Idaho, and thereby engage in nonbanking financial and investment advisory services, pursuant to sections 225.28(b)(6)(i) and (b)(7)(i) of Regulation Y.

Board of Governors of the Federal Reserve System, April 24, 2006.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. E6–6372 Filed 4–27–06; 8:45 am]

BILLING CODE 6210–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panels (SEP): Centers for Autism and Developmental Disabilities Research and Epidemiology, A Case Cohort Study. Request for Applications (RFA) Number DD06–003

In accordance with Section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the following meeting:

Name: Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Centers for Autism and Developmental Disabilities Research and Epidemiology (CADDRE), A Case Cohort Study.

Time and Date: 8 a.m.–5 p.m., June 23, 2006 (Closed).

Place: Centers for Disease Control and Prevention, 1600 Clifton Road, NE., Building 19, Room 248, Atlanta, GA 30333.

Status: The meeting will be closed to the public in accordance with provisions set forth in Section 552b(c) (4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92–463.

Matters to be Discussed: To conduct expert review of scientific and merit of research applications: Centers for Autism and Developmental Disabilities Research and Epidemiology, A Case Cohort Study, RFA–DD06–003.

FOR FURTHER INFORMATION CONTACT: Juliana Cyril, Ph.D., Scientific Review Administrator, CDC, 1600 Clifton Road, NE., Mail Stop D–72, Atlanta, GA, 30333, Telephone 404.639.4897, e-mail address: *zdq4@cdc.gov.*

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: April 21, 2006.

Alvin Hall,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. E6–6417 Filed 4–27–06; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–216, CMS–10191, and CMS–588]

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:* Extension of a currently approved collection; *Title of Information Collection:* Organ Procurement Organization/Histocompatibility Laboratory Statement of Reimbursable Cost, Manual Instructions and Supporting Regulations Contained in 42 CFR 413.20 and 413.24; *Use:* CMS is requesting reapproval of Form CMS–216–94 (OMB No. 0938–0102). The current form implements various provisions of the Social Security Act, including section 1881(a) which provides Medicare coverage for end-stage renal disease patients who meet certain entitlement requirements and kidney donors. It also implements sections 1881(b)(2)(B) and 1861(v)(1)(A) of the Act to determine the reasonable costs incurred to furnish treatment for renal patients and transplant patients. The reasonable costs of securing and transporting organs cannot be determined for the fiscal year until the Organ Procurement Organization/Histocompatibility Laboratory files its cost report (Form CMS–216) at year-end and costs are verified by the Medicare fiscal intermediary.; *Form Number:* CMS–216 (OMB#: 0938–0102); *Frequency:* Recordkeeping—Daily, Reporting—Annually; *Affected Public:* Business or other for-profit, Not-for-profit institutions, and the Federal government; *Number of Respondents:* 108; *Total Annual Responses:* 108; *Total Annual Hours:* 4,860.

2. *Type of Information Collection Request:* New Collection; *Title of Information Collection:* Medicare Part D Audit Guide, Version 1.0 and Supporting Regulation contained in 42 CFR Section 423.505; *Use:* 42 CFR section 423.505 provides CMS the regulatory authority to audit, evaluate, or inspect any Part D sponsors' performance related to the law in the areas of medication therapy management, drug utilization management, formulary, and grievances and appeals. The information collected will be an integral resource for oversight, monitoring, compliance, and auditing activities necessary to ensure quality provision of the Medicare Prescription Drug Benefit to beneficiaries.; *Form Number:* CMS–10191 (OMB#: 0938-New); *Frequency:* Recordkeeping and Reporting—Annually; *Affected Public:* Business or other for-profit; *Number of Respondents:* 564; *Total Annual Responses:* 564; *Total Annual Hours:* 54,144.

3. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Electronic Funds Transfer Authorization Agreement; *Use:* Section 1815(a) of the Social Security Act provides the authority for the Secretary of Health and Human Services to pay providers/suppliers of Medicare services at such time or times as the Secretary determines appropriate (but no less frequently than monthly). Under Medicare, CMS, acting for the Secretary, contracts with fiscal intermediaries and carriers to pay claims submitted by providers/suppliers who furnish services to Medicare beneficiaries. Under CMS' payment policy, Medicare providers/suppliers have the option of receiving payments electronically. Form number CMS–588 authorizes the use of electronic fund transfers (EFTs).; *Form Number:* CMS–588 (OMB#: 0938–0626); *Frequency:* Recordkeeping and Reporting—On occasion; *Affected Public:* Business or other for-profit, Not-

for-profit institutions, and State, Local or Tribal governments; *Number of Respondents:* 100,000; *Total Annual Responses:* 100,000; *Total Annual Hours:* 100,000.

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.

To be assured consideration, comments and recommendations for the proposed information collections must be received at the address below, no later than 5 p.m. on June 27, 2006.

CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development—B, Attention: William N. Parham, III, Room C4–26–05, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

Dated: April 24, 2006.

