

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Number of respondents	Number of responses per respondent	Form name	Average burden per response
			Low Blood Sugar Survey	5/60
			Supplemental	10/60
			Tanner Stage	5/60
			Retinal Photo	5/60
			Family Conflict	5/60
			Pediatric Diabetes QOL Scale	5/60
			Physical Exam	5/60
			Specimen Collection	5/60
SEARCH Clinical Sites: Monitoring	5	13	Unanticipated Occurrence/Condition Reporting Form.	5/60

Dated: May 16, 2011.

Daniel Holcomb,

Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-11-11BW]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639-5960 or send an e-mail to omb@cdc.gov. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

Proposed Project

Cops and Cars: Reducing Law Enforcement Officer Deaths in Motor Vehicle Crashes—NEW—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Occupational hazards facing law enforcement officers (LEOs) include psychological, biological, physical, and chemical stressors. While homicides, suicides, and stress-related cardiovascular disease have been well documented in the literature, much less

is known about work related motor vehicle incidents in this occupation. Motor vehicle incidents and crashes are the leading cause of occupational death among LEOs. This is not surprising given that LEOs spend a large amount of time conducting vehicle patrols, can be involved in dangerous high-speed pursuits, and often perform work alongside interstates and roadways near speeding motor vehicles. While seatbelt use significantly reduces the chance of dying in a motor-vehicle crash, there is some anecdotal evidence that LEOs do not wear seatbelts and often for good reasons. For example, one of the leading reasons why officers report not wearing seatbelts was the tendency of the belt to get caught on their gun holster and therefore inhibit their safety while in the field. A better understanding of how officers view seatbelt usage, ways to decrease barriers to usage in the field, and possible gateways to this behavior change is needed before developing evidence-based interventions.

The Occupational Safety and Health Act, Public Law 91-596 (section 20[a] [1]) authorizes the National Institute for Occupational Safety and Health (NIOSH) to conduct research to advance the health and safety of workers. NIOSH is proposing to conduct a population-based, cross-sectional survey among LEOS in the state of Iowa to measure motor-vehicle safety practices, perceptions of these practices, and prior occupational motor-vehicle crashes.

Enrollment for the study will be performed at the agency level. A random sample of Iowa law enforcement agencies, stratified on size of department (small, medium, and large) and type of department (Sheriff's Departments and City/Police Departments) will be drawn using a publicly available database. Recruitment packets will be sent to the leadership of these agencies inviting them to participate in the study. After agency

leadership had agreed to participate in the study, survey packets will be mailed to a contact person in the agency. These packets will then be distributed to all sworn officers. Study packets will consist of an introduction letter and paper-and-pencil survey. The questionnaire provides information on the following categories: socio-demographics, occupation, driving behaviors, attitudes & knowledge of policies, and details of prior motor-vehicle crashes.

The sample size is estimated to be 162 agencies, with approximately 2,467 police and sheriff patrol officers. This estimate is derived using a publically available database of all U.S. law enforcement agencies. Pilot test data demonstrated that respondents should take approximately 20 minutes to complete the survey, resulting in an annualized burden estimate of 822 hours. Participation in the study is completely voluntary.

Distribution of the surveys will also utilize the time of first-line supervisors of the participating law enforcement agencies. The surveys will be mailed to the leadership of each participating law enforcement agency. They will be asked to distribute the surveys to all sworn officers in their agencies. Depending on the level of involvement of each agency, additional work activities delineated to the leadership could include: collection of the surveys, verbal and/or written reminders to the officers, re-distribution of surveys, and e-mail/phone communication with NIOSH. One-hundred and sixty-two agencies have been invited to participate in the study. We estimate that on average, leadership at each agency will contribute a total of one burden hour for a grand total burden of 162 burden hours. There are no costs to the respondents other than their time. The total estimated annual burden hours are 984.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Police & Sheriff's Patrol Officers	2,467	1	20/60	822
First-Line Supervisors/Managers of Police & Detectives	162	1	1	162

Dated: May 16, 2011.

