

hour for computer programmers; and \$50/hour for management time. Annual burden hour estimates (and the estimated total cost of those hours) have been provided below.

The burden estimates do not contain a separate set of figures for other annual "cost" burdens, if any—*i.e.*, (a) capital and start-up costs or (b) operation, maintenance and purchase of outside services not already reflected in the above burden hour estimates and associated annual costs. Capital or start-up costs are generally subsumed in activities otherwise undertaken in the ordinary course of business (*e.g.*, business records from which only existing information must be reported to the Commission, pay-per-call advertisements or audiotexts to which cost or other disclosures are added, etc.). To the extent that entities incur operating or maintenance expenses, or purchase outside services to satisfy the Rule's requirements, staff believe those expenses are also included in (or, if contracted out, would be comparable to) the burden hours and estimated annual burden estimates provided below (where such expenses are labor-related), or are otherwise included in the ordinary cost of doing business (where the expenses are other than labor-related).

**Reporting requirement:** This requirement is currently set forth in § 308.6 of the Rule, to be amended and redesignated § 308.19(a). The previous estimated hours burden for this reporting requirement (*i.e.*, to provide certain information to the Commission upon request) was 140 hours annually (based on 25 common carriers each spending 5 hours annually plus a 12% increase), which is being increased by 5% to 147 hours annually, at an average revised wage rate of \$75/hour (100 percent of each hour for attorney services) or a total annual cost of \$11,025.

**Disclosure requirements:** (1) **Advertising.** The advertising disclosure requirements of the current Rule would be consolidated into §§ 308.3, 308.4 and 308.7 of the Rule, as amended. The current estimated annual burden on the industry is 129,360 hours. This figure reflects the Commission's original estimate of 20,000 vendors each making certain basic cost disclosures (one hour per disclosure) in three advertisements for pay-per-call services (60,000 burden hours total) plus one hour for an additional disclosure in each of the estimated 50 percent of ads that are directed to individuals under 18 (30,000 burden hours) and each of the estimated 30 percent of all pay-per-call ads relating to sweepstakes or information

on federal programs (18,000 burden hours), or a total of 108,000 burden hours (rounded to 110,000), which was increased in the 1999 submission to OMB by 12% for industry growth to 123,200, and has been increased again in this submission by 5% to 129,360 hours. The total estimated annual cost of these burden hours is \$5,821,200 using a blended wage rate of \$45/hour (40 percent attorney services, 50 percent skilled clerical workers, and 10 percent for management time).

Two proposed amendments, §§ 308.4(a)(1)(iii)(B) and 308.6(b),<sup>4</sup> would add 31,752 annual burden hours to the total, or a total annual cost of \$1,428,840 using the \$45/hour blended wage rate discussed above. The first of these amendments, requiring disclosures when a call is billed on a variable time rate basis, assumes that 20 percent of the estimated 70,560 advertised pay-per-call services (*i.e.*, after the 5 and 12 percent increases) would need to contain such a disclosure, thereby accounting for 14,112 burden hours, at an annual cost of \$635,040. The burden associated with the second amendment, requiring an audio signal to indicate (*i.e.*, disclose) the end of free time used to advertise certain pay-per-call services, is estimated at 17,640 burden hours, assuming this requirement applies to 25 percent of advertised pay-per-call services, or an annual cost of \$793,800.

(2) **Preamble.** The Rule's existing preamble disclosure requirement, set forth in § 308.9, imposes an estimated burden of 10 hours annually, for an annual burden of 705,600 burden hours based on 70,560 advertised pay-per-call services. The cost associated with these burden hours is \$31,752,000, using a blended wage rate of \$45/hour (*i.e.*, similar to the blended rate used for advertising disclosures). As explained in the notice of proposed rulemaking, the estimated burden of a proposed amendment of the preamble disclosure requirement, § 308.4(a)(2)(iii)(B), is one additional hour for approximately 30 percent of the advertised pay-per-call services, or an estimated 21,168 hours, for a total annual cost of \$952,560.

