

pertaining to announcements of meetings and other committee management activities, for both the CDC and the Agency for Toxic Substances and Disease Registry.

Dated: July 9, 2004.

Alvin Hall,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services

[Document Identifier: CMS-379, CMS-116, and CMS-R-215]

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

AGENCY: Centers 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) (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:* The Financial Statement of Debtor and Supporting Regulations in 42 CF Section 405.376; *Form No.:* CMS-379 (OMB# 0938-0270); *Use:* This form is used to collect financial information which is needed

to evaluate requests from physicians/suppliers to pay indebtedness under an extended repayment schedule, or to compromise a debt less than the full amount; *Frequency:* Other: as needed; *Affected Public:* Business or other for-profit, individuals or households; *Number of Respondents:* 500; *Total Annual Responses:* 500; *Total Annual Hours:* 1,000.

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Clinical Laboratory Improvement Amendments Application Form and Supporting Regulations in 42 CFR 493.1-.2001; *Form No.:* CMS-116 (OMB# 0938-0581); *Use:* Clinical Laboratory Certification—The application must be completed by entities performing laboratory testing on human specimens for diagnostic or treatment purposes. This information is vital to the certification process.; *Frequency:* Bi-annually; *Affected Public:* Business or other for-profit, not-for-profit institutions, Federal Government, and State, Local, or Tribal Government; *Number of Respondents:* 16,000; *Total Annual Responses:* 16,000; *Total Annual Hours:* 20,000.

3. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Information Collection Requirements Referenced in 42 CFR 424.57; Additional DMEPOS Supplier Standards; *Form No.:* CMS-R-215 (OMB# 0938-0717); *Use:* Respondents will be suppliers of Durable Medicare Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). CMS needs documentation that the DMEPOS supplier has advised beneficiaries that they may either rent or purchase inexpensive or routinely purchased equipment and about the purchase option for capped rental equipment. This is needed to determine if the supplier has met the supplier standards.; *Frequency:* On Occasion and Annually; *Affected Public:* Business or other for-profit and not-for-profit institutions; *Number of Respondents:* 63,986; *Total Annual Responses:* 35,000; *Total Annual Hours:* 280,000.

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/pr/, or E-mail your request, including your address, phone number, OMB number, and CMS document identifier, 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: OMB Human Resources and Housing Branch, Attention: Christopher Martin, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: July 2, 2004.

John P. Burke, III,

Paperwork Reduction Act Team Leader, CMS Reports Clearance Officer, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development and Issuances.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General

Program Exclusions: June 2004

AGENCY: Office of Inspector General, HHS.

ACTION: Notice of program exclusions.

During the month of June 2004, the HHS Office of Inspector General imposed exclusions in the cases set forth below. When an exclusions is imposed, no program payment is made to anyone for any items or services (other than an emergency item or service not provided in a hospital emergency room) furnished, ordered or prescribed by an excluded party under the Medicare, Medicaid, and all Federal Health Care programs. In addition, no program payment is made to any business or facility, e.g., a hospital, that submits bills for payment for items or services provided by an excluded party. Program beneficiaries remain free to decide for themselves whether they will continue to use the services of an excluded party even though no program payments will be made for items and services provided by that excluded party. The exclusions have national effect and also apply to all Executive Branch procurement and non-procurement programs and activities.

Subject name	Address	Effective date
Program-Related Convictions:		
A Dental Center, P C—Southgate	W Bloomfield, MI	7/20/2004
Abdi, Izhar	Brooklyn, NY	7/20/2004
Aberdeen Ambulance Service, Inc	Aberdeen, SD	8/16/1999