

Dated: May 8, 2006.

Alvin Hall,

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

[FR Doc. 06-4499 Filed 5-11-06; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): The Sexual Networks of African American Sexually Transmitted Infection Repeaters: An Elaboration of Risk, Potential Extramural Project (PEP) 2006-R-04; Internet and Sexually Transmitted Disease Center of Excellence, PEP 2006-R-05

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the following meeting:

Name: Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): The Sexual Networks of African American Sexually Transmitted Infection Repeaters: An Elaboration of Risk, PEP 2006-R-04; Internet and Sexually Transmitted Disease Center of Excellence, PEP 2006-R-05.

Time and Date: 12 a.m.–5 p.m., May 24, 2006 (Closed).

Place: Centers for Disease Control and Prevention, Building 21, Conference Room 8116, 8th Floor, 1600 Clifton Road, Atlanta, GA 30333, Telephone 404-639-4941.

Status: The meeting will be closed to the public in accordance with provisions set forth in section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92-463.

Matters to be Discussed: The meeting will include the review, discussion, and evaluation of applications received in response to “The Sexual Networks of African American Sexually Transmitted Infection Repeaters: An Elaboration of Risk,” PEP 2006-R-04; “Internet and Sexually Transmitted Disease Center of Excellence,” PEP 2006-R-05.

Due to programmatic matters, this **Federal Register** Notice is being published on less than 15 calendar days notice to the public (41 CFR 102-3.150(b)).

For Further Information Contact: Jim Newhall, Ph.D., Scientific Review Administrator, Centers for Disease Control and Prevention, 1600 Clifton Road NE., MS D-72, Atlanta, GA 30333, Telephone 404-639-4941.

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 the Agency for Toxic Substances and Disease Registry.

Dated: May 8, 2006.

Alvin Hall,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-1450 (UB-04), CMS-10181]

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

AGENCY: Centers for Medicare & 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 & Medicaid Services (CMS), 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 function; (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:* New Collection; *Title of Information Collection:* Medicare Uniform Institutional Provider Bill and Supporting Regulations in 42 CFR 424.5; *Use:* Section 42 CFR 424.5(a)(5) requires providers of services to submit a claim for payment prior to any Medicare reimbursement. Charges billed are coded by revenue codes. The bill specifies diagnoses according to the International Classification of Diseases, Ninth Edition (ICD-9-CM) code. Inpatient procedures are identified by ICD-9-CM codes, and outpatient procedures are described using the CMS Common Procedure Coding System (HCPCS). These are standard systems of

identification for all major health insurance claims payers. Submission of information on the CMS-1450 permits Medicare intermediaries to receive consistent data for proper payment. All hardcopy claims processed by Medicare fiscal intermediaries must be submitted on the CMS-1450 (UB-04) after May 23, 2007. Data fields in the X12N 837 data set are consistent with the CMS-1450 (UB-04) data set.; *Form Numbers:* CMS-1450 (UB-04) (OMB#: 0938-NEW); *Frequency:* Reporting—On occasion; *Affected Public:* Not-for-profit institutions, business or other for-profit; *Number of Respondents:* 53,111; *Total Annual Responses:* 179,489,721; *Total Annual Hours:* 308,237.

2. *Type of Information Collection Request:* New collection; *Title of Information Collection:* Enrolling Low-Income Beneficiaries into the Medicare Prescription Drug Program—Survey of State Agency Experiences; *Use:* The Centers for Medicare and Medicaid Services (CMS) will conduct a survey of state Medicaid agencies, state health insurance plans (SHIPs), and state pharmaceutical assistance programs (SPAPs) to identify best practices for the successful enrollment of all types of low-income Medicare beneficiaries into a low-income subsidy and the Medicare Part D Prescription Drug Benefit Program. The evaluation will assist in identifying the best practices, the factors that make them effective, and how the information can be disseminated in an effective manner. The information will be used to help CMS as it designs its outreach and communication campaigns in subsequent open enrollment periods.; *Form Number:* CMS-10181 (OMB#: 0938-NEW); *Frequency:* Reporting—Other, one-time; *Affected Public:* State, Local or Tribal governments, Federal government; *Number of Respondents:* 126; *Total Annual Responses:* 126; *Total Annual Hours:* 63.

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/PaperworkReductionActof1995>, or E-mail your request, including your address, phone number, OMB number, and CMS document identifier, to 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 or faxed within 30 days of this notice directly to the OMB desk officer: OMB Human Resources and Housing Branch, Attention: Carolyn Lovett, New Executive Office Building, Room 10235,

Washington, DC 20503, Fax Number: (202) 395-6974.

Dated: May 5, 2006.