Michelle Shortt,

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

[FR Doc. E6–6385 Filed 4–27–06; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–3171–N; and 0938–ZA91]

Medicare Program; Calendar Year 2006 Review of the Appropriateness of Payment Amounts for New Technology Intraocular Lenses (NTIOLs) Furnished by Ambulatory Surgical Centers (ASCs) and Correction

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice.

SUMMARY: This notice solicits interested parties to submit requests for review of the appropriateness of the payment amount for a particular intraocular lens furnished by an ambulatory surgical center. Also, this notice corrects typographical errors in the notice with public comment period that appeared in the September 30, 2005 **Federal Register** entitled ''Medicare Program; Calendar Year 2005 Review of the Appropriateness of Payment Amounts for New Technology Intraocular Lenses (NTIOLs) Furnished by Ambulatory Surgical Centers (ASCs)'' (70 FR 57297), and in the final notice that appeared in the January 27, 2006 **Federal Register** entitled ''Medicare Program; Approval of Adjustment in Payment Amounts for New Technology Intraocular Lenses Furnished by Ambulatory Surgical Centers'' (71 FR 4586).

DATES: Requests for review must be received at the address provided no later than 5 p.m. on May 30, 2006.

ADDRESSES: Mail requests for review (one original and three copies) to the Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: Michael Lyman, Mailstop C1–09–06, 7500 Security Blvd., Baltimore, Maryland 21244–1850.

FOR FURTHER INFORMATION CONTACT: Michael Lyman, (410) 786–6938.

SUPPLEMENTARY INFORMATION:

I. Background

A. Statutory Requirements

On October 31, 1994, the Social Security Act Amendments of 1994 (SSAA 1994) (Pub. L. 103–432) were enacted. Section 141(b)(1) of SSAA 1994 required the Secretary of the Department of Health and Human Services to develop and implement a process under which interested parties may request a review of the appropriateness of the payment amount for intraocular lenses (IOLs) furnished by ambulatory surgical centers (ASCs) under section 1833(i)(2)(A)(iii) of the Social Security Act (the Act) on the basis that those lenses constitute a class of new technology intraocular lenses (NTIOLs).

On June 16, 1999, the Centers for Medicare & Medicaid Services (CMS) (then known as the Health Care Financing Administration), published a final rule in the **Federal Register** entitled ''Adjustment in Payment Amounts for New Technology Intraocular Lenses Furnished by Ambulatory Surgical Centers'' (64 FR 32198) which added subpart F to 42 CFR part 416. The June 16, 1999 final rule established a process for adjusting payment amounts for NTIOLs furnished by ambulatory surgical centers (ASCs); defined the terms relevant to the process; and established an initial flat rate payment adjustment of $50 for IOLs that we determine are NTIOLs. The payment adjustment applies for a 5-year period that begins when we recognize a payment adjustment for the first IOL in a new class of technology, as explained below. Any subsequent IOL request that we review and approve with the same characteristics as the first IOL recognized for a payment adjustment will receive the adjustment for the remainder of the 5-year period established by the first recognized NTIOL. After July 16, 2002, we have the option of changing the $50 adjustment amount through proposed and final rulemaking. We have opted not to change the adjustment amount for calendar year 2006 (CY 06).

B. CMS Review Process for Establishing Classes of New Technology Intraocular Lenses (NTIOLs)

We will classify an IOL as a NTIOL if the lens meets the definition of a ''new technology IOL'' in 42 CFR 416.180, which incorporates section 141(b)(2) of SSAA 1994. Under that section, a ''new technology IOL'' is defined as ''an IOL that CMS determines has been approved by the Food and Drug Administration (FDA) for use in labeling and advertising the IOL's claims of specific clinical advantages and superiority over existing IOLs with regard to reduced risk of intraoperative or postoperative complication or trauma, accelerated postoperative recovery, reduced induced astigmatism, improved postoperative visual acuity, more stable postoperative vision, or other comparable clinical advantages.'' Thus, an IOL must first be an FDA approved IOL before we can designate that IOL as an NTIOL.

We evaluate requests for the designation of an IOL as an NTIOL by doing the following:

(1) Publishing a public notice in the **Federal Register** that identifies the requirements and deadline for submitting a request for a review of the appropriateness of the payment amount for an IOL.

(2) Processing requests to review the appropriateness of the payment amount for an IOL.

(3) Compiling a list of the requests we receive that identify the IOL manufacturer, IOL model number under review, name of the requester, and a summary of the request for review of the appropriateness of the IOL payment amount.

(4) Publishing an annual notice in the **Federal Register** that lists the requests and provides the public with 30 days to submit comments on the IOLs for which a review was requested.

(5) Reviewing the information submitted with the applicant's request for review, and confirming the FDA labeling for the IOL model under review. We also review the available evidence relevant to FDA's labeling approval as to whether or not the IOL model submitted represents a new class