

Women with a Recent History of Gestational Diabetes Mellitus, PEP 2008–R–04.”

*Contact Person for More Information:*

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Information Service, Office of the Director,  
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1194.

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: June 20, 2008.

**Elaine L. Baker,**

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

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BILLING CODE 4163–18–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10261,  
CMS–10270 and CMS–10136]

#### 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:* Part C Medicare  
Advantage (MA) Reporting  
Requirements and Supporting  
Regulations in 42 CFR 422.516(a); *Use:*  
CMS has authority to establish reporting  
requirements for Medicare Advantage

Organizations (MAOs) as described in  
42 CFR 422.516(a). Each MAO must  
have an effective procedure to develop,  
compile, evaluate, and report to CMS, to  
its enrollees, and to the general public,  
at the times and in the manner that CMS  
requires, and while safeguarding the  
confidentiality of the doctor-patient  
relationship, statistics and other  
information with respect to the cost of  
its operations, patterns of service  
utilization, availability, accessibility,  
and acceptability of its services,  
developments in the health status of its  
enrollees, and other matters that CMS  
may require. Data collected via  
Medicare Part C Reporting  
Requirements will be an integral  
resource for oversight, monitoring,  
compliance and auditing activities  
necessary to ensure quality provision of  
the benefits provided by MA plans to  
enrollees. *Form Number:* CMS–10261  
(OMB# 0938–New); *Frequency:* Yearly,  
quarterly, and semi-annually; *Affected*  
*Public:* Business or other for-profits;  
*Number of Respondents:* 703; *Total*  
*Annual Responses:* 1,406; *Total Annual*  
*Hours:* 298,072.

**2. Type of Information Collection**  
*Request:* New collection; *Title of*  
*Information Collection:* Evaluation of  
the Home Health Pay for Performance  
Demonstration: Survey instrument; *Use:*  
The Home Health Pay for Performance  
Demonstration is part of a change by  
CMS toward performance-based  
purchasing for a variety of provider  
types. By providing financial incentives  
for achieving high levels of performance  
on standardized quality measures, CMS  
hopes to encourage health care  
providers to improve the quality of care  
provided to Medicare beneficiaries. The  
Home Health Pay for Performance  
Demonstration (HHP4PD) relies on the  
voluntary participation by home health  
agencies within several States, with  
random assignment of participating  
agencies to treatment or control groups  
within each State, where the control  
group will not be eligible for incentive  
payments. These two groups form the  
primary comparison for determining if  
the HHP4PD was effective in creating  
improved, targeted outcomes for  
patients served by home health  
agencies. The information collected will  
be used as part of the evaluation of the  
Home Health Pay for Performance  
Demonstration sponsored by CMS. *Form*  
*Number:* CMS–10270 (OMB# 0938–  
New); *Frequency:* Once; *Affected Public:*  
Business or other for-profits and not-for-  
profit institutions; *Number of*  
*Respondents:* 570; *Total Annual*  
*Responses:* 570; *Total Annual Hours:*  
285.

**3. Type of Information Collection**  
*Request:* Revision of a currently  
approved collection; *Title of*  
*Information Collection:* Medicare  
Demonstration Ambulatory Care Quality  
Measure Performance Assessment Tool  
("PAT"); *Use:* CMS is requesting an  
extension of the currently approved tool  
for the collection of ambulatory care  
clinical performance measure data. The  
data will be used to continue  
implementation of two Congressionally  
mandated demonstration projects (the  
Physician Group Practice (PGP)  
Demonstration and the Medicare Care  
Management Performance (MCMP)  
Demonstration) and, starting in 2011,  
support data collection under the new  
Electronic Health Records (EHR)  
Demonstration. Each of these  
demonstrations test new payment  
methods for improving the quality and  
efficiency of health care services  
delivered to Medicare fee-for-service  
beneficiaries, especially those with  
chronic conditions that account for a  
disproportionate share of Medicare  
expenditures. In addition, the MCMP  
and EHR demonstrations specifically  
encourage the adoption of electronic  
health records systems as a vehicle for  
improving how health care is delivered.

