



Billing Code: 4120-01-U-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10457]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS) is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. Type of Information Collection Request: New collection (request for a new OMB control number). Title of Information Collection: MAC Satisfaction Indicator (MSI) Participant Information Registration Form. Use: Section 1874(A)(b)(3)(B) of the Social Security Act requires that provider satisfaction be a performance standard for the work of Medicare Administrative Contractors (MACs). In order to gain provider feedback regarding their satisfaction with their MACs, we need to be able to contact the providers. Therefore, we need accurate contact information to: select from a random sample, forward the survey to the

appropriate respondent, and increase response rates. The survey will not be added to this package. Instead, it will be processed under a different control number via an Interagency Agreement. Form Number: CMS-10457 (OCN 0938-New). Frequency: Yearly. Affected Public: Private Sector (business or other for-profit and not-for-profit institutions). Number of Respondents: 150,000. Total Annual Responses: 150,000. Total Annual Hours: 2,500. (For policy questions regarding this collection contact Teresa Mundell at 410-786-9176. For all other issues call 410-786-1326.)

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS' Web Site address at <http://www.cms.hhs.gov/PaperworkReductionActof1995>, or E-mail your request, including your address, phone number, OMB number, and CMS document identifier, to Paperwork@cms.hhs.gov, or call the Reports Clearance Office on (410) 786-1326.

In commenting on the proposed information collections please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in one of the following ways by **insert date 60 days after date of publication in the Federal Register**:

1. Electronically. You may submit 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) 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

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Dated: January 2, 2013

Martique Jones,

Deputy Director, Regulations Development Group

Office of Strategic Operations and Regulatory Affairs

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