

4. *Type of Information Collection Request*: Revision of a currently approved collection; *Title of Information Collection*: Request for Employment Information; *Use*: Section 1837(i) of the Social Security Act provides for a special enrollment period for individuals who delay enrolling in Medicare Part B because they are covered by a group health plan based on their own or a spouse's current employment status. Disabled individuals with Medicare may also delay enrollment because they have large group health plan coverage based on their own or a family member's current employment status. When these individuals apply for Medicare Part B, they must provide proof that the group health plan coverage is (or was) based on current employment status. *Form Number*: CMS-L564 (OCN: 0938-0787); *Frequency*: Once; *Affected Public*: Private sector (Business or other for-profits and Not-for-profit institutions); *Number of Respondents*: 15,000; *Total Annual Responses*: 15,000; *Total Annual Hours*: 5,000. (For policy questions regarding this collection contact Lindsay Smith at 410-786-6843)

5. *Type of Information Collection Request*: New collection (Request for a new OMB control number); *Title of Information Collection*: Healthcare Fraud Prevention Partnership (HFPP): Data Sharing and Information Exchange; *Use*: Section 1128C(a)(2) of the Social Security Act (42 U.S.C. § 1320a-7c(a)(2)) authorizes the Secretary and the Attorney General to consult with, and arrange for the sharing of data with representatives of health plans to establish a Fraud and Abuse Control Program as specified in Section 1128(C)(a)(1) of the Social Security Act. This is known as the Healthcare Fraud Prevention Partnership (HFPP). It was officially established by a Charter in fall 2012 and signed by HHS Secretary Sibelius and U.S. Attorney General Holder. The HFPP is a joint initiative established by the Department of Health and Human Services (HHS) and Department of Justice (DOJ) to detect and prevent the prevalence of healthcare fraud through data and information-sharing and applying analytic capabilities by the public and private sectors. The HFPP collaboration provides a unique opportunity to transition from traditional "pay and chase" approaches for fraud detection and recovery towards a data-driven model for identifying and predicting aberrant activity. A central goal of the HFPP is to identify the optimal way to coordinate nationwide sharing of health

care claims information, including aggregating claims and payment information from large public healthcare programs and private insurance payers. In addition to sharing data and information, the HFPP is focused on advancing analytics, training, outreach, education to support anti-fraud efforts and achieving its objectives, primarily through goal-oriented, well-designed fraud studies. *Form Number*: CMS-10501 (OCN: 0938-New); *Frequency*: Occasionally; *Affected Public*: Private sector (Business or other for-profits); *Number of Respondents*: 75; *Total Annual Responses*: 75; *Total Annual Hours*: 180,000. (For policy questions regarding this collection contact Johnalyn Lyles at 410-786-8410.)

Dated: October 18, 2013.

Martique Jones,

Deputy 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

[Document Identifier: CMS-R-240]

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

ACTION: Notice.

SUMMARY: The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, and to allow a second opportunity for public comment on the notice. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including any of the following subjects: The necessity and utility of the proposed information collection for the proper performance of the agency's functions; the accuracy of the estimated burden; ways to enhance the quality, utility, and clarity of the information to be collected; and the use of automated collection techniques or other forms of information technology to

minimize the information collection burden.

DATES: Comments on the collection(s) of information must be received by the OMB desk officer by *November 22, 2013*.

ADDRESSES: When commenting on the proposed information collections, please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be received by the OMB desk officer via one of the following transmissions: OMB, Office of Information and Regulatory Affairs, Attention: CMS Desk Officer, Fax Number: (202) 395-6974 or Email: OIRA_submission@omb.eop.gov

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, you may make your request using one of following:

1. Access CMS' Web site address at <http://www.cms.hhs.gov/>

PaperworkReductionActof1995.

2. Email your request, including your address, phone number, OMB number, and CMS document identifier, to Paperwork@cms.hhs.gov.

3. Call the Reports Clearance Office at (410) 786-1326.

FOR FURTHER INFORMATION CONTACT: Reports Clearance Office at (410) 786-1326.

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501-3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. The term "collection of information" is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires federal agencies to publish a 30-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice that summarizes the following proposed collection(s) of information for public comment:

1. *Type of Information Collection Request*: Extension of a currently approved collection; *Title of Information Collection*: Prospective Payments for Hospital Outpatient Services and Supporting Regulations;

Use: The Secretary is required to establish a prospective payment system (PPS) for hospital outpatient services. Successful implementation of an outpatient PPS (OPPS) requires that we distinguish facilities or organizations that function as departments of hospitals from those that are freestanding. In this regard, we will be able to determine: Which services should be paid under the OPPS, the clinical laboratory fee schedule, or other payment provisions applicable to services furnished to hospital outpatients. Information from 42 CFR 413.65(b)(3) and (c) reports is needed to make these determinations. Additionally, hospitals and other providers are authorized to impose deductible and coinsurance charges for facility services, but it does not allow such charges by facilities or organizations which are not provider-based. This provision requires that we collect information from the required reports so it can determine which facilities are provider-based. *Form Number:* CMS-R-240 (OCN: 0938-0798); *Frequency:* Occasionally; *Affected Public:* Private sector (business or other for-profits and not-for-profit institutions); *Number of Respondents:* 905; *Total Annual Responses:* 500,405; *Total Annual Hours:* 26,563. (For policy questions regarding this collection contact Daniel Schroder at 410-786-7452.)

