

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 Form CMS–855B application is submitted when the applicant first requests Medicare enrollment. The application is used by the MACs to collect data to ensure the applicant has the necessary credentials to provide the health care services for which they intend to bill Medicare; this includes data that allows the Medicare contractor to correctly price, process, and pay the applicant's claims. It also gathers information that enables MACs to ensure that the supplier is neither excluded from the Medicare program nor debarred, suspended, or excluded from any other Federal agency or program. The application is also used by enrolled suppliers when they are reporting a change in their ownership, a change in their current Medicare enrollment information, or are revalidating or reactivating their Medicare enrollment. *Form Number:* CMS–855B (OMB control number: 0938–1377); *Frequency:* Occasionally; *Affected Public:* Private Sector; Business or other for-profits, and Not-for Profits; *Number of Respondents:* 132,800; *Number of Responses:* 132,800; *Total Annual Hours:* 155,884. (For questions regarding this collection, contact Frank Whalen at 410–786–1302 or Frank.Whalen@cms.hhs.gov.)

William N. Parham, III,

Director, Division of Information Collections and Regulatory Impacts, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2024–14955 Filed 7–8–24; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifiers: CMS–10537 and CMS–43]

Agency Information Collection Activities: Submission for OMB Review; 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 a second opportunity for public comment on the notice. Interested persons are invited to send comments regarding the burden estimate 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 on the collection(s) of information must be received by the OMB desk officer by August 8, 2024.

ADDRESSES: Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to www.reginfo.gov/public/do/PRAMain. Find this particular information collection by selecting “Currently under 30-day Review—Open for Public Comments” or by using the search function.

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 website 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 Parham at (410) 786–4669.

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (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 (44 U.S.C. 3506(c)(2)(A)) requires Federal agencies to publish a 30-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 that summarizes the following proposed collection(s) of information for public comment:

1. Type of Information Collection
Request: Revision of a currently approved collection; *Title of Information Collection:* CAHPS Hospice Survey; *Use:* CMS launched the development of the CAHPS Hospice Survey in 2012. Public reporting of the results on Hospice Compare started in 2018. The goal of the survey is to measure the experiences of patients and their caregivers with hospice care. The survey was developed to:

Provide a source of information from which selected measures could be publicly reported to beneficiaries and their family members as a decision aid for selection of a hospice program;

Aid hospices with their internal quality improvement efforts and external benchmarking with other facilities; and

Provide CMS with information for monitoring the care provided.

Surveys focusing on patients' experience of care with their health care providers are an important part of the NQS. In addition to publicly reporting clinical quality measures, CMS is currently reporting measures from patient experience of care surveys in a variety of settings, including in-center hemodialysis (ICH) centers, hospitals, home health agencies, and hospices on the Medicare Care Compare website. (<https://www.medicare.gov/care-compare>). *Form Number:* CMS–10537 (OMB control number: 0938–1257); *Frequency:* Once; *Affected Public:* Individuals and Households; *Number of Respondents:* 1,159,420; *Total Annual Responses:* 1,159,420; *Total Annual Hours:* 168,115.90. (For policy questions regarding this collection contact Lauren Fuentes at 410–786 2290 or 443–618–2123).

2. Type of Information Collection
Request: Revision of a currently approved collection; *Title of Information Collection:* Application for Part A (Hospital Insurance) and Part B (Medical Insurance) for People with End-Stage Renal Disease; *Use:* Form CMS–43 (Application for Part A (Hospital Insurance) and Part B (Medical Insurance) for People with End-Stage Renal Disease) supports section 226A(a) of the Social Security Act (the Act) and corresponding regulations at 42 CFR 406.7(c)(3) and 406.13.

Individuals with End-Stage Renal Disease (ESRD) have the opportunity to apply for Medicare benefits and obtain premium-free Part A if they meet certain

criteria outlined in statute. Sections 226A of the Act authorizes entitlement for Medicare Hospital Insurance (Part A) if the individual with ESRD files an application for benefits and meets the requisite contributions through one’s own employment or the employment of a related individual to meet the statutory definition of a “currently insured” individual outlined in section 214 of the Act. Further, for individuals who meet the requirements for premium-free Part A entitlement, Medicare coverage starts based on the dates in which the individual started dialysis treatment or had a kidney transplant. These statutory provisions are codified at 42 CFR 406.7(c)(3) and 407.13. *Form Number:* CMS–43 (OMB control number: 0938–0080); *Frequency:* Once; *Affected Public:* Individuals and Households *Number of Respondents:* 45,200; *Total Annual Responses:* 45,200; *Total Annual Hours:* 18,984. (For policy questions regarding this collection contact Candace Carter at 410–786–8466 or Candace.Carter@cms.hhs.gov).

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[FR Doc. 2024–14956 Filed 7–8–24; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; The Understanding and Expanding the Reach of Home Visiting (HV-REACH) Project (New Collection)

AGENCY: Office of Planning, Research, and Evaluation, Administration for

Children and Families, U.S. Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: As part of the Understanding and Expanding the Reach of Home Visiting (HV-REACH) project, the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services is proposing to collect qualitative data to understand the features of centralized, coordinated, or collaborative intake systems used by seven purposively selected sites that refer families to early childhood home visiting (ECHV) programs.

DATES: *Comments due September 9, 2024.* In compliance with the requirements of the Paperwork Reduction Act of 1995, ACF is soliciting public comment on the specific aspects of the information collection described above.

ADDRESSES: You can obtain copies of the proposed collection of information and submit comments by emailing OPREinfocollection@acf.hhs.gov. Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The HV-REACH project is proposing to conduct seven qualitative case studies to provide an in-depth understanding of centralized intake systems, including how centralized intake systems reach potentially eligible families, and how staff and families think centralized intake systems support and expand the recruitment and enrollment of families in ECHV programs.

The goals of the study are to understand (1) the features, strengths, and challenges of centralized intake systems that refer to ECHV programs; (2) how centralized intake systems support outreach to and enrollment of families

in ECHV programs; (3) enrolled families’ experiences with centralized intake systems.

We will conduct virtual or in person site visits in seven sites, where a site is defined as including a centralized intake organization(s) and one or two associated home visiting programs. We will collect documentation related to:

- outreach, enrollment, screening, and referrals processes and pathways, and data about the defining characteristics of centralized intake systems;
- local contexts and community needs;
- communication processes and feedback loops with families and programs;
- successes and challenges of the system and opportunities for improvement or technical assistance;
- home visiting program staff and family perceptions of centralized intake;
- implementation of centralized intake;
- staff and family experiences with outreach and enrollment processes using centralized intake; and
- staff and family background characteristics.

Findings will highlight opportunities for program improvement efforts, technical assistance, or changes to centralized intake system processes. We will disseminate findings in a report, research briefs, and presentations or briefings.

Respondents: Centralized intake administrators and other staff responsible for overseeing outreach and enrollment; home visiting program directors and other staff responsible for overseeing outreach and enrollment; home visitors and other staff responsible for conducting outreach and enrollment; and families enrolled in home-visiting programs.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents (total over request period)	Number of responses per respondent (total over request period)	Average burden per response (in hours)	Total/annual burden (in hours)
Centralized Intake Administrator Screening	19	1	0.33	3
On site coordination ¹	14	1	4.0	56
Centralized Intake Administrator and Other Staff Interview Protocol	42	1	1.5	63
Document Review Request	21	1	0.25	5
Home visiting program director and Other Staff Interview Protocol	28	1	1.0	28
Home visitor and Other Staff Interview Protocol	42	1	1.0	42
Family interview protocol	42	1	1.0	42
Participant characteristics form	114	1	0.08	9