The changes in the estimated burden  
between this submission and the  
original submission are due to the  
following changes: Combining the  
Information Collection Request (ICR)  
application for the PGP and MCMP  
demonstrations into a single ICR  
application. Reduction in the number of  
practices participating in the MCMP  
Demonstration. An increase in the  
estimated cost per hour (salary + fringe)  
for collecting the data. The  
implementation of the new EHR  
Demonstration which will begin  
collecting clinical quality data starting  
in 2011 with 400 Phase I practices. *Form*  
*Number:* CMS–10136 (OMB# 0938–  
0941); *Frequency:* Yearly; *Affected*  
*Public:* Business or other for-profits and  
not-for-profit institutions; *Number of*  
*Respondents:* 1060; *Total Annual*  
*Responses:* 1060; *Total Annual Hours:*  
25,990.

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](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 *August 25, 2008*:

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.

Date: June 18, 2008.

**Michelle Shortt,**

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

[FR Doc. E8-14442 Filed 6-25-08; 8:45 am]

BILLING CODE 4120-01-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier: CMS-R-71]

#### 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:* Quality Improvement Organization (QIO) Assumption of Responsibilities and Supporting Regulations in 42 CFR Sections 412.44, 412.46, 431.630, 476.71, 476.73, 476.74, and 476.78; *Use:* The Peer Review Improvement Act of 1982 amended Title XI of the Social Security Act to create the Utilization and Quality Control Peer Review Organization (PRO) program which replaces the Professional Standards Review Organization (PSRO) program and streamlines peer review activities. The term PRO has been renamed Quality Improvement Organization (QIO). This collection describes the review functions to be performed by the QIO. It outlines relationships among QIOs, providers, practitioners, beneficiaries, intermediaries, and carriers. *Form Number:* CMS-R-71 (OMB# 0938-0445); *Frequency:* Yearly; *Affected Public:* Business or other for-profit and Not-for-profit institutions; *Number of Respondents:* 6,036; *Total Annual Responses:* 6,036; *Total Annual Hours:* 156,846.

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](mailto: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 by the OMB desk officer at

the address below, no later than 5 p.m. on July 28, 2008, OMB Human Resources and Housing Branch, Attention: OMB Desk Officer, New Executive Office Building, Room 10235, Washington, DC 20503, Fax Number: (202) 395-6974.

Dated: June 18, 2008.

**Michelle Shortt,**

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

[FR Doc. E8-14443 Filed 6-25-08; 8:45 am]

BILLING CODE 4120-01-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Submission for OMB Review; Comment Request

*Title:* Voluntary Surveys of Program Partners to Implements Executive Order 12862

*OMB No.:* 0980-0266

*Description:* Under the provisions of the Federal Paperwork Reduction Act of 1995 (Pub. L. 104-13), the Administration for Children and Families (ACF) is requesting clearance for instruments to implement Executive Order 12862 within ACF. The purpose of the data collection is to obtain customer satisfaction information from those entities who are funded to be our partners in the delivery of services to the American public. ACF partners are those entities that receive funding to deliver services or assistance from ACF programs. Examples of partners are state and local governments, territories, service providers, Indian Tribes and Tribal organizations, grantees, researchers, or other intermediaries serving target populations identified by and funded directly or indirectly by ACF. The surveys will obtain information about how well ACF is meeting the needs of our partners in operating the ACF programs.

*Respondents:* State, Local, & Tribal Govt. or not-for-profit Organizations

### ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
State Governments, Territories and District of Columbia .....	54	10	1	540
Head Start Grantees and Delegates .....	200	1	0.50	100
Other Discretionary Grant Programs .....	200	10	0.50	1,000
Indian Tribes and Tribal Organizations .....	25	10	0.50	125