to supplement and verify the information provided by household respondents in the household component of the MEPS (MEPS–HC) about the use of medical services in the United States based on a nationally representative sample.

With the permission of members of the households surveyed in the MEPS–HC, AHRQ contractor will contact the medical providers of the HC Survey respondents to determine the actual dates of service, the diagnoses, the services provided, the amount that was charged, the amount that was paid and the source of payment. Thus, the MPC is derived from or is based upon the core survey, (MEPS–HC) and will improve the quality of the core survey data.

The Medical Expenditure Panel Survey Household Component (MEPS-HC) to be conducted in 2001 through 2003, will provide annual, nationally representative estimates of health care use, expenditures, sources of payment and insurance coverage, for the U.S. civilian non-institutionalized population for 2001 and 2002 respectively. MEPS is co-sponsored by the Agency for Healthcare Research and Quality (AHRQ) and the National Center For Health Statistics (NCHS). Data from medical providers linked to household respondents in the MEPS Household component for calendar year 2001, will be collected beginning in 2002 and continuing into the year 2003, data for calendar year 2002 will be collected

beginning in 2003 and continue into the year 2004.

Data Confidentiality Provisions

MEPS data confidentiality is protected under the AHRQ and NCHS confidentiality statutes, sections 308(d) as well as the section 924(c) of the Public Service Act (42 U.S.C. 242m(d) and 42 U.S.C. 299c–3(c) respectively).

Method of Collection

The medical provider survey will be conducted predominantly by telephone, but may include self-administered mail surveys, if requested by the respondent.

The MPC for Calendar year 2001 estimated annual hour burden is as follows:

Type of provider	No. of respondents	Average No. of patients/ providers	Average No. of events/ patient	Average burden/ event (in minutes)	Total hours of burden
Hospital Office-based Doctor Separately Billing Doctor Home Health Pharmacy	5,000 23,000 11,200 500 9,000	2.15 1.15 1.22 1.0 1.75	3.2 3.5 1.3 5.8 10.3	5 (.083 hrs.) 5 5 5 5 3	2,867 7,715 1,480 242 8,111
Estimated Annual Burden Total					20,415

MPC FOR CALENDAR YEAR 2002

Type of provider	No. of respondents	Average No. of patients/ providers	Average No. of events/ patient	Average burden/ event (in minutes)	Total hours of burden
Hospital	5,000	2.60	3.2	5 (.083 hrs.)	3,467
Office-based Doctor	18,000	1.15	3.5	5	6,038
Separately Billing Doctor	13,360	1.22	1.3	5	1,766
Home Health	600	1.00	5.8	5	290
Pharmacy	10,700	1.75	10.3	3	9,643
Estimated Annual Burden Total					21,204

Request for Comments

Comments are invited on: (a) The necessity of the proposed collections; (b) the accuracy of the Agency's estimate of burden (including hours and cost) of the proposed collection of information; (c) ways to enhance the quality, utility and clarity of the information to be collected; and, (d) ways to minimize the burden of the collection of information upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the request for OMB approval of the proposed information collection. All comments will become a matter of public record. Copies of these proposed collection plans and instruments can be obtained from the AHRQ Reports Clearance Officer (see above).

Dated: September 27, 2001.

John M. Eisenberg,

Director.

[FR Doc. 01-24744 Filed 10-2-01; 8:45 am]

BILLING CODE 4160-90-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Agency for Toxic Substances and Disease RegistrySenior Executive Service; Performance Review Board Members

AGENCY: Centers for Disease Control and Prevention (CDC), and Agency for Toxic Substances and Disease Registry (ATSDR), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: Title 5, U.S. Code, Section 4314(c)(4) of the Civil Service Reform Act of 1978, Public Law 95–454,

requires that appointment of Performance Review Board members be published in the **Federal Register**.

FOR FURTHER INFORMATION CONTACT:

Connie Clayton, Human Resources Management Office, Office of Management and Operations, Centers for Disease Control and Prevention, 4770 Buford Highway, Mailstop K–07, Atlanta, Georgia 30341–3724, telephone 770–488–1874.

SUPPLEMENTARY INFORMATION: The following persons will serve on the Performance Review Board which oversees the evaluation of performance appraisals of Senior Executive Service members of the Department of Health and Human Services in the Centers for Disease Control and Prevention, and the Agency for Toxic Substances and Disease Registry:

Virginia Shankle Bales, Chairperson Stephen B. Blount, M.D., M.P.H. Janet L. Collins, Ph.D. Henry Falk, M.D., M.P.H. Stephen B. Thacker, M.D.

Dated: September 26, 2001.

Virginia Shankle Bales,

Deputy Director for Program Management, Centers for Disease Control and Prevention (CDC).

[FR Doc. 01–24678 Filed 10–2–01; 8:45 am] BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10040]

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) (formerly known as the Health Care Financing Administration (HCFA)), 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 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.

Type of Information Collection Request: New collection; Title of Information Collection: NMEP Regional Survey of Medicare Beneficiaries; Form No.: HCFA-10040 (OMB# 0938-NEW); Use: HCFA is proposing to conduct a survey by selecting 2,000 Medicare beneficiaries per HCFA region from HCFA's administrative databases with oversampling for underserved populations as a part of the continuous assessment on the knowledge and understanding of the Medicare program and the NMEP/Medicare+Choice outreach and educational efforts to systematically quantify current knowledge and awareness and to assess future direction; Frequency: On occasion; Affected Public: Individuals or households, Business or other for-profit, Not-for-profit institutions; *Number of* Respondents: 20,000; Total Annual Responses: 20,000; Total Annual Hours: 5.000.

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.hcfa.gov/regs/ prdact95.htm, or E-mail your request, including your address, phone number, OMB number, and CMS document identifier, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the OMB desk officer: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Dated: September 10, 2001.

John P. Burke III,

CMS Reports Clearance Officer, CMS Office of Information Services, Security and Standards Group, Division of CMS Enterprise Standards.

[FR Doc. 01–24741 Filed 10–2–01; 8:45 am]
BILLING CODE 4120–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-576]

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 and Medicaid Services (CMS) (formerly known as the Health Care Financing Administration (HCFA), 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 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

Type of Information Collection Request: Extension of a currently approved collection; Title of Information Collection: Organ Procurement Organization (OPO) Request for Designation and Supporting Regulations in 42 CFR 486.301-486.325; Form No.: CMS-576 (OMB# 0938-0512); Use: The information provided on this form serves as a basis for certifying OPOs for participation in the Medicare and Medicaid programs and will indicate whether the OPO is meeting the specified performance standards for reimbursement of service; Frequency: Annually; Affected Public: Business or other for-profit, and Not-forprofit institutions; Number of Respondents: 69; Total Annual Responses: 69; Total Annual Hours:

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.hcfa.gov/regs/prdact95.htm, or E-mail your request, including your address, phone number, OMB number, and CMS document identifier, to Paperwork@hcfa.gov, or