

Institute for Occupational Safety and Health (NIOSH); a presentation on toxicity of heavy metals and radionuclides; an update on screening methods for Savannah River Site production workers; and status reports from the SRS/HES working groups on Epidemiologic Data, Scenario Screening, and Phase II—Community Summary.

Agenda items are subject to change as priorities dictate.

FOR FURTHER INFORMATION CONTACT: Paul G. Renard, Executive Secretary, SRS/HES, Radiation Studies Branch, Division of Environmental Hazards and Health Effects, NCEH, CDC, 1600 Clifton Road, N.E. (E-39), Atlanta, GA 30333, telephone 404/498-1800, fax 404/498-1811.

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 ATSDR.

Dated: August 21, 2001.

Carolyn J. Russell,

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

[FR Doc. 01-21909 Filed 8-29-01; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services

[Document Identifier: CMS-10043]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

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, has submitted to the Office of Management and Budget (OMB) the following proposal for the collection of information. Interested persons are invited to send comments regarding the 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:* Evaluation of the BadgerCare Medicaid Demonstration; *Form No.:* CMS-10043 (OMB# 0938-NEW); *Use:* The subject surveys are components of the CMS evaluation of the Wisconsin BadgerCare Section 1115 Medicaid demonstration and Title XXI (SCHIP) program. The goals of the evaluation are to assess the effectiveness of BadgerCare in reducing the number of Wisconsin residents who lack health insurance, increasing participation of eligible children in the SCHIP program, and supporting families making transitions from welfare to work. Other specific features of BadgerCare will be examined as well, including the State's outreach efforts and policy of charging premiums to selected families. Findings from the study will help to inform CMS policy regarding Medicaid demonstrations and SCHIP, and will help states in designing similar health insurance programs; *Frequency:* Other: One time; *Affected Public:* Individuals or Households; *Number of Respondents:* 5,680; *Total Annual Responses:* 5,680; *Total Annual Hours:* 1,914.

To obtain copies of the supporting statement for the proposed paperwork collections referenced above, access CMS's WEB SITE ADDRESS at <http://www.hcfa.gov/regs/prdact95.htm>, or E-mail your request, including your address and phone number, 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 designated at the following address: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Dated: August 14, 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. 01-21942 Filed 8-29-01; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services

[Document Identifier: CMS-R-224]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

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, has submitted to the Office of Management and Budget (OMB) the following proposal for the collection of information. Interested persons are invited to send comments regarding the 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: Extension of a currently approved collection; *Title of Information Collection:* Collection of Managed Care Data Using the Uniform Institutional Providers Form (CMS-1450/UB-92) and Supporting Statute Section 1853(a)(3) of the Balanced Budget Act of 1997; *Form No.:* CMS-R-224 (OMB No. 0938-0711); *Use:* Section 1853(a)(3) of the Balanced Budget Act (BBA) requires Medicare+Choice organizations, as well as eligible organizations with risk-sharing contracts under section 1876, to submit encounter data. Data regarding inpatient hospital services are required for periods beginning on or after July 1, 1997. These data may be collected starting January 1, 1998. Other data (as the Secretary deems necessary) may be required beginning July 1, 1998.

The BBA also requires the Secretary to implement a risk adjustment methodology that accounts for variation in per capita costs based on health status. This payment method must be implemented no later than January 1, 2000. The encounter data are necessary to implement a risk adjustment methodology.

CMS continues to require hospital inpatient encounter data from Medicare+Choice organizations to