Michelle Shortt,

*Director, Regulations Development Group,
Office of Strategic Operations and Regulatory
Affairs.*

[FR Doc. E6-7304 Filed 5-11-06; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10182, CMS-R-199, CMS-10180, CMS-317, CMS-319]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & 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 & Medicaid Services (CMS) 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:* Model Creditable Coverage Disclosure Notices; *Use:* Section 1860D-1 of the MMA requires entities that offer prescription drug benefits under any of the types of coverage described in 42 CFR 423.56(b) to provide a disclosure of creditable coverage status to all Medicare Part D eligible individuals covered under the entity's plan. These disclosure notices must be provided to Part D eligible individuals, at a minimum, at the following times: (1) Prior to an individual's initial enrollment period for Part D, (2) prior to the effective date of enrollment in the entity's coverage, and upon any change in creditable status; (3) prior to the commencement of

the Part D Annual Coordinated Election Period (ACEP) which begins on November 15 of each year, and (4) upon request by the individual. Disclosure of whether prescription drug coverage is creditable provides Medicare eligible individuals with important information relating to their Medicare Part D enrollment. *Form Number:* CMS-10182 (OMB#: 0938-0990); *Frequency:* Recordkeeping, Third party disclosure and Reporting: On occasion, Annually, and Other-As requested; *Affected Public:* Individuals or households, business or other for-profit, not-for-profit institutions and Federal, State, local or tribal government; *Number of Respondents:* 450,160; *Total Annual Responses:* 1,225,173; *Total Annual Hours:* 522,204.

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Medicaid Report on Payables and Receivables; *Use:* The Chief Financial Officers (CFO) Act of 1990, as amended by the Government Management Reform Act (GMRA) of 1994, requires government agencies to produce auditable financial statements. Because the Centers for Medicare & Medicaid Services (CMS) fulfills its mission through its contractors and the States, these entities are the primary source of information for the financial statements. There are three basic categories of data: expenses, payables, and receivables. The CMS-64 is used to collect data on Medicaid expenses. The CMS-R-199 collects Medicaid payable and receivable accounting data from the States.; *Form Number:* CMS-R-199 (OMB#: 0938-0697); *Frequency:* Reporting—Annually; *Affected Public:* State, local or tribal governments; *Number of Respondents:* 57; *Total Annual Responses:* 57; *Total Annual Hours:* 342.

3. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* State Children's Health Insurance Program (CHIP) Report on Payables and Receivables; *Use:* Collection of SCHIP data and the calculation of the SCHIP Incurred But Not Reported (IBNR) estimate are pertinent to CMS' financial audit. The CFO auditors have reported the lack of an estimate for SCHIP IBNR payables and receivables as a reportable condition in the FY 2005 audit of CMS's financial statements. It is essential that CMS collect the necessary data from State agencies in FY 2006, so that CMS continues to receive an unqualified audit opinion on its financial statements. Program expenditures for the SCHIP have increased since its

inception; as such, SCHIP receivables and payables may materially impact the financial statements. The SCHIP Report on Payables and Receivables will provide the information needed to calculate the SCHIP IBNR.; *Form Number:* CMS-10180 (OMB#: 0938-0988); *Frequency:* Reporting—Annually; *Affected Public:* State, Local or Tribal governments; *Number of Respondents:* 56; *Total Annual Responses:* 56; *Total Annual Hours:* 336.

4. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* State Medicaid Eligibility Quality Control Sampling Plan and Supporting Regulations in 42 CFR 431.800-431.865; *Use:* State Medicaid Eligibility Quality Control (MEQC) is operated by the State Title XIX agency to monitor and improve the administration of its Medicaid system. The MEQC system is based on monthly State reviews of Medicaid cases by States performing the traditional sampling process identified through statistically reliable statewide samples of cases selected from the eligibility files. These reviews are conducted to determine whether or not the sampled cases meet applicable State Title XIX eligibility requirements. The reviews are also used to assess beneficiary liability, if any, and to determine the amounts paid to provide Medicaid services for these cases.; *Form Number:* CMS-317 (OMB#: 0938-0146); *Frequency:* Recordkeeping and Reporting—Semi-annually; *Affected Public:* State, Local or Tribal governments; *Number of Respondents:* 10; *Total Annual Responses:* 20; *Total Annual Hours:* 480.

5. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* State Medicaid Eligibility Quality Control (MEQC) Sample Selection Lists and Supporting Regulations in 42 CFR 431.800-431.865; *Use:* State Medicaid Eligibility Quality Control (MEQC) is operated by the State Title XIX agency to monitor and improve the administration of its Medicaid system. The MEQC system is based on State reviews of Medicaid beneficiaries identified through statistically reliable statewide samples of cases selected from the eligibility files. These reviews are conducted to determine whether or not the sampled cases meet applicable State Title XIX eligibility requirements by States performing the traditional sample process. The reviews are also used to assess beneficiary liability, if any, and to determine the amounts paid to provide Medicaid services for these cases. At the