

include: Beneficiaries Name, Social Security Number, Address, Dates of Care, DRG/CPT, Provider Name, Provider Address, HIPAA Provider Number, Amount Billed, Amount Allowed, Other Insurance Payment, and Amount to be paid. In addition information from the providing hospital including the Employer Identification Number (EIN) and information for submitting electronic payment will be collected.

AUTHORITY FOR MAINTENANCE OF THE SYSTEM:

The authority for maintaining this system of records is from 42 U.S.C. 243(c)(1).

PURPOSE:

To justify and document reimbursement payments for services provided in connection with the National Disaster Medical System (NDMS).

ROUTINE USES OF RECORDS MAINTAINED IN THE SYSTEM, INCLUDING CATEGORIES OF USERS AND THE PURPOSES OF SUCH USE:

1. To a Congressional Office from the records of an individual in response to an inquiry made from the Congressional Office made at the request of that individual.

2. To the Department of Justice (DOJ), court or other tribunal, or to another party before such tribunal, when:

- a. HHS or any component thereof; or
- b. Any HHS employee in his or her official capacity; or
- c. Any HHS employee in his or her individual capacity where the Department of Justice (or HHS where it is authorized to do so) has agreed to represent employee; or

d. The United States or any Agency thereof, where HHS determines that the litigation is likely to affect HHS or any of its components; is a party to litigation or has an interest in such litigation, and HHS determines that the use of such records by the Department of Justice, the tribunal, or other party is relevant and necessary to the litigation and would help in the effective representation of the governmental party, however, that in each case, HHS determines that each disclosure is compatible with the purpose for which the records were collected.

3. To a contractor for the purpose of collating, analyzing, aggregating, or otherwise refining or processing records in this system, or for developing, modifying, and/or manipulating it with automatic data processing (ADP) software. Data would also be available to users incidental to consultation, programming, operation, user assistance, or maintenance for an ADP

or telecommunications system containing or supporting records in the system.

POLICIES AND PRACTICES FOR STORING, RETRIEVING, ACCESSING, RETAINING AND DISPOSING OF RECORDS IN THE SYSTEM:

STORAGE:

Paper and computer form.

RETRIEVABILITY:

Information will be retrieved by beneficiary's name; and may be sorted by medical diagnosis, geographical area, or medical provider.

SAFEGUARDS:

1. *Authorized Users:* Only HHS personnel or HHS contract personnel whose duties require the use of the system may access the data. In addition, such HHS personnel or contractors are advised that the information is confidential and the criminal sanctions for unauthorized disclosure of private information may be applied.

2. *Physical Safeguards:* Physical paper records are stored in locked files cabinets or secured areas.

3. *Procedural Safeguards:* Employees who maintain records in the system are instructed to grant access only to authorized users. Data stored in computers are accessed through the use of passwords known only to authorized personnel. Contractors who use records in this system are instructed to make no further disclosure of the records except as authorized by the system manager and permitted by the Privacy Act. Privacy Act language is in contracts related to this system.

4. *Implementation Guidelines:* HHS Chapter 45-13 of the General Administration Manual, "Safeguarding Records Contained in Systems of Records and the HHS Automated Information Systems Security Program Handbook, Information Resources Management Manual."

RETENTION AND DISPOSAL:

Disposition of records is according to the National Archives and Records Administration (NARA) guidelines, as set forth in the Office of Emergency Preparedness Records Management Manual.

SYSTEM MANAGER(S) AND ADDRESS(ES):

Chief, National Disaster Medical System Branch, Office of Emergency Preparedness, 12300 Twinbrook Parkway, Suite 360, Rockville, Maryland 20852.

NOTIFICATION PROCEDURE:

Inquiries and requests for system records should be addressed to the system manager at the address indicated

above. The requestor must specify the name, address, and health insurance number.

RECORD ACCESS PROCEDURES:

Same as notification procedures. Requesters should also reasonably specify the record contents being sought. These procedures are in accordance with HHS Regulations at 45 CFR 5b.5(a)(2) and 45 CFR 5b.6

CONTESTING RECORD PROCEDURES:

Contact the system manager named above and reasonably identify the record and specify the information to be contested. State the reason for contesting the record (e.g., why it is inaccurate, irrelevant, incomplete, or not current), the corrective action being sought, and give any supporting justification. (These procedures are in accordance with HHS Regulations 45 CFR 5b.7.)

RECORD SOURCE CATEGORIES:

Information contained in these records will be obtained from NDMS hospitals seeking reimbursement for treatment provided to disaster victims.

SYSTEMS EXEMPTED FROM CERTAIN PROVISIONS OF THE ACT:

None.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day-01-56]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 639-7090.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden 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 on respondents, including through the use of automated collection techniques or other forms of information technology. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project: Training Needs Analysis Questionnaire—New—The Centers for Disease Control and Prevention (CDC), National Center for Environmental Health (NCEH), is funding an effort to develop a national asthma curriculum for the public health workforce. Asthma is a growing concern within the public health community. Its

prevalence and mortality/morbidity are on the rise, particularly among poor urban inner city populations.

A key first step in the development of any training curriculum is the conduct of a needs analysis to determine the content and delivery mechanism for the material. The target audience for the asthma curriculum includes state and local health department personnel, health care providers, university and school health personnel, members of national non-profit asthma organizations, managed care groups, and Federal health agencies.

Given the wide diversity of the target audience, the National Center for Environmental Health determined that the most efficient and effective means of gathering training needs information is through the use of a short questionnaire which can be placed on an Internet web

site. Through various advertising methods, people can be directed to the web site to complete the on-line questionnaire.

Information to be gathered will include general (but not individual) demographic information, asthma-related job duties and functions, a determination of which job duties and functions have the highest priority need for training, and what delivery mechanism (i.e., distance learning via the Internet, satellite broadcast, formal classroom training, etc.) would be the most acceptable and accessible for the audience. The questionnaire will be short (approximately 15 questions) to minimize the burden upon respondents. This request is for a one-time approval to use an on-line questionnaire. The costs to respondents are \$15,700.

Respondents	No. of respondents	No. of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
State and local health departments	240	1	20/60	80
Physicians	200	1	20/60	67
Nurses/other health care providers	400	1	20/60	133
Federal agencies	25	1	20/60	8
Non-profit asthma organizations	200	1	20/60	67
MCOs, insurance companies	50	1	20/60	17
Universities/schools	50	1	20/60	17
Asthma coalitions	100	1	20/60	33
Total	1265	422

Dated: August 16, 2001.

Nancy Cheal,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY-45-01]

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) 639-7090. Send written comments to CDC, Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503. Written comments should be received within 30 days of this notice.

Proposed Project: Sentinel Surveillance for Chronic Liver Disease (0920-0427)—Revision—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC). A questionnaire has been designed to collect information for the Sentinel Surveillance for Chronic Liver Disease project. The purpose of this project is to determine the incidence and period prevalence of physician-diagnosed chronic liver disease in a defined geographic area, the contribution of chronic viral hepatitis to

the burden of disease, the influence of etiologic agents(s) and other factors on mortality, and to monitor the incidence of and mortality from chronic liver disease over time. The information gathered will be analyzed in conjunction with data collected from other sources to address these questions. The results of the project will assist the Hepatitis Branch, Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases in accomplishing the part of its mission related to preparing recommendations for the prevention and control of all types of viral hepatitis and their sequella. In order to focus on prevention efforts and resource allocation, a representative view of the overall burden of chronic liver disease, its natural history, and the relative contribution of viral hepatitis is needed. The estimated annualized burden is 500 hours.