Center for Medicare & Medicaid Services

[Document Identifiers: CMS-10884 and CMS-855A]

Agency Information Collection Activities: Proposed Collection; Comment Request

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

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 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 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 must be received by [INSERT DATE 60 DAYS AFTER DATE OF PUBLICATION IN THE FEDERAL REGISTER].

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, please access the CMS PRA web site by copying and pasting the following web address into your web browser: https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing.

**FOR FURTHER INFORMATION CONTACT:** William N. Parham at (410) 786-4669.

**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-10884  Prior Authorization Demonstration for Certain Ambulatory Surgical Center (ASC) Services

CMS-855A  Medicare Enrollment Application for Institutional Providers

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:** New collection (Request for a new OMB control number); **Title of Information Collection:** Prior Authorization Demonstration for Certain Ambulatory Surgical Center (ASC) Services; **Use:** Section 402(a)(1)(J) of the Social Security Amendments of 1967 (42 U.S.C. 1395b-1(a)(1)(J)) authorizes the Secretary to “develop or demonstrate improved methods for the investigation and prosecution of fraud in the provision of care or services under the health programs established by the Social Security Act (the Act).” Pursuant to this authority, CMS seeks to develop and implement a Medicare demonstration project, which CMS believes will assist in developing improved procedures for the identification, investigation, and prosecution of Medicare fraud occurring in ambulatory surgical centers providing services to Medicare beneficiaries.

The information required for the prior authorization request includes all documentation necessary to show that the service meets applicable Medicare coverage, coding, and payment rules. Prior to rendering the services, ASC providers should submit this information to the Medicare Administrative Contractors (MACs). Trained clinical reviewers at the MACs will review the information required for this collection to determine if the requested services are medically necessary and meet Medicare requirements. If an ASC provider does not submit a prior authorization request before rendering the service and submitting a claim to Medicare for payment, the MAC will request the required information from the ASC provider to determine if the service meets applicable Medicare coverage, coding, and payment rules before the claim is paid. **Form Number:** CMS-10884 (OMB Control Number: 0938-NEW); **Frequency:** Occasionally; **Affected Public:** Business or other for-profits; **Number of Respondents:** 4,038; **Number of Responses:** 95,579; **Total Annual Hours:** 59,904. (For policy questions regarding this
collection contact Kelly Wojciechowski at kelly.wojciechowski@cms.hhs.gov or Justin Carlisle at Justin.Carlisle@cms.hhs.gov).

2. **Type of Information Collection Request:** Revision of a currently approved collection; **Title of Information Collection:** Medicare Enrollment Application for Institutional Providers; **Use:** Various sections of the Social Security Act (Act), the United States Code (U.S.C.), Internal Revenue Service Code (Code) and the Code of Federal Regulations (CFR) require providers and suppliers to furnish information concerning the amounts due and the identification of individuals or entities that furnish medical services to beneficiaries before payment can be made.

The primary function of the CMS-855A Medicare enrollment application is to gather information from a certified provider or certified supplier (hereafter occasionally and collectively referenced as “provider(s)”’) that tells us who it is, whether it meets certain qualifications to be a health care provider, where it practices or renders services, the identity of its owners, and other information necessary to establish correct claims payments. **Form Number:** CMS–855A (OMB control number: 0938–0685); **Frequency:** On occasion; **Affected Public:** Business or other for-profits, not-for-profit institutions; **Number of Respondents:** 45,473; **Total Annual Responses:** 217,493; **Total Annual Hours:** 41,120. (For policy questions regarding this collection contact Frank Whelan at 410–786–1302.)

**William N. Parham, III**

*Director,*

*Division of Information Collections and Regulatory Impacts,*

*Office of Strategic Operations and Regulatory Affairs.*

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