Dated: October 18, 2013.

Martique Jones,

Deputy 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 an Altered CMS System of Records Notice

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

ACTION: Altered System of Records Notice (SORN).

SUMMARY: In accordance with the requirements of the Privacy Act of 1974 (5 U.S.C. 552a), CMS proposes several alterations to the existing system of records titled, "Health Insurance Exchanges (HIX) Program" (No. 09-70-0560), published at 78 FR 8538 (February 6, 2013) and amended and

published at 78 FR 32256 (May 29, 2013). The alterations affect the "Purposes of the System", "Categories of Individuals Covered by the System", "Categories of Records in the System", "Authority for Maintenance of the System", "System Location", "Retention and Disposal", "System Manager and Address", "Routine Uses of Records Maintained in the System", and "Record Source Categories" sections of the accompanying System of Records Notice, as more fully explained in the Supplementary Information section.

DATES: The proposed modifications will be effective immediately, with exception of the new and revised Routine Uses which will be effective 30 days after publication of this notice in the **Federal Register** unless comments received on or before that date result in revisions to this notice.

ADDRESSES: The public should send comments to: CMS Privacy Officer, Division of Privacy Policy, Privacy Policy and Compliance Group, Office of E-Health Standards & Services, Office of Enterprise Management, CMS, Room S2-24-25, 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 9:00 a.m.-3:00 p.m., Eastern Time zone.

For Information on Health Insurance Exchanges Contact: Karen Mandelbaum, JD, MHA, Office of Health Insurance Exchanges, Exchange Policy and Operations Group, Center for Consumer Information and Insurance Oversight, 7210 Ambassador Road, Baltimore, MD 21244, Office Phone: (410) 786-1762, Facsimile: (301) 492-4353, Email: karen.mandelbaum@cms.hhs.gov.

SUPPLEMENTARY INFORMATION:

I. Proposed Alterations

By way of background, this system of records was established to be a global system of records to cover all data activities in support of the HIX Program at the Federal level. The Health Insurance Exchanges (HIX) Program is a new way to find health insurance coverage for people who do not currently have coverage or who want to find options for health insurance coverage. The HIX Program includes Federally-facilitated Exchanges (FFE) operated by CMS, CMS support and services provided to all Exchanges and state agencies administering Medicaid programs, Children's Health Insurance Programs (CHIPs) and Basic Health Programs (BHPs), and CMS administration of advance payments of

the premium tax credit and cost-sharing reductions associated with enrollment in QHPs through an Exchange. The system stores personal, financial, employment and demographic information about individuals who participate in or are involved with the HIX Program. The proposed modifications to the system of records and the affected sections of the System of Records Notice are identified and described below.

Use Limitations on Federal Tax Return Information

CMS proposes to amend item No. 1 in the Categories of Records section to clarify that Federal tax return information may be used or disclosed only as authorized by 26 U.S.C. 6103.

Discussion of Reporting

CMS proposes to amend the Purpose of the System section to explicitly mention the oversight and reporting functions required by the Patient Protection and Affordable Care Act (PPACA) (Pub. L. 111-148) as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. 111-152), collectively referred to as the Affordable Care Act.

Individuals Providing Consumer Assistance

CMS proposes to include, in the Purpose and Categories of Records sections, a description of the information resulting from registering, training and/or certifying individuals who will assist consumers, applicants and enrollees in states where an FFE and/or an FF-SHOP will operate. Such individuals include Navigators (as defined by 45 CFR155.210), non-Navigator Assistance Personnel (as allowed for under 45 CFR155.205; also known as In-Person Assistants), Certified application counselors (as defined by 45 CFR155.225), Agents and Brokers, and any other individuals that are required to register with an Exchange prior to assisting qualified individuals, employees and employers to enroll in QHPs through the Exchange. Upon completing the registration form and successfully completing the training and testing program and certification process, CMS will certify these individuals to provide consumers, applicants, and enrollees with outreach, education, and assistance in obtaining access to health care coverage through an FFE or FF-SHOP.

CMS proposes to amend Routine Use No. 2 to clarify that CMS may disclose information about Navigators, non-Navigator Assistance Personnel, Certified application counselors, and