010, 74 FR 57679–57682, dated November 9, 2009, 74 FR 39325–39327, dated August 6, 2009, 74 FR 18238–18238, dated April 21, 2009, 73 FR 31486–31487, dated June 2, 2008, 72 FR 56074–75, dated October 2, 2007, 72 FR 2282–2283, dated January 18, 2007, and 71 FR 38884–88, dated July 10, 2006, as follows:

1. Under Chapter AMS, Office of Finance, Section AMS.20 Functions, Paragraph 3, Office of Program Management and Systems Policy (AMS2), retitle all references to the “Division of Systems Policy, Payment Integrity and Audit Resolution (AMS22)” as the “Division of Systems Policy and Audit Resolution (AMS22).”

2. Under Chapter AMS, Office of Finance, Section AMS.20 Functions, Paragraph 3, Office of Program Management and Systems Policy (AMS2), Section b, Division of Systems Policy and Audit Resolution (AMS22), delete Section “(2)” and all associated subsections (*i.e.*, section (a) thru section (c)) in their entirety.

3. Under Chapter AMS, Office of Finance, Section AMS.10 Organization, insert the following new office after the Office of Program Management and Systems Policy, “Office of Program Integrity Coordination (AMS3).”

4. Under Chapter AMS, Office of Finance, Section AMS.20 Functions, insert the following after Paragraph 3:

4. *Office of Program Integrity Coordination (AMS3)*. The Office of Program Integrity Coordination serves as the central point for coordinating program integrity issues across the Department. The Office coordinates program integrity related activities and projects and supports Department-wide communication and exchange of program integrity information. The office is responsible for overseeing: program integrity assessments, including development of strategies and implementation plans to increase program integrity; establishment of metrics; ongoing program integrity monitoring; reviews of particular programs with program integrity concerns and payment accuracy improvement activities.

The Office of Program Integrity Coordination (OPIC) consists of the following components:

- Division of Program Integrity Assessment and Improvement (AMS31).

- Division of Outreach, Communications, and Training (AMS32).

- Division of Payment Accuracy Improvement (AMS33).

a. *Division of Program Integrity Assessment and Improvement (AMS31)*:

The Division’s responsibilities include: Developing tools and guidance regarding program integrity; Providing technical assistance and direction to Operating and Staff Divisions on implementing program integrity improvements; Identifying and utilizing innovative tools that increase program integrity across the Department; and other activities that advance program integrity.

b. *Division of Outreach, Communications, and Training (AMS32)*: The Division’s responsibilities include: Providing support for the Secretary’s Council on Program Integrity, the Program Integrity Coordinating Council, Program Integrity response teams, and other program integrity groups; Coordinating program integrity related communications internally and working closely with Assistant Secretary for Public Affairs and Divisions on the preparation of public statements and communications related to program integrity; Developing and/or providing program integrity related training materials; and other activities that advance the communication, training and public relations aspects of program integrity.

c. *Division of Payment Accuracy Improvement (AMS33)*: The Division’s responsibilities include: Implementing the Improper Payment Elimination and Recovery Act of 2010 and related executive order and improper payment guidance across the Department; Providing analyses of high risk programs and coordinating error rate measurements and improvements for high risk programs; and other activities that support improving payment accuracy.

5. Delegation of Authority. Pending further redelegation, directives or orders made by the Secretary or ASFR, all delegations and redelegations of authority made to officials and employees of affected organizational components will continue in them or their successors pending further redelegations, provided they are consistent with this reorganization.

Dated: March 30, 2011.

E.J. Holland, Jr.,

Assistant Secretary for Administration.

[FR Doc. 2011–8358 Filed 4–7–11; 8:45 am]

BILLING CODE 4150–24–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10185, CMS–10261, and CMS–R–268]

Agency Information Collection Activities: Submission for OMB Review; 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), 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 Part D Reporting Requirements and Supporting Regulations; *Use:* 42 CFR part 423, § 423.514, requires each part D Sponsor to have an effective procedure to provide statistics indicating: the cost of its operations, the patterns of utilization of its services, the availability, accessibility, and acceptability of its services, information demonstrating it has a fiscally sound operation and other matters as required by CMS. In addition, subsection 423.505 of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA), establishes as a contract provision that Part D Sponsors must comply with the reporting requirements for submitting drug claims and related information to CMS. Data collected via Medicare Part D Reporting Requirements will be an integral resource for oversight, monitoring, compliance and auditing activities necessary to ensure quality provision of the Medicare Prescription Drug Benefit to beneficiaries. Data will be validated, analyzed, and utilized for trend reporting by the Division of

Clinical and Operational Performance (DCOP) within the Medicare Drug Benefit Group. *Form Number:* CMS–10185 (OMB#: 0938–0992); *Frequency:* Yearly, Quarterly, Semi-Annually; *Affected Public:* Private Sector, business or other for-profit; *Number of Respondents:* 2993; *Total Annual Responses:* 48,490; *Total Annual Hours:* 128,754. (For policy questions regarding this collection contact LaToya Grant at 410–786–5434. For all other issues call 410–786–1326.)

