

infectious disease prevention and control; and program priorities.

Matters to be Discussed: NCID Update; Coordinating Center for Infectious Diseases Update; Environmental Microbiology; Veterinary-Human Public Health Interface; Global Disease Detection Initiative; topic updates; announcements and introductions; follow-up on actions recommended by the Board in November 2005; consideration of future directions, goals, and recommendations.

Agenda items are subject to change as priorities dictate.

Written comments are welcome and should be received by the contact person listed below prior to the opening of the meeting.

For Further Information Contact: Tony Johnson, Office of the Director, NCID, CDC, Mailstop A-45, 1600 Clifton Road, NE., Atlanta, Georgia 30333, e-mail tjohnson3@cdc.gov; telephone 404/639-3856.

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 15, 2006.

Alvin Hall,

Management Analysis and Services Office,
Centers for Disease Control and Prevention.
[FR Doc. E6-5982 Filed 4-20-06; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services

[Document Identifier: CMS-10192]

Emergency Clearance: Public Information Collection Requirements Submitted to the Office of Management and Budget (OMB)

AGENCY: Center for Medicare and 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), 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.

We are, however, requesting an emergency review of the information collection referenced below. In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, we have submitted to the Office of Management and Budget (OMB) the following requirements for emergency review. We are requesting an emergency review because the collection of this information is needed before the expiration of the normal time limits under OMB's regulations at 5 CFR part 1320. This is necessary to ensure compliance with an initiative of the Administration. We cannot reasonably comply with the normal clearance procedures because the use of the normal clearance process would delay the implementation of our survey, which in turn would jeopardize our ability to complete the Report to Congress by August 8, 2006.

1. *Type of Information Collection Request:* New Collection; *Title of Information Collection:* Strategic and Implementing Plan Regarding Specialty Hospitals—Section 5006 of the Deficit Reduction Act (DRA) of 2005; *Use:* Section 5006 of the DRA requires CMS to develop a strategic and implementing plan regarding physician-owned specialty hospitals. CMS is required to analyze whether physician investment in specialty hospitals is proportional, whether the investment is a bona fide investment, and whether the Secretary should require annual disclosure, and the provision of care to Medicaid patients, patients receiving medical assistance under a demonstration, and patients receiving charity care, and lastly appropriate enforcement; *Form Number:* CMS-10192 (OMB#: 0938-NEW); *Frequency:* Reporting—As requested; *Affected Public:* Business or other for-profit, Not-for-profit institutions, Federal government; *Number of Respondents:* 400; *Total Annual Responses:* 400; *Total Annual Hours:* 1600.

CMS is requesting OMB review and approval of this collection by May 1, 2006, with a 180-day approval period. Written comments and recommendation will be considered from the public if

received by the individuals designated below by May 1, 2006.

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/regulations/prs> 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.

Interested persons are invited to send comments regarding the burden or any other aspect of these collections of information requirements. However, as noted above, comments on these information collection and recordkeeping requirements must be mailed and/or faxed to the designees referenced below by May 1, 2006:

Centers for Medicare and Medicaid Services, Office of Strategic Operations and Regulatory Affairs, Room C4-26-05, 7500 Security Boulevard, Baltimore, MD 21244-1850, Attn: William N. Parham, III; and,

OMB Human Resources and Housing Branch, Attention: Carolyn Lovett, New Executive Office Building, Room 10235, Washington, DC 20503, Fax Number: (202) 395-6974.

Dated: April 12, 2006.

Michelle Shortt,

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

[FR Doc. E6-5831 Filed 4-20-06; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-359, 360, R-55; CMS-368, R-144; CMS-643, CMS-R-305, CMS 10174, and CMS-10097]

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:* Extension of a currently approved collection; *Title of Information Collection:* Comprehensive Outpatient Rehabilitation Facility (CORF) Eligibility and Survey Forms and Information Collection Requirements at 42 CFR 485.56, 485.58, 485.60, 485.64, 485.66 and 410.105; *Use:* In order for a provider to participate in the Medicare program as a CORF, a provider must meet the Federal conditions of participation. The form CMS-359 is utilized as an application for facilities wishing to participate in the Medicare/Medicaid program as CORFs. This form initiates the process of obtaining a decision as to whether the conditions of participation are met. The form CMS-360 is an instrument used by the State survey agency to record data collected in order to determine the provider compliance with individual conditions of participation and to report it to the Federal Government; *Form Numbers:* CMS-359, 360, R-55 (OMB#: 0938-0267); *Frequency:* Reporting—On occasion; *Affected Public:* State, local, or tribal government and business or other for-profit; *Number of Respondents:* 630; *Total Annual Responses:* 630; *Total Annual Hours:* 300,046.

2. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* State Medicaid Drug Rebate; *Use:* Section 1927 of the Social Security Act requires each State Medicaid agency to report quarterly prescription drug utilization information to drug manufacturers and to the Centers for Medicare and Medicaid Services. As part of this information, the State Medicaid agencies are required to report the total Medicaid rebate amount they claim they are owed by each drug manufacturer for each covered prescription drug product each quarter; *Form Numbers:* CMS-368, R-144 (OMB#: 0938-0582); *Frequency:* Reporting—Quarterly; *Affected Public:* State, Local, or Tribal government; *Number of Respondents:* 51; *Total Annual Responses:* 204; *Total Annual Hours:* 9,389.

3. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Hospice Survey and Deficiencies Report Form and Supporting Regulations at 42 CFR 442.30 and 488.26; *Use:* In order to participate in the Medicare program, a hospice must meet certain Federal health and safety conditions of participation. This form is used by State surveyors to record data about a hospice's compliance with these conditions of participation in order to initiate the certification or recertification process; *Form Number:* CMS-643 (OMB#: 0938-0379); *Frequency:* Reporting—Annually; *Affected Public:* Not-for-profit institutions and Business or other for-profit; *Number of Respondents:* 2,293; *Total Annual Responses:* 475; *Total Annual Hours:* 238.

4. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* External Quality Review for Medicaid Managed Care Organizations (MCOs); *Form Number:* CMS-R-305 (OMB#: 0938-0786); *Use:* The results of Medicare reviews, Medicare accreditation surveys, and Medicaid external quality reviews will be used by States in assessing the quality of care provided to Medicaid beneficiaries provided by MCOs and to provide information on the quality of the care provided to the general public upon request; *Frequency:* Annually; *Affected Public:* Business or other for-profit, State, Local and or Tribal Government; *Number of Respondents:* 542; *Total Annual Responses:* 14,266; *Total Annual Hours:* 648,877.

5. *Type of Information Collection Request:* Extension Collection; *Title of Information Collection:* Collection of Prescription Drug Data from MA-PD, PDP and Fallout Plans/Sponsors for Medicare Part D Payments; *Use:* The Medicare Prescription Drug Improvement and Modernization Act (MMA) requires Medicare payment to Medicare Advantage (MA) organizations, prescription drug plans (PDP) sponsors, Fallbacks, and other plan sponsors offering coverage of outpatient prescription drugs under the new Medicare Part D benefit. The MMA provided four summary mechanisms for paying plans: Direct subsidies, subsidized coverage for qualifying low-income individuals, Federal reinsurance subsidies, and risk corridor payments. In order to make payment in accordance with these provisions, CMS has determined it needs to collect a limited set of data elements for 100 percent of prescription drug claims or events from

plans offering Part D coverage. The transmission of the statutorily required data will be in an electronic format. The information users will be Pharmacy Benefit Managers (PBM), third party administrators and pharmacies, and the PDPs, MA-PDs, Fallbacks, and other plan sponsors that offer coverage of outpatient prescription drugs under the new Medicare Part D benefit to Medicare beneficiaries. The statutorily required data will be used primarily for payment, claims validation, quality monitoring, and program integrity and oversight; *Form Number:* CMS-10174 (OMB#: 0938-0982); *Frequency:* Monthly, Quarterly and Annually; *Affected Public:* Business or other for-profit, and Not-for-profit institutions; *Number of Respondents:* 455; *Total Annual Responses:* 2,418,000,000; *Total Annual Hours:* 4,836.

6. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Medicare Contractor Provider Satisfaction Survey (MCPSS); *Form No.:* CMS-10097 (OMB#: 0938-0915); *Use:* The Centers for Medicare & Medicaid Services will obtain feedback from over 30,000 Medicare providers via a survey about satisfaction, attitudes and perceptions regarding the services provided by Medicare Fee-for-Service (FFS) Carriers, Fiscal Intermediaries, Durable Medical Equipment Suppliers, and Regional Home Health Intermediaries and Medicare Administrative Contractors. The survey focuses on basic business functions provided by the Medicare Contractors such as inquiries, provider communications, claims processing, appeals, provider enrollment, medical review and provider audit & reimbursement. Providers will receive a notice requesting they use a specially constructed Web site to respond to a set of questions customized for their contractor's responsibilities. The survey will be conducted yearly and annual reports of the survey results will be available via an online reporting system for use by CMS, Medicare Contractors, and the general public; *Frequency:* Reporting—Annually; *Affected Public:* Business or other for-profit, Not-for-profit institutions; *Number of Respondents:* 20,514; *Total Annual Responses:* 20,514; *Total Annual Hours:* 7209.

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.

Written comments and recommendations for the proposed information collections must be mailed or faxed within 30 days of this notice directly to the OMB desk officer: OMB Human Resources and Housing Branch, Attention: Carolyn Lovett, New Executive Office Building, Room 10235, Washington, DC 20503, Fax Number: (202) 395-6974.

Dated: April 12, 2006.

Michelle Shortt,

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

[FR Doc. E6-5832 Filed 4-20-06; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10193 and CMS-10133]

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:* New Collection; *Title of Information Collection:* Medicare Clinical Laboratory Services Competitive Bidding Demonstration Project—Bidding Form; *Use:* The Medicare Clinical Laboratory Competitive Bidding Demonstration is mandated by section 302(b) of the

Medicare Prescription Drug, Improvement and Modernization Act (MMA) of 2003. The purpose of the demonstration is to determine whether competitive bidding can be used to provide quality laboratory services at prices below current Medicare reimbursement rates. The application is to collect information from organizations that supply clinical laboratory services to Medicare beneficiaries in the Competitive Bidding Area (CBA). This information will be used to determine bidding status, winners under the bidding competition, and the competitively-determined fee schedule for demonstration tests. The winning laboratories will be selected based on multiple criteria, including price bid, laboratory capacity, service area, and quality. Multiple winners are expected in each competitive acquisition areas; *Form Number:* CMS-10193 (OMB#: 0938-New); *Frequency:* Reporting—Other: Once every three years; *Affected Public:* Business or other for-profit; *Number of Respondents:* 80; *Total Annual Responses:* 80; *Total Annual Hours:* 7010.

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Competitive Acquisition Program (CAP) for Medicare Part B Drugs: Vendor Application and Bid Form; *Use:* The CAP Vendor Application and Bid Form is a collection tool which will be used by potential vendors to provide information related to the characteristics of their company and to submit their bid prices for CAP drugs. The information collected on the CAP Vendor Application and Bid Form will be used by CMS during the bidding evaluation process to evaluate the vendors bid prices, their credentials, experience and to assess their ability to provide quality service to physicians and beneficiaries. Competitive bidding is seen as a means of using the dynamics of the marketplace to provide incentives for suppliers to provide reasonably priced products and services of high quality in an efficient manner. The CAP's objectives include providing an alternative method for physicians to obtain Part B drugs to administer to Medicare beneficiaries and reducing drug acquisition and billing burdens for physicians; *Form Number:* CMS-10133 (OMB#: 0938-0955); *Frequency:* Reporting—Other, during the bidding process; *Affected Public:* Business or other for-profit; *Number of Respondents:* 12; *Total Annual Responses:* 12; *Total Annual Hours:* 480.

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 20, 2006.

CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development—C, Attention: Bonnie L. Harkless, Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: April 12, 2006.

Michelle Shortt,

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

[FR Doc. E6-5833 Filed 4-20-06; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-2235-NC]

RIN 0938-AO38

State Children's Health Insurance Program (SCHIP); Redistribution of Unexpended SCHIP Funds From the Appropriation for Fiscal Year 2003; Additional Allotments To Eliminate SCHIP Fiscal Year 2006 Funding Shortfalls; and Provisions for Continued Authority for Qualifying States To Use a Portion of Certain SCHIP Funds for Medicaid Expenditures

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

ACTION: Notice with comment period.

SUMMARY: This notice with comment period describes the procedure for redistribution of States' unexpended Federal fiscal year (FY) 2003 SCHIP allotments remaining at the end of FY 2005 to those States that fully expended such allotments. This notice also announces the application of the provisions of the Deficit Reduction Act of 2005 (DRA, Pub. L. 109-171, enacted on February 8, 2006) concerning the availability of additional allotments