requirements of the statute regarding cost sharing, income eligibility level, absence of a waiting list for their entire CHIP program (not just for dental coverage), and not providing more favorable treatment to children eligible for the supplemental dental benefit under this option. In order to implement this option States must amend their State Plan using the Supplemental Dental Benefits State Plan Amendment Template. *Form Number:* CMS–10289 (OMB#: 0938–NEW); *Frequency:* Reporting One-time; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 51; *Total Annual Responses:* 51; *Total Annual Hours:* 1020. (For policy questions regarding this collection contact Nancy Goetschius at 410–786–0707. For all other issues call 410–786–1326.)

2. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* The Medicare Contractor Provider Satisfaction Survey (MCPSS); *Use:* Section 911 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) mandated that CMS develop contract performance requirements and standards for measuring provider satisfaction. CMS developed the MCPSS to meet this requirement. Each year CMS obtains information from Medicare providers and suppliers via a survey about satisfaction, attitudes, and perceptions regarding the services provided by Medicare fee-for-service (FFS) contractors, *i.e.,* carriers, fiscal intermediaries (FIs), regional home health intermediaries (RHHIs), durable medical equipment Medicare administrative contractors (DME MACs) and Part A/Part B MACs. The survey focuses on basic business functions provided by the Medicare contractors, such as provider inquiries, provider outreach and education, claims processing, appeals, provider enrollment, medical review, and provider audit and reimbursement. CMS uses the survey to monitor its contractors and to provide incentives for improved performance.

CMS seeks to minimally revise the survey instrument for the 2010 administration. CMS would like to obtain more focused feedback on the providers' perception of their interactions with their contractor. By narrowing the focus of the questions, CMS can provide more specific feedback to the contractors in targeted areas of performance. *Form Number:* CMS–10097 (OMB#: 0938–0915); *Frequency:* Reporting—Yearly; *Affected Public:* Business or other for-profits and Not-for-profit institutions; *Number of Respondents:* 25,000; *Total Annual Responses:* 25,000; *Total Annual Hours:* 9,349. (For policy questions regarding this collection contact Teresa Mundell at 410–786–9176. For all other issues call 410–786–1326.)

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.

To be assured consideration, comments and recommendations for the proposed information collections must be received by the OMB desk officer at the address below, no later than 5 p.m. on *October 13, 2009.*

OMB, Office of Information and Regulatory Affairs, Attention: CMS Desk Officer, *Fax Number:* (202) 395–6974, *E-mail: OIRA_submission@omb.eop.gov.*

Dated: September 4, 2009.

Michelle Shortt,

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

[FR Doc. E9–21954 Filed 9–10–09; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Toxic Substances and Disease Registry

[30Day-09–0039]

Agency Forms Undergoing Paperwork Reduction Act Review

The Agency for Toxic Substances and Disease Registry (ATSDR) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC/ATSDR Reports Clearance Officer at (404) 639–5960 or send an e-mail to *omb@cdc.gov.* Send written comments to the CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202)395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Tremolite Asbestos Registry (TAR)—Extension—Agency for Toxic Substances and Disease Registry (ATSDR).

Background and Brief Description

The Agency for Toxic Substances and Disease Registry (ATSDR) requests an extension of data collection and procedures for the previously approved Tremolite Asbestos Registry (TAR) project for an additional three years. ATSDR is mandated pursuant to the 1980 Comprehensive Environmental Response Compensation and Liability Act (CERCLA) and its 1986 Amendments, the Superfund Amendments and Re-authorization Act (SARA), to establish and maintain national registries of persons who have been exposed to hazardous substances in the environment and national registries of persons with illnesses or health problems resulting from such exposure. In 2003, ATSDR created the Tremolite Asbestos Registry (TAR) as a result of this legislation in an effort to provide scientific information about potential adverse health effects people develop as a result of exposure to the amphibole fibers that are found in vermiculite mined from Libby, Montana. The purpose of the TAR is to improve communication with people at risk for developing asbestos-related diseases subsequent to exposure to Libby amphibole and to support research activities related to TAR registrants. The TAR is currently composed of information about former vermiculite workers, the people that lived with them during their tenure as vermiculite workers (i.e., the workers' household contacts), and people who participated in screening programs funded by ATSDR conducted in Libby and other sites that received Libby vermiculite. TAR participants are interviewed to collect information on exposure pathways, tobacco use, and health outcomes. The standardized TAR survey is administered using a computer-assisted personal interview instrument.