(3) **Telephone-billed charges in billing statements.** This requirement is currently set forth in § 308.5(j) of the Rule, which the Commission proposes to redesignate and incorporate into § 308.18, as amended. The blended rate used to calculate the cost of these disclosures was \$51.50/hour (50 percent attorney services, 20 percent skilled

technical workers, 20 percent computer programming, and 10 percent for management time). The estimated annual burden of this disclosure requirement was 28,224 hours (*i.e.*, 10 percent of 20,000 vendors making spot checks at 12 hours per spot check, or 24,000 burden hours, plus 5 and 12 percent), so the annual cost would be \$1,453,536. As explained in the notice of proposed rulemaking, no additional burden is anticipated from any amendments of this requirement.

(4) **Dispute resolution procedures in billing statements.** This disclosure requirement is currently set forth in § 308.7(c), to be redesignated § 308.20, as amended. The blended rate being used for these disclosures is \$36/hour (40 percent computer programming, 20 percent attorney services, 30 percent skilled clerical workers, and 10 percent for management time). The estimated hour burden for the annual notice component of this requirement is 8,232 burden hours (based on 1,400 billing entities taking 5 hours to review, revise and provide disclosures annually, as explained in the NPRM, plus 5 and 12 percent), or a total cost of \$296,352. An additional 2,940,000 burden hours would be associated with specific notices in those cases where a customer reports a billing error (*i.e.*, 5 percent of an estimated 50 million calls plus 5 and 12 percent, requiring one hour per billing error), or \$105,840,000 annually. The additional burden hours for proposed amendments to § 308.2(i) and (j), requiring new disclosures of certain information regarding personal identification numbers issued to customers for access and billing purposes, have been estimated at 52,500 hours (*i.e.*, 5% over the 1999 estimate) or an annual cost of \$1,890,000. The additional burden hours for proposed amendments to require certain new disclosures in connection with billing dispute resolution, § 308.18(n)(2) and § 308.18(n)(4), would entail 1,470,000 hours for an annual cost of \$52,920,000.

Dated: December 10, 2002.

**William E. Kovacic,**  
General Counsel.

[FR Doc. 02-31586 Filed 12-13-02; 8:45 am]

BILLING CODE 6750-01-P

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Committee on Vital and Health Statistics; Meeting

Pursuant to the Federal Advisory Committee Act, the Department of Health and Human Services announces

<sup>4</sup> The PRA discussion in the NPRM erroneously referred to this provision as "308.7(b)." See 63 FR 58556.

the following advisory committee meeting.

*Name:* National Committee on Vital and Health Statistics (NCVHS), Subcommittee on Standard and Security.

*Time and Date:* 9 a.m. to 5 p.m., December 10, 2002. 9 a.m. to 12:30 p.m., December 11, 2002.

*Place:* Hubert H. Humphrey Building, Room 705A, 200 Independence Avenue, SW., Washington, DC.

*Status:* Open.

*Purpose:* In the morning session on December 10, the Subcommittee on Standards and Security will discuss the Administrative Simplification Compliance Act (ASCA) database statistics, identify HIPAA implementation best practices, and assess opportunities for improving the standards maintenance process. In the afternoon the Subcommittee will discuss the scope of work for the cost/benefit analysis regarding possible migration to ICD-10-CM/ICD-10-PCS and will discuss and prepare for the January Subcommittee hearings on complementary and alternative medicine issues. On December 11 the subcommittee will discuss the scope and the criteria for recommendations on the selection of Patient Record Medical Information (PMRI) terminologies under HIPAA.

