Federal Register / Vol. 80, No. 172 / Friday, September 4, 2015 / Notices

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 without change of a
currently approved collection;
Title of Information Collection: Hospice Survey
and Deficiencies Report Form;
Use: The information collected as the basis for
certification decisions for hospices that
wish to obtain or retain participation in the
Medicare and Medicaid programs.
The information is used by CMS
regional offices, which have the
delegated authority to certify Medicare
facilities for participation, and by State
Medicaid agencies, which have
comparable authority under Medicaid.
The information on the Hospice Survey
and Deficiencies Report Form is coded
for entry into the OSCAR system. The
data is analyzed by the CMS regional
offices and by the CMS central office
components for program evaluation and
monitoring purposes. The information is
also available to the public upon
request. Form Number: CMS–643 (OMB
control number: 0938–0379); Frequency:
Yearly; Affected Public: State, Local, or
Tribal Governments; Number of
Respondents: 3,976; Total Annual
Responses: 1,325; Total Annual Hours:
1,325. (For policy questions regarding this
collection contact Annette Snyder at 410–786–6097.)

2. Type of Information Collection
Request: New collection (Request for a
new OMB control number); Title of
Information Collection: Generic for the Heath Care Payment
Learning and Action Network; Use: The
Center for Medicare and Medicaid
Services (CMS), through the Center for
Medicare and Medicaid Innovation,
develops and tests innovative new
payment and service delivery models in
accordance with the requirements of
section 1115A and in consideration of the
opportunities and factors set forth in
section 1115A(b)(2) of the Act. To date,
CMS has built a portfolio of 26 models
(in operation or already announced) that
have attracted participation from a
broad array of health care providers,
states, payers, and other stakeholders.
During the development of models,
CMS builds on ideas received from
state agencies.

On January 26, 2015, Secretary
Burwell announced the ambitious goal to
have 30% of Medicare Fee-For-
Service payments tied to alternative
payment models (such as Pioneer ACOs
or bundled payment arrangements) by
the end of 2016, and 50% of payments
by the end of 2018. To reach this goal,
CMS will continue to partner with
stakeholders across the health care
system to catalyze transformation
through the use of alternative payment
models. To this end, CMS launched the
Health Care Payment Learning and
Action Network, an effort to accelerate
the transition to alternative payment
models, identify best practices in their
implementation, collaborate with
payers, providers, consumers,
purchasers, and other stakeholders, and
monitor the adoption of value-based
alternative payment models across the
health care system. A system wide
transition to alternative payment models
will strengthen the ability of CMS to
implement existing models and design
new models that improve quality and
decrease costs for CMS beneficiaries.
The information collected from LAN
participants will be used by the CMS
Innovation Center to potentially inform
the design, selection, testing,
modification, and expansion of
innovative payment and service
delivery models in accordance with the
requirements of section 1115A, while
monitoring progress towards the
Secretary’s goal to increase the
percentage of payments tied to
alternative payment models across the
U.S. health care system. In addition, the
requested information will be made
publicly available that LAN
participants (payers, providers,
consumers, employers, state agencies,
and patients) can use the information to
inform decision making and better
understand market dynamics in relation
to alternative payment models. Form
Number: CMS–10575 (OMB control
number: 0938–NEW); Frequency:
Occasionally; Affected Public:
Individuals; Private Sector (Business or
other For-profit and Non-for-profit
institutions), State, Local and Tribal
Governments; Number of Respondents:
9,570; Total Annual Responses: 20,280;
Total Annual Hours: 49,432. (For policy
questions regarding this collection
contact Dustin Allison at 410–786–
8330.)

Dated: September 1, 2015.
William N. Parham, III,
Director, Paperwork Reduction Staff, Office
of Strategic Operations and Regulatory
Affairs.

[PR Doc. 2015–22020 Filed 9–3–15; 8:45 am]
BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND
HUMAN SERVICES

Centers for Medicare & Medicaid
Services

[Document Identifiers: CMS–1728–94 and
CMS–2567]

Agency Information Collection
Activities: Proposed Collection;
Comment Request

agency: Centers for Medicare &
Medicaid Services.

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 (the
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
60 days for public comment on the
proposed action. Interested persons are
invited to send comments regarding our
burden estimates 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.

DATES: Comments must be received by November 3, 2015.

ADDRESSES: When commenting, please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in any one of the following ways:

1. Electronically. You may send 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) that are 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.

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:

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:

Contents

This notice sets out a summary of the use and burden associated with the following information collections. More detailed information can be found in each collection’s supporting statement and associated materials (see ADDRESSES).

CMS–10387  Skilled Nursing Facility (SNF) Prospective Payment System and Consolidated Billing
CMS–2567  Statement of Deficiencies and Plan of Correction and Supporting Regulations

Under the 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 requires federal agencies to publish a 60-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.

Information Collection

1. Type of Information Collection Request: Revision of a currently approved collection; Title of Information Collection: Home Health Agency Cost Report; Use: Providers of Services participating in the Medicare program are required under sections 1815(a), 1833(e) and 1861(v)(1)(A) of the Social Security Act (42 U.S.C. 1395g) to submit annual information to achieve settlement of costs for health care services rendered to Medicare beneficiaries. In addition, regulations at 42 CFR 413.20 and 413.24 require adequate cost data and cost reports from providers on an annual basis. The Form CMS–1728–94 cost report is needed to determine a provider’s reasonable cost incurred in furnishing medical services to Medicare beneficiaries and reimbursement due to or from a provider. Form Number: CMS–1728–94 (OMB control number: 0938–0022); Frequency: Annually; Affected Public: Private sector (Business or other for-profits and Not-for-profit institutions); Number of Respondents: 64,500; Total Annual Responses: 64,500; Total Annual Hours: 128,083. (For policy questions regarding this collection contact Sharon Lash at 410–786–9457.)

Dated: September 1, 2015.

William N. Parham, III,
Director, Paperwork Reduction Staff, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2015–22033 Filed 9–3–15; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Assets for Independence (AFI) Program Evaluation.

OMB No.: 0970–0414.

Description: The U.S. Department of Health and Human Services, Administration for Children and Families (ACF) is proposing a data collection activity as part of an experimental evaluation of the Assets for Independence (AFI) Program. The purpose of this study is to assess the impact of participation in AFI-funded individual development account (IDA) projects on the savings, asset purchases, and economic well-being of low-income individuals and families. While some evaluations suggest that IDAs help low-income families save, rigorous experimental research is limited. Few studies have focused on AFI-funded IDAs, and few have tested alternative design features. The Assets for Independence Evaluation is the first experimental evaluation of IDA projects operating under the Assets for this disclosure. The form is also used by health care facilities to document their plan of correction and by CMS, the states, facilities, purchasers, consumers, advocacy groups, and the public as a source of information about quality of care and facility compliance. The regulations at 42 CFR 488.18 require that state survey agencies document all deficiency findings on a statement of deficiencies and plan of correction, which is the CMS–2567. Sections 488.26 and 488.28 further delineate how compliance findings must be recorded and that CMS prescribed forms must be used. Form Number: CMS–2567 (OMB Control Number: 0938–0391); Frequency: Yearly and occasionally; Affected Public: Private Sector (Business or other for-profit and Not-for-profit institutions); Number of Respondents: 64,500; Total Annual Responses: 64,500; Total Annual Hours: 128,083. (For policy questions regarding this collection contact Sharon Lash at 410–786–9457.)

Dated: September 1, 2015.

William N. Parham, III,
Director, Paperwork Reduction Staff, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2015–22033 Filed 9–3–15; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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