

Dated: February 23, 2007.

John Howard,

Director, National Institute for Occupational Safety and Health.

[FR Doc. 07-947 Filed 3-1-07; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Health Statistics (NCHS), Classifications and Public Health Data Standards Staff, Announces the Following Meeting

Name: ICD-9-CM Coordination and Maintenance (C&M) Committee meeting.

Time and Date: 9 a.m.-5 p.m., March 22-23, 2007.

Place: Centers for Medicare and Medicaid Services (CMS) Auditorium, 7500 Security Boulevard, Baltimore, Maryland.

Status: Open to the public.

Purpose: The C&M meeting is a public forum for the presentation of proposed modifications to the International Classification of Diseases, Ninth-Revision, Clinical Modification.

Matters to be Discussed: Tentative agenda items include:

Migraines and other headache syndromes
Transplant complications
Hormone therapy for breast cancer
Penicillin resistant infections
Central line infections
Fetal medicine
Plateau iris syndrome and pingueculitis
Secondary diabetes mellitus
Erythema multiforme
Malignant pleural effusion
Autoimmune hepatitis
Addenda (diagnosis)
Intraoperative electron radiation therapy
Intraoperative neurophysiologic monitoring
Thoracoscopic procedures
Procedures on vena cava
STARR procedure for males
Oversewing of the atrial appendage
Transjugular biopsy of liver
Total disc replacement
Recalled devices
Motion preserving technologies
Addenda (procedures)
ICD-10 procedure coding system (PCS update)

Contact Person for Additional Information:

Amy Blum, Medical Systems Specialist, Classifications and Public Health Data Standards Staff, NCHS, 3311 Toledo Road, Room 2402, Hyattsville, Maryland 20782, e-mail alb8@cdc.gov, telephone 301-458-4106 (diagnosis), Mady Hue, Health Insurance Specialist, Division of Acute Care, CMS, 7500 Security Blvd., Baltimore, Maryland 21244, e-mail marilu.hue@cms.hhs.gov, telephone 410-786-4510 (procedures).

Notice: Because of increased security requirements, CMS has instituted stringent procedures for entrance into the building by non-government employees. Persons without

a government I.D. will need to show an official form of picture I.D., (such as a drivers license), and sign-in at the security desk upon entering the building.

Those who wish to attend a specific ICD-9-CM C&M meeting in the CMS auditorium must submit their name and organization for addition to the meeting visitor list. Those wishing to attend the March 22-23, 2007 meeting must submit their name and organization by March 14, 2007 for inclusion on the visitor list. This visitor list will be maintained at the front desk of the CMS building and used by the guards to admit visitors to the meeting. Those who attended previous ICD-9-CM C&M meetings will no longer be automatically added to the visitor list. You must request inclusion of your name prior to each meeting you attend.

Register to attend the meeting online at: <http://www.cms.hhs.gov/apps/events/>.

Notice: This is a public meeting. However, because of fire code requirements, should the number of attendants meet the capacity of the room, the meeting will be closed.

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: February 26, 2007.

Elaine L. Baker,

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

[FR Doc. E7-3660 Filed 3-1-07; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10098 and CMS-10114]

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:* Extension of a currently approved collection; *Title of Information Collection:* 1-800-MEDICARE Beneficiary Satisfaction Survey; *Use:* The Centers for Medicare & Medicaid Services will use the survey information for performance evaluation of the contractor. The information gathered will also be used to validate the quality of service delivered, and or direct the contractor to performance improvement; *Form Number:* CMS-10098 (OMB#: 0938-0919); *Frequency:* Reporting—Weekly, Monthly and Yearly; *Affected Public:* Individuals or households; *Number of Respondents:* 18,000; *Total Annual Responses:* 18,000; *Total Annual Hours:* 2,250.

2. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* National Provider Identifier (NPI) Application and Update Form and Supporting Regulations in 45 CFR 142.408, 45 CFR 162.406, 45 CFR 162.408; *Use:* The National Provider Identifier (NPI) Application and Update Form is used by health care providers to apply for NPIs and furnish updates to the information they supplied on their initial applications. The form is also used to deactivate their NPIs if necessary. The NPI Application/Update form has been revised to further assist in uniquely identifying health care providers and provide additional guidance on how to accurately complete the form. The form captures additional data elements that will assist with unique identification. It also includes more detailed instructions. *Form Number:* CMS-10114 (OMB#: 0938-0931); *Frequency:* Reporting—On occasion, one-time; *Affected Public:* Business or other for-profit, Not-for-profit institutions, and Federal government; *Number of Respondents:* 325,608; *Total Annual Responses:* 325,608; *Total Annual Hours:* 108,560.

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: February 22, 2007.

