

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:** Extension of a currently approved collection; **Title of Information Collection:** Enrollment Application for Coverage in the Pre-Existing Condition Insurance Plan; **Use:** The Department of Health and Human Services (HHS) is requesting an extension of this information collection request by the Office of Management and Budget (OMB). This information collection request originally received OMB approval on 6/29/2010. HHS is now seeking a three-year approval for this collection. On March 23, 2010, the President signed into law H.R. 3590, the Patient Protection and Affordable Care Act (Affordable Care Act), Public Law 111-148. Section 1101 of the law establishes a "temporary high risk health insurance pool program" (which has been named the Pre-Existing Condition Insurance Plan, or PCIP) to provide health insurance coverage to currently uninsured individuals with pre-existing conditions.

In order for individuals to be considered for eligibility into the federally-run PCIP program, they must submit a completed enrollment application to HHS. The enrollment application is used by HHS or its designee to obtain information from potentially eligible individuals applying for coverage in the PCIP program. PCIP is also referred to as the temporary qualified high risk insurance pool program, as it is called in the Affordable Care Act, but we have adopted the term PCIP to better describe the program and avoid confusion with the existing state high risk pool programs. The data collection will be used by HHS to obtain information from potential eligible individuals applying for coverage in the PCIP. **Form Number:** CMS-10334

(OMB#: 0938-1095); **Frequency:** Once; **Affected Public:** Individuals and households; **Number of Respondents:** 100,000; **Total Annual Responses:** 100,000; **Total Annual Hours:** 92,000. (For policy questions regarding this collection contact Laura Dash at 410-786-8623. For all other issues call 410-786-1326.)

**2. Type of Information Collection Request:** Extension of a currently approved collection; **Title of Information Collection:** Pre-Existing Health Insurance Plan and Supporting Regulations; **Use:** The Department of Health and Human Services (HHS) is requesting an extension of this information collection request by the Office of Management and Budget (OMB). This information collection request originally received OMB approval on 7/26/2010. HHS is now seeking a three-year approval for this collection. On March 23, 2010, the President signed into law H.R. 3590, the Patient Protection and Affordable Care Act (Affordable Care Act), Public Law 111-148. Section 1101 of the law establishes a "temporary high risk health insurance pool program" (which has been named the Pre-Existing Condition Insurance Plan, or PCIP) to provide health insurance coverage to currently uninsured individuals with pre-existing conditions. The law authorizes HHS to carry out the program directly or through contracts with states or private, non-profit entities.

We are requesting an extension for this package because this information is needed to assure that PCIP programs are established timely and effectively. This request is being made based on regulations that have been issued and contracts which have been executed by HHS with States or an entity on their behalf participating in the PCIP program. PCIP is also referred to as the temporary qualified high risk insurance pool program, as it is called in the Affordable Care Act, but we have adopted the term PCIP to better describe the program and avoid confusion with the existing state high risk pool programs. **Form Number:** CMS-10339 (OMB#: 0938-1100); **Frequency:** Reporting—On occasion; **Affected Public:** State governments; **Number of Respondents:** 51; **Total Annual Responses:** 2,652; **Total Annual Hours:** 36,924. (For policy questions regarding this collection contact Laura Dash at 410-786-8623. 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/Paperwork>

*Reduction Act of 1995*, 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 *January 18, 2011*:

**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: November 16, 2010.

**Martique Jones,**

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

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**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare and Medicaid Services

[Document Identifier: CMS-10356]

### Emergency Clearance: Public Information Collection Requirements Submitted to the Office of Management and Budget (OMB)

**AGENCY:** Center for Medicare and 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 and 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 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.

We are, however, requesting an emergency review of the information collection referenced below. In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, we have submitted to the Office of Management and Budget (OMB) the following requirements for emergency review. In accordance with 5 CFR 1320.13, we are requesting an emergency review to ensure compliance with an initiative of the Administration.

**1. Type of Information Collection Request:** New collection; **Title of Information Collection:** Evaluation of Practice Models for Dual Eligibles and Medicare Beneficiaries with Serious Chronic Conditions **Use:** The Affordable Care Act (ACA) established the Federal Coordinated Health Care Office (FCHCO) to more effectively integrate benefits under Medicare and Medicaid and improve Federal and State coordination for dual-eligible beneficiaries (duals). Duals are among the most vulnerable beneficiaries—most face multiple and severe chronic conditions that require complex and intense care—and because they receive both Medicare and Medicaid coverage, they must navigate two separate health care programs, often leading to fragmented, inefficient, and costly care. The Centers for Medicare & Medicaid Services (CMS) Office of Policy (OP) has contracted L&M Policy Research and its partner Thomson Reuters to explore variations in patterns of care and best practices for duals and other Medicare beneficiaries with complex health needs.

This project comprises qualitative information-gathering through open-ended, in-person discussions with providers, local health care and community leaders, patient advocates, and professionals involved in implementing care coordination initiatives. To determine factors associated with high quality and cost effective care as well as better understand the barriers to delivering it, the research team will hold in-person discussions during visits to 16 hospital referral regions (HRRs). In two of these HRRs, there will be a particular focus on the role of the Program for All-Inclusive Care for the Elderly (PACE). Many different organizations and types of programs will be explored during this

field work, varying in their approach to health care delivery and the extent to which they are directly involved in the coordination of care for vulnerable populations. Lessons learned, to include critical challenges and success factors, will be used to inform the pressing work of the FCHCO to support initiatives and policies that improve care coordination for duals, as well as other priorities outlined in the ACA. **Form Number:** CMS-10356 (OMB#: 0938-New); **Frequency:** Once; **Affected Public:** Individuals or Households; **Number of Respondents:** 368; **Total Annual Responses:** 368; **Total Annual Hours:** 494. (For policy questions regarding this collection contact John Oswald at 202-260-0835. For all other issues call 410-786-1326.)

CMS is requesting OMB review and approval of this collection by *December 29, 2010*, with a 180-day approval period. Written comments and recommendations will be considered from the public if received by the individuals designated below by *December 20, 2010*.

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/regulations/pra> 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.

Interested persons are invited to send comments regarding the burden or any other aspect of these collections of information requirements. However, as noted above, comments on these information collection and recordkeeping requirements must be mailed and/or faxed to the designees referenced below by *December 20, 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.

**3. By Facsimile or E-mail to OMB.** 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: November 16, 2010.

**Martique Jones,**

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

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30Day-11-10ES]

#### Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639-5960 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov). Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

#### Proposed Project

Data Calls for the Laboratory Response Network—Existing collection in use without an OMB Control Number (Generic Clearance)—National Center for Emerging and Zoonotic Infectious Diseases, NCEZID, Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

This request is for approval of an Existing collection in use without an OMB Control Number (Generic clearance).

The Laboratory Response Network (LRN) was established by the Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) in accordance with Presidential Decision Directive 39, which outlined national anti-terrorism policies and assigned specific missions to federal departments and agencies. The LRN's mission is to maintain an integrated national and international network of laboratories that can respond to acts of biological, chemical, or radiological terrorism and other public health emergencies. Federal, state and local public health laboratories voluntarily join the LRN.