Daniel Holcomb,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-855(O), CMS-855(S) and CMS-855(A, B, I, R)]

Agency Information Collection Activities: Submission for OMB Review; 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), Department of Health and Human Services, 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 function; (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; *Title of Information Collection:* Medicare Enrollment Application for Eligible Ordering and Referring Physicians and Non-physician Practices *Use:* CMS is adding a new CMS-855 Medicare Enrollment Application (CMS 855O—Medicare Enrollment Application for Ordering and Referring Physicians only). CMS has found that many providers and suppliers who are not enrolled in Medicare are ordering and

referring physicians for Medicare enrolled providers and suppliers. The ordering and referring data field on the CMS 1500 claims submission form requires an ordering or referring physician to have a Medicare identification number. Without an ordering or referring physician, specific types of claims submitted by Medicare approved providers and suppliers are rejected by Medicare Administrative Contractors (MAC) as required by Medicare regulation. Therefore, if an ordering or referring physician does not participate in the Medicare program, but orders or refers his/her patients to a Medicare provider or supplier, the claim submitted by the Medicare provider or supplier for the given ordered or referred service is automatically rejected by the MAC. The CMS 855O allows a physician to receive a Medicare identification number (without being approved for billing privileges) for the sole purpose of ordering and referring beneficiaries to Medicare approved providers and suppliers. This new Medicare application form allows physicians who do not provide services to Medicare beneficiaries to be given a Medicare identification number without having to supply all the data required for the submission of Medicare claims. It also allows the Medicare program to identify ordering and referring physicians without having to validate the amount of data necessary to determine claims payment eligibility (such as banking information), while continuing to identify the physician's credentials as valid for ordering and referring purposes. *Form Number:* CMS-855(O) (OMB#: 0938-NEW0685); *Frequency:* Yearly; *Affected Public:* Private Sector; Business or other for-profit and not-for-profit institutions; *Number of Respondents:* 48,000; *Total Annual Responses:* 48,000; *Total Annual Hours:* 46,000. (For policy questions regarding this collection contact Kim McPhillips at 410-786-5374. For all other issues call 410-786-1326.)

2. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Medicare Durable Medical Equipment Supplier Enrollment Application; *Use:* The

primary function of the CMS 855S DMEPOS supplier enrollment application is to gather information from a supplier that tells us who it is, whether it meets certain qualifications to be a health care supplier, where it renders its services or supplies, the identity of the owners of the enrolling entity, and information necessary to establish the correct claims payment. The goal of evaluating and revising the CMS 855S DMEPOS supplier enrollment application is to simplify and clarify the information collection without jeopardizing our need to collect specific information. Additionally, periodic revisions are necessary to incorporate new regulatory requirements.

The goal of this revision of the CMS 855S is to incorporate new regulatory provisions found at 42 CFR 424.57(c) (1 through 30) and 42 CFR 424.58. These revisions will allow CMS to be in compliance with the above stated regulations implementing new quality standards for DMEPOS suppliers, including accreditation requirements. This revision will also incorporate new supplier standard regulations found in the final regulation that published on August 27, 2010 (75 FR 52629-52649). *Form Number:* CMS-855(S) (OMB#: 0938-1056); *Frequency:* Yearly; *Affected Public:* Private Sector; Business or other for-profit and not-for-profit institutions; *Number of Respondents:* 140,290; *Total Annual Responses:* 140,290; *Total Annual Hours:* 331,619. (For policy questions regarding this collection contact Kim McPhillips at 410-786-5374. For all other issues call 410-786-1326.)

3. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Medicare Enrollment Application; *Use:* The primary function of the CMS-855 Medicare enrollment application is to gather information from a provider or supplier that tells us who it is, whether it meets certain qualifications to be a health care provider or supplier, where it practices or renders its services, the identity of the owners of the enrolling entity, and other information necessary to establish correct claims payments. The goal of this submission is to address