Michelle Shortt,

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

[FR Doc. E7-3654 Filed 3-1-07; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Notice of Single-Source Grant Award to Louisiana, Alabama, and Mississippi for a Project Entitled, "Deficit Reduction Act Hurricane Katrina Healthcare Related Provider Stabilization"

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: New Grant Awards.

Funding Amount: \$160,000,000.

Period of Performance: February 12, 2007-September 30, 2009.

SUMMARY: The Secretary has authorized a total of \$160 million in grant funds available to all three States. Based on each eligible IPPS hospital's and SNF's share of total Medicare inpatient payments in the FEMA designated counties in calendar year 2005 (the latest and most complete year of Medicare billing data available to us), this funding is being allocated for each State in the following proportions: 45 percent to Louisiana (\$71,633,492), 38 percent to Mississippi (\$60,556,425) and 17 percent to Alabama (\$27,810,083).

This grant program is to fund State payments to general, acute care hospitals, and skilled nursing facilities in impacted communities that may face financial pressures because of changing wage rates that are not yet reflected in Medicare PPS payment methodologies.

The grant funds must be used by the States to make payments to all Medicare participating general hospitals, acute care hospitals, and SNFs that are currently paid under a Medicare PPS in the impacted communities. States have some flexibility in determining the

methodology to determine the timing and amount of provider payments, but the methodology must reflect each provider's share of total Medicare payments during a specified period of time. Grant funds may not be distributed to hospitals and SNFs that are not in operation. States' payment methodologies should specify the relevant time periods and any other factors that will be considered in distributing available grant funds according to the principles specified above, and are subject to approval by CMS.

Justification for Exception to Competition

The Secretary has invoked his authority to restore health care in impacted communities affected by Hurricane Katrina by offering this unique funding opportunity which will enable States to make payments to assist hospitals and SNFs that are paid under a Medicare PPS, with the financial pressures that may result from changing wage rates in those impacted communities. For the reasons cited above, the Secretary has directed the Centers for Medicare & Medicaid Services to offer a single-source award to the States of Louisiana, Alabama and Mississippi.

FOR FURTHER INFORMATION CONTACT:

Wendy J. Taparanskas, PhD., Health Insurance Specialist, Office of the Center Director, Centers for Medicaid and State Operations, Centers for Medicare & Medicaid Services, Mail Stop S2-26-12, 7500 Security Boulevard, Baltimore, MD 21244, (410) 786-5245.

Authority: Section 6201(a)(4) of the Deficit Reduction Act of 2005 (DRA).
(Catalog of Federal Domestic Assistance Program No. 93.779)

Dated: February 13, 2007.

Leslie V. Norwalk,

Acting Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. E7-3655 Filed 3-1-07; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Notice of Determination and Findings; Authority To Incorporate a No-Setoff Commitment

Upon the basis of the following findings pursuant to authority of Title 31 U.S.C. Section 3727 and in accordance with the Presidential delegation of authority dated October 3,

1995, as referenced in the Federal Acquisition Regulation 32.803(d) it is hereby determined that the use of a no-setoff provision is appropriate to facilitate the private financing of a steam production facility at NCI-Frederick.

Findings

1. Despite an essentially static space inventory, the cost of steam under NCI-Frederick's interagency agreement with the Fort Detrick U.S. Army Garrison has increased by 70% from 2003 to 2006. In addition, despite numerous energy saving projects accomplished over the past 9 years, quantities of steam billed by the Army to the NCI have remained 20%-30% above amounts estimated/ measured through engineering methods.

2. In response to the escalation in steam related energy costs/quantities, a thorough review of steam production alternatives was conducted. Based on this analysis it was concluded that significant energy and cost savings could be achieved through the construction of a new steam production facility and the subsequent severing of ties to the existing Fort Detrick boiler plant.

3. On behalf of Potomac Edison Company, APS Constellation, L.L.C. has proposed a privately financed Energy Savings Performance Contract (ESPC) to construct the new steam facility. Securing the private financing for this project is dependent upon incorporation of a no-setoff provision in the contract.

4. Inclusion of the no-setoff provision will enable the Contractor to secure financing with an interest rate that is lower than the interest rate that would be obtained in the absence of the no-setoff provision. The Government will benefit directly from a lower interest rate in the form of lower interest payments over the 20-year term of the repayment.

5. Incorporating a no-setoff provision will not increase the risk of the Government since the Basic Ordering Agreement requires that the Contractor guarantee that the energy and energy-related cost savings exceed the payments to the Contractor during the performance period following construction of the project. In the event that the savings fall below the level guaranteed by the Contractor, the Contractor will be responsible for crediting the difference to the Government.

6. In accordance with the guidance set forth in FAR 32.803(d), a review of the proposed contractor's financial status revealed no significant indebtedness to the United States.