*Contact Person for More Information:* Substantive program information as well as summaries of meetings and a roster of Committee members may be obtained from Karen Trudel, Senior Technical Advisor, Security and Standards Group, Centers for Medicare and Medicaid Services, MS: C5-24-04, 7500 Security Boulevard, Baltimore, MD 21244-1850, telephone: 410-786-9937; or Marjorie S. Greenberg, Executive Secretary, NCVHS, National Center for Health Statistics, Centers for Disease Control and Prevention, Room 1100, Presidential Building, 6525 Belcrest Road, Hyattsville, Maryland 20782, telephone: (301) 458-4245. Information also is available on the NCVHS home page of the HHS website: <http://www.ncvhs.hhs.gov/> where an agenda for the meeting will be posted when available.

Dated: December 4, 2002.

**James Scanlon,**

*Acting Director, Office of Science and Data Policy, Office of the Assistant Secretary for Planning and Evaluation.*

[FR Doc. 02-31556 Filed 12-13-02; 8:45 am]

BILLING CODE 4151-05-M

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency for Healthcare Research and Quality

#### The National Advisory Council for Healthcare Research and Quality; Meeting Cancellation

With this notice, the Agency for Healthcare Research and Quality informs the public of the cancellation of its meeting on "The National Advisory Council for Healthcare Research and Quality" for December 10. The original meeting notice was published on the **Federal Register** on November 21, 2002, Volume 67, Number 225, Page No. 70226.

Dated: December 9, 2002.

**Carolyn M. Clancy,**

*Acting Director.*

[FR Doc. 02-31543 Filed 12-10-02; 4:27 pm]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare and Medicaid Services

[Document Identifiers: CMS-R-205, CMS-R-206, CMS-10050, and CMS-R-228]

#### Agency Information Collection Activities: Proposed Collection; Comment Request

**AGENCY:** Centers for Medicare and Medicaid Services. 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 burden.

(1) *Type of Information Collection Request:* Extension of a currently approved collection; Title of

Information Collection: Information Collection Requirements Referenced in HIPAA for the Individual Market and Supporting Regulations at 45 CFR 148; *Form No.:* CMS-R-205 (OMB #0938-0703); *Use:* Information collection requirements (ICRs) will ensure that issuers in the individual market comply with Title 1 of the Health Insurance Portability and Accountability Act, provide individuals with certificates of coverage necessary to demonstrate prior creditable coverage and file documentation with CMS for review in a Federal direct enforcement state. ICRs will also ensure States' flexibility to implement state alternative mechanisms; *Frequency:* On occasion; *Affected Public:* Business or other for-profit, Individuals or households, Not-for-profit institutions, Federal government, and State, local, or tribal government; *Number of Respondents:* 1,041; *Total Annual Responses:* 3,242,500; *Total Annual Hours:* 914,347.

(2) *Type of Information Collection Request:* Extension of a currently approved collection; Title of Information Collection: Information Collection Requirements Referenced in HIPAA for the Group Market and Supporting Regulations at 45 CFR 146; *Form No.:* CMS-R-206 (OMB #0938-0702); *Use:* Information collection requirements (ICRs) will ensure that issuers in the group market comply with Title 1 of the Health Insurance Portability and Accountability Act, including providing individuals with certificates of creditable coverage, notifying individuals about their status with respect to pre-existing condition exclusions, and giving them special enrollment rights to which they are entitled and that states and the Federal government have the flexibility necessary to enforce HIPAA.; *Frequency:* On occasion; *Affected Public:* Business or other for-profit, Individuals or households, Not-for-profit institutions, Federal government, and State, local, or tribal government; *Number of Respondents:* 2,080; *Total Annual Responses:* 43,003,297; *Total Annual Hours:* 2,652,281.

(3) *Type of Information Collection Request:* Extension of a currently approved collection; Title of Information Collection: Survey of Newly Eligible Medicare Beneficiaries; *Form No.:* CMS-10050 (OMB #0938-0869); *Use:* It is not enough to merely mail information about the Medicare program to each beneficiary. We need to know not only that the beneficiaries got the information, but that they understood the information and are able to use it in making choices about their Medicare participation. To this end, CMS must