The number of annual respondents will vary little from year to year. We anticipate that 500 persons per year could be added during each of the next 3 years in addition to the 4,500 registrants already enrolled. These newly enrolled respondents will be interviewed using the Baseline interview instrument. Optimally, one third of the follow-up interviews will be conducted each year for the next three years using the Follow-up interview instrument. The maximum burden for the baseline survey is 30 minutes and 20 minutes for the follow-up survey.

There is no cost to registrants. The total estimated annualized burden hours are 750.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Data collection instruments	Number of respondents	Number responses per respondent	Average burden per response (in hours)
Persons exposed	Baseline TAR Questionnaire	500	1	30/60
	Follow-up TAR questionnaire	1,500	1	20/60

Dated: September 3, 2009.

Maryam I. Daneshvar,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E9–21915 Filed 9–10–09; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-09–0212]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer at 404–639–5960 or send comments to CDC/ATSDR Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov.*

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

National Hospital Discharge Survey (NHDS) (OMB# 0920–0212 exp. 10/31/2011)—Revision—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, shall collect statistics on the extent and nature of illness and disability of the population of the United States. This three-year clearance request includes the data collection for 2010, 2011, and 2012 of the redesigned National Hospital Discharge Survey.

The National Hospital Discharge Survey (NHDS) has been conducted continuously by the National Center for Health Statistics, CDC, since 1965. It is the principal source of data on inpatient utilization of short-stay, non-Federal hospitals and is the principal annual source of nationally representative estimates on the characteristics of discharges, lengths of stay, diagnoses, surgical and non-surgical procedures, and patterns of use of care in hospitals in various regions of the country. It is the benchmark against which special programmatic data sources are measured.

Although the current NHDS is still fulfilling its intended functions, it is based on concepts from the health care delivery system, as well as the hospital and patient universes, of previous decades. It has become clear that a redesign of the NHDS that provides greater depth of information is necessary. Consequently, 2010 will serve as the last year in which the current NHDS will be fielded. Meanwhile, the redesigned NHDS is scheduled to begin in 2010.

Due to budgetary constraints, the new sample of 240 hospitals drawn for the redesigned NHDS will be phased in over two years. In 2010, data collection will begin in 80 sampled hospitals. Data collection for those initial 80 sites will continue into 2011 with the addition of another 160 sampled hospitals, for a grand total of 240. All 240 hospitals will be designated to participate in the 2012 survey. Within each sampled hospital, a stratified, random sample of 120 discharges will be targeted. In the redesigned survey all data will be abstracted by trained health care staff under contract. All data will be obtained from hospital records and charts and computer systems.

The data items to be collected in the redesigned NHDS will include significant additional details. Patient level data items to be collected include basic demographic information as well as personal identifiers, such as Social Security Number (last 4 digits), name and medical record number; clinical laboratory results, such as hematocrit and white blood cell count; and financial billing and medical record data. Facility level data items include demographic information, clinical capabilities, and financial information.

Users of NHDS data include, but are not limited to CDC, Congressional Research Office, Office of the Assistant Secretary for Planning and Evaluation (ASPE), American Health Care Association, Centers for Medicare & Medicaid Services (CMS), and Bureau of the Census. Data collected through NHDS are essential for evaluating health status of the population, for the planning of programs and policy to elevate the health status of the Nation, for studying morbidity trends, and for research activities in the health field. NHDS data have been used extensively in the development and monitoring of goals for the Year 2000 and 2010 Healthy People Objectives. In addition, NHDS data provide annual updates for numerous tables in the Congressionally-mandated NCHS report, *Health, United States.* Other users of these data include universities, contract research organizations, many in the private sector, foundations, and a variety of users in the print media. There is no