2. *Type of Information Collection Request:* Revision of currently approved collection; *Title of Information Collection:* Part C Medicare Advantage (MA) Reporting Requirements and Supporting Regulations; *Use:* CMS has authority to establish reporting requirements for Medicare Advantage Organizations (MAO's) as described in 42 CFR 422.516(a). Each MAO must have an effective procedure to develop, compile, evaluate, and report to CMS, to its enrollees, and to the general public, at the times and in the manner that CMS requires, and while safeguarding the confidentiality of the doctor-patient relationship, statistics and other information with respect to the cost of its operations, patterns of service utilization, availability, accessibility, and acceptability of its services, developments in the health status of its enrollees, and other matters that CMS may require. Data collected via Medicare Part C Reporting Requirements will be an integral resource for oversight, monitoring, compliance and auditing activities necessary to ensure quality provision of the benefits provided by MA plans to enrollees. *Form Number:* CMS–10261 (OMB# 0938–1054); *Frequency:* Yearly, Quarterly; *Affected Public:* Business or other for-profits; *Number of Respondents:* 588; *Total Annual Responses:* 1158; *Total Annual Hours:* 245,528. (For policy questions regarding this collection contact Terry Leid at 410–786–8973. For all other issues call 410–786–1326.)

3. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* CMS Survey Tool for <http://www.cms.gov> and <http://www.medicare.gov>; *Use:* The purpose of this submission is to continue to collect information from Internet users as they exit from the Web sites Medicare.gov and CMS.gov. To ensure that we gather information about user reactions to the Web sites, we have developed a survey tool that users can complete when they exit either site or by accessing a link on the bottom bar on the page. The responses on this survey

tool will help CMS to make appropriate changes to the Web sites in the future. The survey tool contains questions about the information that visitors are seeking from the sites, the degree to which either site was useful to them, the improvements that they would like to see in the sites, and their general comments. *Form Number:* CMS–R–268 (OMB# 0938–0756); *Frequency:* Yearly; *Affected Public:* Individuals and households, Private sector—Business or other for-profit; *Number of Respondents:* 7,000; *Total Annual Responses:* 9,100; *Total Annual Hours:* 1,167. (For policy questions regarding this collection contact Matthew Aiken at 410–786–1029. 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, 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 May 9, 2011: OMB, Office of Information and Regulatory Affairs, Attention: CMS Desk Officer. *Fax Number:* (202) 395–6974. *E-mail:* OIRA_submission@omb.eop.gov.

Dated: April 1, 2011.

Michelle Shortt,

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

[FR Doc. 2011–8464 Filed 4–7–11; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10252, CMS–1856 and CMS–1893]

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:* Revision of a currently approved collection; *Title of Information Collection:* Certificate of Destruction for Data Acquired from the Centers for Medicare and Medicaid Services; *Use:* The Certificate of Destruction is used by recipients of CMS data to certify that they have destroyed the data they have received through a CMS Data Use Agreement (DUA). The DUA requires the destruction of the data at the completion of the project/expiration of the DUA. The DUA addresses the conditions under which CMS will disclose and the User will maintain CMS data that are protected by the Privacy Act of 1974, § 552a and the Health Insurance Portability Accountability Act of 1996. CMS has developed policies and procedures for such disclosures that are based on the Privacy Act and the Health Insurance Portability Act (HIPAA). The Certificate of Destruction is required to close out the DUA and to ensure the data are destroyed and not used for another purpose. *Form Number:* CMS–10252 (OMB# 0938–1046); *Frequency:* On occasion; *Affected Public:* Business or other for-profit; *Number of Respondents:* 500; *Total Annual Responses:* 500; *Total Annual Hours:* 84. (For policy questions regarding this collection, contact Sharon Kavanagh at (410) 786–5441. For all other issues call (410) 786–1326.)

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* (CMS–1856) Request for Certification in the Medicare and/or Medicaid Program to Provide Outpatient Physical Therapy and/or Speech Pathology Services, and (CMS–1893) Outpatient Physical Therapy—Speech Pathology Survey Report; *Use:* CMS–1856 is used as an application to be completed by providers of outpatient physical therapy and/or speech-