implications of various financing models.

7. What privacy and security considerations, including compliance with relevant rules of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), are implicated by the NHIN, and how could they be addressed?

8. How could the framework for a NHIN address public policy objectives for broad participation, responsiveness, open and non-proprietary interoperable infrastructure?

*Management and Operational Considerations*

9. How could private sector competition be appropriately addressed and/or encouraged in the construction and implementation of a NHIN?

10. How could the NHIN be established to maintain a health information infrastructure that:

a. Evolves appropriately from private investment;

b. Is non-proprietary and available in the public domain;

c. Achieves country-wide interoperability; and

d. Fosters market innovation.

11. How could a NHIN be established so that it will be utilized in the delivery of care by healthcare providers, regardless of their size and location, and also achieve enough national coverage to ensure that lower income rural and urban areas could be sufficiently served?

12. How could community and regional health information exchange projects be affected by the development and implementation of a NHIN? What issues might arise and how could they be addressed?

13. What effect could the implementation and broad adoption of a NHIN have on the health information technology market at large? Could the ensuing market opportunities be significant enough to merit the investment in a NHIN by the industry? To what entities could the benefits of these market opportunities accrue, and what implication (if any) does that have for the level of investment and/or role required from those beneficiaries in the establishment and perpetuation of a NHIN?

*Standards and Policies To Achieve Interoperability*

(Question 4b above asks how standards and policy setting for a NHIN could be considered and achieved. The questions below focus more specifically on standards and policy requirements.)

14. What kinds of entity or entities could be needed to develop and diffuse interoperability standards and policies? What could be the characteristics of these entities? Do they exist today?

15. How should the development and diffusion of technically sound, fully informed interoperability standards and policies be established and managed for a NHIN, initially and on an ongoing basis, that effectively address privacy and security issues and fully comply with HIPAA? How can these standards be protected from proprietary bias so that no vendors or organizations have undue influence or advantage? Examples of such standards and policies include: secure connectivity, mobile authentication, patient identification management and information exchange.

16. How could the efforts to develop and diffuse interoperability standards and policy relate to existing Standards Development Organizations (SDOs) to ensure maximum coordination and participation?

17. What type of management and business rules could be required to promote and produce widespread adoption of interoperability standards and the diffusion of such standards into practice?

18. What roles and relationships should the federal government take in relation to how interoperability standards and policies are developed, and what roles and relationships should it refrain from taking?

*Financial and/or Regulatory Incentives and Legal Considerations*

19. Are financial incentives required to drive the development of a marketplace for interoperable health information, so that relevant private industry companies will participate in the development of a broadly available, open and interoperable NHIN? If so, what types of incentives could gain the maximum benefit for the least investment? What restrictions or limitation should these incentives carry to ensure that the public interest is advanced?

20.What kind of incentives should be available to regional stakeholders (*e.g.*, health care providers, physicians, employers that purchase health insurance, payers) to use a health information exchange architecture based on a NHIN?

21. Are there statutory or regulatory requirements or prohibitions that might be perceived as barriers to the formation and operation of a NHIN, or to support it with critical functions?

22. How could proposed organizational mechanisms or approaches address statutory and regulatory requirements (*e.g.*, data privacy and security, antitrust constraints and tax issues)?

*Other*

23. Describe the major design principles/elements of a potential technical architecture for a NHIN. This description should be suitable for public discussion.

24. How could success be measured in achieving an interoperable health information infrastructure for the public sector, private sector and health care community or region?

Dated: November 9, 2004.

**David J. Brailer,**

*National Coordinator, Office of the National Coordinator for Health Information Technology.*

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**BILLING CODE 4150–24–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration on Aging

### Agency Information Collection Activities; Proposed Collection; Comment Request; Senior Medicare Patrol Program Outcome Measurement

**AGENCY:** Administration on Aging, HHS.

**ACTION:** Notice.

**SUMMARY:** The Administration on Aging (AoA) is announcing an opportunity for public comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act of 1995 (the PRA), Federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, and to allow 60 days for public comment in response to the notice. This notice solicits comments on the information collection requirements relating to Senior Medicare Patrol (SMP) program outcome measurement.

