



## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier: CMS-P-0015A and CMS-643]

#### 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:**

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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:* Revision of a currently approved Information Collection; *Title of Information Collection:* Medicare Current Beneficiary Survey; *Use:* The Centers for Medicare and Medicaid Services (CMS) is the largest single payer of health care in the United States. The agency plays a direct or indirect role in administering health insurance coverage for more than 160 million people across the Medicare, Medicaid, CHIP, and Health Insurance Marketplace populations. A critical aim for CMS is to be a trustworthy partner in supporting innovative approaches to improving quality, accessibility, and affordability in health care, an effective steward of taxpayer funds, and a major force against fraud, waste, and abuse across all of its programs. CMS also aims to empower patients by giving them greater control over their health care information and improve their access to healthcare services through technology.

The Medicare Current Beneficiary Survey (MCBS) is the most comprehensive and complete survey available on the Medicare population and is essential in capturing information not otherwise collected through operational or administrative data on the Medicare program. The MCBS is a nationally representative, longitudinal survey of Medicare beneficiaries that is sponsored by CMS and is directed by the Office of Enterprise Data and Analytics (OEDA). MCBS data collection is primarily conducted by phone and is supplemented with limited video interviewing or in-person visits. The survey captures beneficiary information whether aged or disabled, living in the community or facility, or serviced by managed care or fee-for-service. Data produced as part of the MCBS are enhanced with administrative data (e.g., fee-for-service claims, prescription drug event data, enrollment, etc.) to provide users with more accurate and complete estimates of total health care costs and utilization. The MCBS has been continuously

fielded for more than 30 years, encompassing over 1.2 million interviews and more than 140,000 survey participants. Respondents participate in up to 11 interviews over a four-year period. The MCBS provides a holistic view of Medicare beneficiaries' social and medical risk factors and rich information on the relationship between these risk factors, healthcare utilization, and health outcomes, at a point in time and over time.

The MCBS continues to provide unique insight into the Medicare program and helps CMS and its external stakeholders better understand and evaluate the impact of existing programs and significant new policy initiatives. MCBS data are used to assess potential changes to the Medicare program. For example, MCBS data were instrumental in supporting the initial implementation of the Medicare prescription drug benefit and continue providing a means to evaluate prescription drug costs and out-of-pocket burden for these drugs to Medicare beneficiaries. Beginning in Winter 2027, this proposed revision to the clearance will result in a net decrease to respondent burden by removing multiple questionnaire items and only adding a limited number of new items most relevant to the current health care landscape. *Form Number:* CMS-P-0015A (OMB control number: 0938-0568); *Frequency:* Occasionally; *Affected Public:* Business or other for-profits and Not-for-profit institutions; *Number of Respondents:* 13,568; *Total Annual Responses:* 35,015; *Total Annual Hours:* 31,891 (For policy questions regarding this collection contact William Long at 410-786-7927.)

2. *Type of Information Collection Request:* Reinstatement with change of a previously approved collection; *Title of Information Collection:* Hospice Survey and Deficiencies Report Form and Supporting Regulations; *Use:* A hospice is a health care entity that provides palliative care (relief of pain and uncomfortable symptoms), as opposed to curative care, to terminally ill individuals. In addition to meeting the patient's medical needs, hospice care addresses the physical, psychosocial, and spiritual needs of the patient, as well as psychosocial needs of the patient's family/caregiver related to the terminal illness. The emphasis

of the hospice program is on keeping the hospice patient at home with family and friends as long as possible.

The CMS-643 form is primarily a coding worksheet designed to facilitate data collection during a hospice survey for Medicare participation. It is used to collect several data elements related to patient health and safety, record reviews and data about the specific hospice's operations, staffing and demographics. CMS has made several revisions to this form based on duplication of collected information from the CMS-643 and the CMS-417 form titled "Hospice Request for Certification in the Medicare Program" (OMB Control number: 0938-0313). The CMS-643 is completed by surveyors during onsite survey activity and poses minimal to no burden on the hospice provider.

The data collected on the CMS-643 form is entered into the Internet Quality Improvement and Evaluation System (iQIES) surveyor database during the course of an initial, recertification or complaint survey. Hospice surveyors that have access to the electronic iQIES system while onsite at a hospice, can enter the CMS-643 form data directly into the system. If this access is not available to the surveyor, they can record their finding directly onto the CMS-643 form and input the data into the system later. We removed the requirement for the surveyors to sign CMS-643 to certify their findings as this process has been automated once information is entered into the iQIES database. *Form Number:* CMS-643 (OMB control number: 0938-0379); *Frequency:* Yearly; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 7,029; *Total Annual Responses:* 2,343; *Total Annual Hours:* 1,172. (For policy questions regarding this collection contact Caecilia Andrews at 410-786-2190.)

**William N. Parham, III**

*Director,*

*Division of Information Collections and Regulatory Impacts,*

*Office of Strategic Operations and Regulatory Affairs.*