4120-01-U-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10952A-D]

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**).

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:* Self-Attestation for Recertification of CORFs, OPT/SLP, and RHCs Providers and PXR Suppliers; *Use:* We are requesting OMB approval for the Self-Attestation for Recertification of Comprehensive Outpatient Rehabilitation Facility (CORFs), Outpatient Physical Therapy/Speech Language Pathology **(**OPT/SLP), and Rural Health Clinics (RHCs) Providers and Portable X-Ray (PXR) Suppliers which consists of 4 new collection instruments. A CORF*,* or *"facility"* is defined as a nonresidential facility that is established and operated exclusively for the purpose of providing diagnostic, therapeutic, and restorative services to outpatients for the rehabilitation of injured, disabled, or sick persons, at a single fixed location, by or under the supervision of a physician. CORFs must meet all requirements set forth at 42 CFR §481.50 to §485.74 titled "Conditions of Participation: Comprehensive Outpatient Rehabilitation Facilities".

OPT/SLP services can be provided by a clinic, health care organization, public health agency or rehabilitation agency. In addition, providers of OPT/SLP services may have extension locations. The location or site from which an OPT/SLP provider provides services within a specific geographic area is referred to as the "primary site." Additional locations from which the same OPT/SLP provider provides services to another geographic areas are referred to as "extension locations." The extension location is part of the rehabilitation agency. The extension location should be located sufficiently close to the main location to allow it to share administration, supervision, and services in a manner that renders it unnecessary for the extension location to independently meet the conditions of participation as a rehabilitation agency.

OPT/SLP providers must meet the CMS requirements set forth at § 485.701 to § 485.729, and titled "Conditions of Participation for Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services".

RHCs or "*clinics"* are clinics that are in rural areas designated as shortage areas. An RHC is not a rehabilitation agency or a facility primarily for the care and treatment of mental diseases. RHCs must meet all the CMS requirements of 42 CFR 491.1 through 491.12 titled "Rural Health Clinics: Conditions for Certification; and FQHCs Conditions for Coverage."

PXR suppliers are entities that provide portable diagnostic x-ray services at the patients' locations. This is most often the patient's residences, including private homes and group living facilities, such as nursing homes, rather than in a traditional clinical setting, such as a doctor's office or hospital. PXR suppliers must meet all the Medicare requirements set forth at 42 CFR §486.100 to §486.110 titled "Conditions for Coverage: Portable X-Ray Services".

Currently, the above-stated provider and supplier types are certified for participation or enrollment in the Medicare/Medicaid program by State Survey Agencies (SAs). Certification is a process in which a determination is made by the State Survey Agency that a provider or supplier is in compliance with the applicable conditions of participation (42 CFR 488.1). We note that a portion of OPT/SLP providers opt to be surveyed by accrediting organizations and deemed as meeting CMS' requirements.

The current CMS certification process requires that an initial certification survey be performed when a CORF, OPT/SLP, RHC, or PXR provider/supplier first applies for participation/enrollment in the Medicare/Medicaid program. After being approved for participation or enrollment in the Medicare/Medicaid program, the CORFs, OPT/SLPs, RHC, and PXR provider/supplier must undergo periodic recertification surveys to ensure that they continue to meet the applicable CMS requirements. The SAs perform recertification surveys every 6 years for CORFs, OPT/SLPs, RHC, and PXR providers/suppliers.

We plan to implement a program whereby the CORF, RHC OPT/SLP and PXR providers/suppliers may attest to meeting the applicable CMS CoPs in lieu of undergoing a SA recertification surveys every 6 years. We have developed separate attestation forms for CORF, OPT/SLP, RHC, and PXR providers/suppliers. We anticipate that these providers and suppliers would complete and submit the attestation form for their provider/supplier type prior to their recertification due date. A properly completed and timely submitted attestation form would be accepted by the applicable SA for the purpose of the recertification of each individual provider and supplier.

There are no statutory or regulatory provisions that require states to conduct onsite recertification surveys for PXR suppliers. In fact, CMS already uses the attestation process for certification of Federally Qualified Health Centers (FQHCs). *Form Number*: CMS-10952A-D (OMB control number: 0938–NEW); Frequency: Annually; *Affected Public:* Individuals and Households; Private Sector - Not-for-profit institutions and Business or other for-profits; Federal Government and State, Local or Tribal Governments; *Number of Respondents:* 1,360; *Total Annual Responses:* 1,360; Total *Annual Hours*: 1,360. (For policy questions regarding this collection contact Caroline Gallaher at (410)786-8705.)

William N. Parham, III

Director,

Division of Information Collections and Regulatory Impacts,

Office of Strategic Operations and Regulatory Affairs.

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