**DATES:** Submit written or electronic comments on the collection of information by January 14, 2005.

**ADDRESSES:** Submit electronic comments on the collection of information to: *Barbara.dieker@aoa.gov.* Submit written comments on the collection of information to Barbara Dieker, Administration on Aging, Washington, DC 20201 or by fax at (202) 357–3558.

**FOR FURTHER INFORMATION CONTACT:** Barbara Dieker at (202) 357–0139 or *Barbara.dieker@aoa.gov.*

**SUPPLEMENTARY INFORMATION:** Under the PRA (44 U.S.C. 3501–3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. ''Collection of information'' is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency request or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, AoA is publishing notice of the proposed collection of information set forth in this document. With respect to the following collection of information, AoA invites comments on: (1) Whether the proposed collection of information is necessary for the proper performance of AoA's functions, including whether the information will have practical utility; (2) the accuracy of AoA's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques when appropriate, and other forms of information technology. AoA estimates the burden of this collection of information as follows:

*Frequency:* Annually.

*Respondents:* Medicare beneficiaries after SMP education/training on fraud prevention; administered by staff or senior volunteers in 57 SMP projects nationwide.

*Estimated number of responses:* 21,000.

*Total Estimated Burden Hours:* 2,300.

**Josefina G. Carbonell,**

*Assistant Secretary for Aging.*

[FR Doc. 04–25241 Filed 11–12–04; 8:45 am]

**BILLING CODE 4154–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare and Medicaid Services

**[Document Identifier: CMS–R–185, CMS 10131, CMS–10054 and CMS–R–50]**

### 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:* Granting and Withdrawal of Deeming Authority to Private Nonprofit Accreditation Organizations and of State Exemption Under State Laboratory Programs and Supporting Regulations in 42 CFR 493.551–493.557; *Use:* The information required is necessary to determine whether a private accreditation organization's or State licensure program's standards and accreditation/licensure process is equal to or more stringent than those of CLIA. *Form Number:* CMS–R–185 (OMB#: 0938–0686); *Frequency:* Initial application and as needed; *Affected Public:* Not-for-profit institutions, Business or other for-profit and State, Local, or Tribal Government; *Number of Respondents:* 8; *Total Annual Responses:* 76; *Total Annual Hours:* 768.

2. *Type of Information Collection Request:* New Collection; *Title of Information Collection:* Evaluation of Medicare Disease Management Demonstrations; *Form No.:* CMS–10131 (OMB# 0938–NEW); *Use:* CMS contracted with Mathematic Policy Research, Inc. (MPR) for the evaluation of disease management programs. The purpose of the patient survey is to assess the impact of disease management and prescription drug benefits on patient health, functioning status, care satisfaction, health behaviors and knowledge of condition. Data from the physician survey will be used to assess physician satisfaction with disease management services, physician perceptions of the impact of disease management on patient outcomes, education and service use, and the impact of disease management programs on physician practices and office workload.; *Frequency:* On Occasion; *Affected Public:* Individuals or households, Business or other for-profit; *Number of Respondents:* 5000; *Total Annual Responses:* 2500; *Total Annual Hours:* 1625.

3. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Recognition of Payment for New Technology Services for Ambulatory Payment Classifications (APCs) under the Outpatient Prospective Payment System and Supporting Regulations in 42 CFR, 413.65 and 419.42; *Form No.:* CMS–10054 (OMB# 0938–0860); *Use:* Information is necessary to determine services eligible for payment in new technology ambulatory payment classifications (APCs) in the outpatient prospective payment system; *Frequency:* On Occasion; *Affected Public:* Business or other for-profit; *Number of Respondents:* 15; *Total Annual Responses:* 15; *Total Annual Hours:* 180.

4. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Medical Records Review under PPS and Supporting Regulations in 42 CFR, Sections 412.40–412.52; *Form No.:* CMS–R–50 (OMB# 0938–0359); *Use:* The Quality Improvement Organizations (QIOs) are authorized to conduct medical review activities under the Prospective Payment System (PPS) . In order to conduct these review activites, the agency depends upon hospitals to make available specific records regarding care provided to Medicare beneficiaries. The Clinical Data Abstraction Centers (CDACs) obtain copies of medical records from which they abstract data to analyze patterns of care and outcomes for heart failure/myocardial infarction, pneumonia, diabetes and surgical infection.; *Frequency:* Other: when records are reviewed; *Affected Public:*