

all applicants. In addition, eliminating the error correction window will help NIH reduce the time needed to process applications and forward them through the peer review process.

The error correction window was established at a time when an application could take multiple days to get processed by Grants.gov and NIH's eRA systems. The lengthy processing time meant that applicants who applied on time might not receive feedback on the status of their submissions in time to address system identified errors/warnings until after the due date, unless they applied well in advance.

During the initial transition the error correction window also provided an opportunity for applicants to become familiar with the use of the new SF424 (R&R) applications and the new way that long standing business rules would be enforced by electronic systems upon submission.

Since 2005, combined system processing times have improved dramatically, with applications now taking minutes to process through both systems on average instead of days. This improvement provides applicants timely feedback on the status of their applications and allows them to address any system identified errors and warnings immediately, as the systems can process multiple submissions within a short period of time. NIH also has policies in place that do not rely on the error correction window to ensure that applicants are protected from possible eRA Commons or Grants.gov system issues that might keep an application from being received by the submission deadline.

Additionally, elimination of the error correction window will not affect an applicant's ability to submit late applications under the existing NIH Policy on Late Submission of Grant Applications (NOT-OD-06-086 available at <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-06-086.html>) or for those who have provided substantial review service to NIH to take advantage of NIH's continuous submission policy (<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-08-026.html>).

NIH is accepting comments from individuals and organizations on the impact of this change. We are also interested in feedback on possible timing of the change. Is there support for making the change in the next 3–6 months, a year, or is more time needed to make the change should the agencies decide to move forward?

Date: March 9, 2010.

**Sally J. Rockett,**

*Acting Deputy Director for Extramural Research, National Institutes of Health.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10146]

#### Agency Information Collection Activities: Proposed Collection; Comment Request

**AGENCY:** Centers for Medicare & Medicaid Services, HHS.

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:* Revision of a currently approved collection; *Title of Information Collection:* Notice of Denial of Medicare Prescription Drug Coverage; *Use:* Section 1860D-4(g)(1) of the Social Security Act requires Part D plan sponsors that deny prescription drug coverage to provide a written notice of the denial to the enrollee. The purpose of this notice is to provide information to enrollees when prescription drug coverage has been denied, in whole or in part, by their Part D plans. The notice must be readable, understandable, and state the specific reasons for the denial. The notice must also remind enrollees about their rights and protections related to requests for prescription drug coverage and include an explanation of both the standard and expedited redetermination processes and the rest of the appeal process. For a list of changes, refer to the summary of changes document. *Form Number:*

CMS-10146 (OMB#: 0938-0976); *Frequency:* Daily; *Affected Public:* Business or other for-profits; *Number of Respondents:* 456; *Total Annual Responses:* 290,344; *Total Annual Hours:* 145,172. (For policy questions regarding this collection contact Kathryn M. Smith at 410-786-7623. 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 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](mailto: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 *May 11, 2010*:

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, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: March 8, 2010.

**Michelle Shortt,**

*Director, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier: CMS-2744, CMS-10304 and CMS-10282]

#### Agency Information Collection Activities: Submission for OMB Review; Comment Request

**AGENCY:** Centers for Medicare & Medicaid Services.

In compliance with the requirement of section 3506(c)(2)(A) of the