

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:	<input type="checkbox"/> New	<input type="checkbox"/> Revision
Center/Office POC: Brian Reitz		<input checked="" type="checkbox"/> Reinstatement	<input type="checkbox"/> Extension
		<input type="checkbox"/> Emergency	<input type="checkbox"/> Discontinuation
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 (Signature /Date)	30-day FR notices (Initials/Date)
PRA Analyst: _____	_____ / ___/___	_____ / ___
RDG Division Director: _____	_____ / ___/___	_____ / ___
RDG PRA Lead _____	_____ / ___/___	_____ / ___
RDG Director: _____	_____ / ___/___	_____ / ___