Centers for Medicare & Medicaid Services

Office of Strategic Operations and Regulatory Affairs

Paperwork Reduction Act (PRA)

**RECORD OF INFORMATION COLLECTION CLEARANCES**

|  |  |  |
| --- | --- | --- |
| **Center/Office: OIS** | **Type:**  **New**  **Revision**  **Reinstatement  Extension**  **Emergency  Discontinuation** | |
| **Center/Office POC: Brian Reitz** |
| **Division Director: Chris Stahlecker** | **Due to OSORA/PRA:** | **Date submitted to OSORA/PRA:** |
| **CMS Form/Collection: CMS-1500 (08-05)** | **Target 60-day FR Pub. Date:** | **Target 30-day FR Pub. Date:** |
| **OMB Control #: 0938-New** | **Target Date for OMB Clearance:** | |
| **Collection Title: Health Insurance Common Claim Form** | | |

**RECORD OF OFFICE /CENTER CLEARANCES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sent To:** | **Contact Name:** | **Response:** | **Clearance Due:** | **Clearance Rec’d:** |
| **CCIIO** |  |  |  |  |
| **CM/CMM** |  |  |  |  |
| **CM/CPC** |  |  |  |  |
| **CMCS** |  |  |  |  |
| **CMMI** |  |  |  |  |
| **CPI** |  |  |  |  |
| **CSP/ORDI** |  |  |  |  |
| **FCHC** |  |  |  |  |
| **OACT** |  |  |  |  |
| **OBIS/OEA** |  |  |  |  |
| **OCSQ** |  |  |  |  |
| **OESS** |  |  |  |  |
| **OFM** |  |  |  |  |
| **OGC** |  |  |  |  |
| **OIS** | Brian Reitz |  |  |  |
| **OL** |  |  |  |  |
| **OOM** |  |  |  |  |

***Options: C=concur, CWC=concur with comments, NC=nonconcur, NC=no comment.***

**Section 508 Compliance Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Center/Office Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Printed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Center/Office Director Signature: Signature required for all “New,” “Revision, ”Reinstatement”, “Emergency” and “Discontinuation” Collections. Collections seeking Extensions may be signed by a Group Director.

**TO BE COMPLETED BY OSORA:**

**Approved By:** 60-day FR notice (Draft package = Component Supervisor signature needed)

30-day FR notice (Final package = Component Supervisor initials needed)

Emergency FR notice (Component Supervisor Signature needed)

60-day/Emergency FR notices 30-day FR notices

(Signature /Date) (Initials/Date)

**PRA Analyst: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_** \_\_\_\_\_\_/\_\_\_\_\_\_

**RDG Division Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_\_/\_\_\_\_\_\_**

**RDG PRA Lead \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_\_/\_\_\_\_\_\_**

**RDG Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_\_/\_\_\_\_\_\_**