

Trans No.	Acquiring	Acquired	Entities
20080563 .....	WuXi PharmaTech (Cayman) Inc .....	AppTec Laboratory Services, Inc .....	AppTec Laboratory Services, Inc.
20080568 .....	BlueScope Steel Ltd .....	San Faustin N.V .....	Imsa Steel Corp.
20080591 .....	IFM Infrastructure Funds .....	Consolidated Edison, Inc .....	CED Generation Holding Company, LLC, CED Rock Springs, LLC, Consolidated Edison Energy, Massachusetts, LLC, Newington Energy, LLC, Ocean Peaking Power, LLC.
20080595 .....	Murat Ulker .....	Campbell Soup Company .....	Godiva Chocolatier, Inc.
20080597 .....	Oak Hill Capital Partners III, L.P .....	News Corporation .....	Fox Television Stations, Inc., New world Communications of Kansas City, Inc.
20080602 .....	Oracle Healthcare Acquisition Corp ..	Precision Therapeutics, Inc .....	Precision Therapeutics, Inc.
20080611 .....	Linn Energy, LLC .....	Gary W. and Constance S. Lewis .....	Lamamco Drilling Company.
20080612 .....	Linn Energy, LLC .....	Stanley and Sabrina L. Miller .....	Lamamco Drilling Company.

**Transactions Granted Early Termination—01/23/2008**

20080609 .....	Intuit Inc .....	Electronic Clearing House, Inc .....	Electronic Clearing House, Inc.
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**Transactions Granted Early Termination—01/24/2008**

20080576 .....	American Securities Partners IV, L.P	Horizon Global Technology, Inc .....	Horizon Global Technology, Inc.
20080578 .....	MHR Institutional Partners III LP .....	Leap Wireless International, Inc .....	Leap Wireless International, Inc.
20080582 .....	Owl Creek Overseas Fund, Ltd .....	Leap Wireless International, Inc .....	Leap Wireless International, Inc.
20080600 .....	Jose Maria Rubiralta .....	Inova Diagnostics, Inc .....	Inova Diagnostics, Inc.
20080603 .....	Quik-Way Retail Associates Holdings II, Ltd.	Royal Dutch Shell plc .....	Motiva Enterprises LLC.
20080604 .....	Quik-Way Retail Associates Holdings II, Ltd.	Aramco Services Company .....	Motiva Enterprises LLC.
20080625 .....	Rock-Tenn Company .....	Steven Grossman .....	Southern Container Corporation.

**Transactions Granted Early Termination—01/25/2008**

20080571 .....	Leucadia National Corporation .....	AmeriCredit Corp .....	AmeriCredit Corp.
20080580 .....	Brush Engineered Materials, Inc .....	Techni-Met, Inc .....	Techni-Met, Inc.
20080607 .....	U.S. Bancorp .....	Gary M. Eng .....	Southern DataComm, Inc.

**FOR FURTHER INFORMATION CONTACT:**

Sandra M. Peay, Contact Representative or Renee Hallman, Contact Representative, Federal Trade Commission, Premerger Notification Office, Bureau of Competition, Room H-303, Washington, DC 20580, (202) 326-3100.

By Direction of the Commission.

**Donald S. Clark,**

*Secretary.*

[FR Doc. 08-524 Filed 2-7-08; 8:45 am]

BILLING CODE 6750-01-M

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

[Document Identifier: CMS-1771, CMS-10145 and CMS-10204]

**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:* Attending Physicians Statement and Documentation of Medicare Emergency and Supporting Regulations in 42 CFR 424.103; *Use:* 42 CFR 424.103(b) requires that before a nonparticipating hospital may be paid for emergency

services rendered to a Medicare beneficiary, a statement must be submitted that is sufficiently comprehensive to support that an emergency existed. Form CMS-1771 contains a series of questions relating to the medical necessity of the emergency. The attending physician must attest that the hospitalization was required under the regulatory emergency definition (42 CFR 424.101) and give clinical documentation to support the claim. *Form Number:* CMS-1771 (OMB# 0938-0023); *Frequency:* Yearly; *Affected Public:* Private sector—business or other for-profit and not-for-profit institutions; *Number of Respondents:* 100; *Total Annual Responses:* 200; *Total Annual Hours:* 50.

2. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Medicare Part B Drug and Biological Competitive Acquisition Program and Supporting Regulations in 42 CFR Sections 414.906, 414.908, 414.910, 414.914, 414.916, and 414.917; *Use:* Section 303(d) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) provides an alternative

payment methodology for Part B covered drugs that are not paid on a cost or prospective payment basis. In particular, section 303(d) of the MMA amends Title XVIII of the Social Security Act by adding a new section 1847(B), which establishes a competitive acquisition program for the acquisition of and payment for Part B covered drugs and biologicals furnished on or after January 1, 2006. Since its inception, additional legislation has augmented the CAP. Section 108 of the Medicare Improvements and Extension Act under Division B, Title I of the Tax Relief Health Care Act of 2006 (MIEA-TRHCA) amended section 1847b(a)(3) of the Social Security Act and requires that CAP implement a post payment review process. This procedure is done to assure that payment is made for a drug or biological under this section only if the drug or biological has been administered to a beneficiary. *Form Number:* CMS-10145 (OMB# 0938-0945); *Frequency:* Weekly; *Affected Public:* Private sector—business or other for-profit and not-for-profit institutions; *Number of Respondents:* 3,000; *Total Annual Responses:* 156,000; *Total Annual Hours:* 31,188.

3. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Evaluation of the Medical Adult Day Care Services Demonstration; *Use:* Section 703 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (Pub. L. 108-173) authorizes a three-year demonstration to conduct an evaluation of the clinical and cost-effectiveness of providing medical adult day-care services as a substitute for a portion of home health services that would otherwise be provided in the beneficiary's home. Delivering home health services in the adult day-care setting represents an expansion of coverage under the home health benefit under Medicare. The Demonstration aims to evaluate both the costs and the benefits of delivering home health services in the adult day-care setting. The evaluation will examine the achievements as well as the difficulties inherent in demonstration implementation.

Telephone survey data from Medicare beneficiary's interviews are to be completed during Phase II of the Evaluation of the Medical Adult Day-Care Services Demonstration. The survey was developed based on collection of data from face-to-face interviews with beneficiaries from Phase I of the Demonstration evaluation. *Form Number:* CMS-10204 (OMB# 0938-1017); *Frequency:* Once; *Affected*

*Public:* Individuals or households; *Number of Respondents:* 900; *Total Annual Responses:* 900; *Total Annual Hours:* 150.

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](mailto:Paperwork@cms.hhs.gov), or call the Reports Clearance Office on (410) 786-1326.

In commenting on the proposed information collections please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in one of the following ways by April 8, 2008.

1. *Electronically.* You may submit your comments electronically to <http://www.regulations.gov>. Follow the instructions for "Comment or Submission" or "More Search Options" to find the information collection document(s) accepting comments.

2. *By regular mail.* You may mail written comments to the following address:

CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Document Identifier/OMB Control Number \_\_\_\_\_, Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: January 30, 2008.

**Michelle Shortt,**

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

[FR Doc. E8-2064 Filed 2-7-08; 8:45 am]

**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier: CMS-2552-96 and CMS-10008]

#### 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:* Hospital and Health Care Complexes Cost Report and supporting Regulations in 42 CFR 413.20 and 413.24; *Use:* This Cost Report Form is filed annually by freestanding providers participating in the Medicare program to effect year end cost settlement for providing services to Medicare beneficiaries. The CMS-2552-96 cost report is needed to determine the amount of reimbursable cost, based upon the cost limits, that is due these providers furnishing medical services to Medicare beneficiaries. *Form Number:* CMS-2552-96 (OMB#: 0938-0050); *Frequency:* Yearly; *Affected Public:* Private sector—business or other for-profit and not-for-profit institutions; *Number of Respondents:* 6,175; *Total Annual Responses:* 6,175; *Total Annual Hours:* 4,090,474.

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Process and Information Required to Determine Eligibility of Drugs, Biologicals, and Radiopharmaceutical Agents for Transitional Pass-Through Status Under the Hospital Outpatient Prospective Payment System (OPPS); *Use:* Section 1833(t)(6) of the Social Security Act provides for temporary additional payments or "transitional pass-through payments" for certain drugs and biological agents. Interested parties such as hospitals, pharmaceutical companies, and physicians can apply for transitional pass-through payment for drugs and biologicals used with services covered under the OPPS. CMS uses this information to determine if the criteria for making a transitional pass-through payment are met and if an interim Healthcare Common Procedure Coding System (HCPCS) code for a new drug or biological is necessary. *Form Number:*