PAPERWORK REDUCTION ACT SUBMISSION WORKSHEET
Part I: Information Collection Request

**This template is intended for staff without an ICRAS account. Please fill out and submit to the appropriate Operating Division to enter into ICRAS. The form mirrors the screens available in the ICRAS 4 system. To request an account to log into ICRAS.**

**Instructions for filling out the form are available at www.paperworkreduction.gov.**

1. Agency/Subagency: originating request DHHS/CMS/CPC/MPPG

2. Title: Collection of Diagnostic Data from Medicare Advantage Organizations for Risk Adjusted Payments

3. Type of information collection *(check one)*
*(See instructions)*
__New collection (Request for a new OMB Control Number)
_X_ Extension without change of a currently approved collection
__Revision of a currently approved collection
__Reinstatement without change of a previously approved collection
__ Reinstatement with change of a previously approved collection
__ Nonmaterial or nonsubstantive change to a currently approved collection (formerly 83C)
__Existing collection in use without and OMB Control Number

4. OCN: _0938-_____

5. Type of review requested *(check one)*

a. _X_ Regular
b. __ Emergency - Approval requested by: _____/_____/
c. __ Delegated

*If Emergency, please attach justification.(* 4000 characters maximum)

6. Requested expiration date *(check one)*

a. _X_ Three years from approval date
b. __ Six Months from approval date (Maximum for Emergency reviews)
c. Other

Specify:_____/_____ (mm/yy)
or Number of Months from Approval Date

7. Abstract (4000 characters maximum, attach additional sheets as necessary): CMS requires hospital inpatient, hospital outpatient and physician diagnostic data from Medicare Advantage organizations to continue making payment under the risk adjustment methodology as required by the Social Security Act of 1967 as amended by the Balanced Budget Act of 1997; the Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000; and the Medicare Prescription Drug Benefit, Improvement and Modernization Act of 2003.

8. Authorizing Statute(s)

Public Law:

| Congress Number | Sequence Number | Section | Name |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

US Code:

| Title | Section | Name |
|---|---|---|
| 42 U.S.C. 1395 w-23 | 1853(a)(1)(A) | Risk Adjusted Part C Payment |
| 42 U.S.C. 1395 w-23 | 1853(a)(3)(B) | Data Collection |
| 42 U.S.C. 1395 w-23 | 1856D-15(a)(1)(A) | Risk Adjusted Part D Payment |

Executive Order:

| Number | Name |
|---|---|
| | |
| | |
| | |

Statute:

| Title | Subtitle |
|---|---|
| | |
| | |

9. Associated Rulemaking Information
RIN: __ __ __ __ - __ __ __ __

Stage of Rulemaking *(check one)*
a. __ Proposed Rule
b. __ Interim Final or Final Rule

Federal Register Citation
Volume__ __ Page number_____
Publication Date _____/_____/____

*For a Proposed Rule, OMB will not consider an ICR complete until the Notice of Proposed Rulemaking has been published.*
*For a Final Rule, please put the ICR reference number for the ICR reviewed at the proposed rule stage in Box 4.*
*For ICRs associated with Interim Final or Final rules that are not significant under EO*

10. Federal Register Notices & Comments

Federal Register Citation

60-day Notice: Volume__ __ Page number __ __ __ __ __ __ Publication Date _____/_____/_____

30-day Notice: Volume__ __ Page number __ __ __ __ __ __ Publication Date _____/_____/_____

Did the Agency receive public comments on this ICR? _Yes _No
*Unless submitted as an Emergency or Associated with Rulemaking, OMB will not consider an ICR complete until the 30-day notice has been published.*
*12866, please attach a draft of the Federal Register document.*

11. Annual Cost to Federal Gov:

$ 5,000,000.00

12. Does this ICR contain surveys, censuses, or employ statistical methods?
__ Yes (Attach Part B of Supporting Statement) X No

13. Is the Supporting Statement intended to be a Privacy Impact Assessment required by the E-Government Act of 2002?
__ Yes X No

14. Agency contact: (Name; Phone; E-mail)

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Sean Creighton; 410-786-9302

PAPERWORK REDUCTION ACT SUBMISSION WORKSHEET
Part I: Information Collection Request (continued)
**Information Collection Budget** (ICB)

If a change in burden is due to a Program Change Due to New Statute, identify the Citations for New Statutory Requirements:

Public Law:

| Congress Number | Sequence Number | Section | Name |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

US Code:

| Title | Section | Name |
|---|---|---|
| | | |
| | | |
| | | |

Executive Order:

| Number | Name |
|---|---|
| | |
| | |
| | |

Statute:

| Title | Subtitle |
|---|---|
| | |
| | |
| | |

If Program Change is due to Agency Discretion, please categorize the reduction. Burden reduction from (select one):

a. __ Cutting Redundancy
b. __ Using Information Technology
c. __ Changing Regulations
d. __ Changing Forms
e. __ Miscellaneous Actions

If Program Change is due to Agency Discretion, please categorize the increase in burden. Burden increase caused by (select one):

a. __ Changing Regulations
b. __ Miscellaneous Actions

Explain the reasons for any program changes or adjustments reported; that is, provide a short statement how the reduction in burden was achieved or why the increase in burden occurred. (If you need more space, please provide a short summary here and elaborate in the Supporting Statement.)

_____
_____
_____
_____
_____