

**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 activities, 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:*

Business or other for-profit, Not-for-profit institutions, Federal Government, and State, Local or Tribal Govt.; *Number of Respondents:* 6,100; *Total Annual Responses:* 397,500; *Total Annual Hours:* 11,925.

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/pra/>, or e-mail your request, including your address, phone number, OMB number, and CMS document identifier, to [Paperwork@cms.hhs.gov](mailto:Paperwork@cms.hhs.gov), or call the Reports Clearance Office on (410) 786-1326.

Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice directly to the CMS Paperwork Clearance Officer designated at the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development and Issuances, Attention: Melissa Musotto, Room C5-14-03, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: November 5, 2004.

**John P. Burke, III,**

*Paperwork Reduction Act Team Leader, Office of Strategic Operations and Strategic Affairs, Division of Regulations Development and Issuances.*

[FR Doc. 04-25250 Filed 11-12-04; 8:45 am]

**BILLING CODE 4120-03-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Indian Health Service**

**SES Executive Review Board/ Performance Review Board**

**AGENCY:** Indian Health Service.

**ACTION:** Notice.

**SUMMARY:** Notice is hereby given of the appointment of members of the Indian Health Service (IHS) Senior Executive Service (SES) Executive Review Board/ SES Performance Review Board.

**FOR FURTHER INFORMATION CONTACT:**

Phyllis Eddy, Acting Director, Office of Management Services, 801 Thompson Avenue, Suite 120, Rockville, Maryland 20852, (301) 443-6290.

**SUPPLEMENTARY INFORMATION:** Section 4314(c) (1) through (5) of Title 5, U.S.C., requires each agency to establish, in accordance with regulations prescribed by the Office of Personnel Management, one or more SES performance review boards. The board reviews and evaluates the initial appraisal of a senior executive's performance by the supervisor and considers recommendations to the appointing authority regarding the performance of the senior executive.

The following have been designated as regular members of the Senior Executive Service (SES) Executive Review Board/SES Performance Review Board for IHS: Phyllis Eddy, Chair; Elaine Perry, Deputy Director, Office of the Administrator, Substance Abuse and Mental Health Services Administration; Robert G. McSwain, Acting Deputy Director, Management Operations; Gary Hartz, Acting Deputy Director, IHS; Chris Mandregan, Jr., Director, Alaska Area IHS; Doni Wilder, Director,

Portland Area IHS; John Hubbard, Director, Navajo Area IHS.

Dated: November 5, 2004.

**Charles W. Grim,**

*Assistant Surgeon General, Director.*

[FR Doc. 04-25244 Filed 11-12-04; 8:45 am]

**BILLING CODE 4160-16-M**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Office of Inspector General**

**Program Exclusions: October 2004**

**AGENCY:** Office of Inspector General, HHS.

**ACTION:** Notice of program exclusions.

During the month of October 2004, the HHS Office of Inspector General imposed exclusions in the cases set forth below. When an exclusion 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
<b>PROGRAM-RELATED CONVICTIONS</b>		
ARMON, BOBBY .....	MILWAUKEE, WI .....	11/18/2004
ARNOLD, RODELL .....	TOLEDO, OH .....	11/18/2004
ARRUDA, CARMEN .....	ISSAQUAH, WA .....	11/18/2004
BAUMAN, DAVID .....	HOUSTON, TX .....	11/18/2004
BROWN, AUWANA .....	FRESNO, CA .....	11/18/2004
CABRERA, MARCO .....	MIAMI, FL .....	11/18/2004
CARTER, JERRY .....	DYERSBURG, TN .....	11/18/2004
CASIANO, ROSARIO .....	ROSEMEAD, CA .....	11/18/2004
CORBETT, KERMIS .....	ELGIN, SC .....	11/18/2004
CORTES, FRANCISCO .....	HIALEAH, FL .....	11/18/2004
DAY, APRIL .....	LOS ANGELES, CA .....	11/18/2004
DELEON, VANESSA .....	HAWTHORNE, CA .....	11/18/2004
ELBAGDADI, HAZEM .....	PETERSBURG, VA .....	11/18/2004
ENCINAS, BENJAMIN .....	TUCSON, AZ .....	11/18/2004
FATEMI, MOHAMMAD .....	DUNKIRK, MD .....	11/18/2004
FINDLEY, KATHERINE .....	LAKEWOOD, CO .....	11/18/2004
FORD, FRED .....	EGLIN AFB, FL .....	11/18/2004
FREITAS, JOHN .....	CARTNEGE, MO .....	11/18/2004
GONZALEZ, GIORDY .....	MIAMI, FL .....	11/18/2004
GONZALEZ, MILAGROS .....	MIAMI, FL .....	11/18/2004