

1. *Type of Information Collection Request:* New collection; *Title of Information Collection:* Part C and D Complaints Resolution Performance Measures; *Use:* Part C Sponsors provide medical coverage through at-risk arrangements with CMS. Part C Sponsors include: Local Coordinated Care Plans which include health maintenance organizations (HMOs), preferred provider organizations (PPOs), and provider sponsored organizations (PSO) plans; Private fee-for-service plans (PFFS); Special needs plans (SNPs); Medical savings account (MSAs); and Regional PPOs. Part D Sponsors provide prescription drug benefit coverage through private at-risk prescription drug plans that offer drug-only coverage Prescription Drug Plans, or through Medicare Advantage (MA) plans that offer integrated prescription drug and health care coverage (MA-PD plans).

Due to Executive Order 13410, "Promoting Quality and Efficient Health Care in Federal Government Administered or Sponsored Health Care Programs," performance measurement ratings for Medicare Parts C & D can be found on Medicare Options Compare and the Medicare Prescription Drug Plan Finder (MPDPF), providing rating information for beneficiary use with plans being assigned a performance-based star rating. These ratings are provided to help beneficiaries make informed choices among the many plan alternatives available to them under Medicare Parts C and D.

The purpose of the project is to develop and support implementation of a performance measure for the Medicare Advantage (Part C) and Prescription Drug (Part D) programs that represents plan resolution of beneficiary complaints from the beneficiary perspective. The project includes development of methodologies for: (1) Identifying a statistically valid sample of beneficiary complaints needed to analyze the complaint's closure; (2) contacting, interviewing, and summarizing beneficiary experience; and, (3) summarizing/analyzing the resultant data to assess accuracy of the resolution of beneficiary complaints from the perspective of the beneficiaries via objective exploration of the beneficiary's complaint resolution experience. *Form Number:* CMS-10308 (OMB#: 0938-New); *Frequency:* Yearly; *Affected Public:* Individuals and households; *Number of Respondents:* 5,300; *Total Annual Responses:* 5,300; *Total Annual Hours:* 884. (For policy questions regarding this collection contact Rachel Schreiber at 410-786-

8657. 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 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.

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 26, 2010:

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: February 17, 2010.

Michelle Shortt,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-10-0739]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) 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 Reports Clearance Officer at (404) 639-5960 or send an e-mail to omb@cdc.gov. Send written comments to 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

CDC Oral Health Management Information System (OMB no. 0920-0739, exp. 6/30/2010)—Revision—Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The CDC seeks to improve the oral health of the nation by targeting efforts to improve the infrastructure of state and territorial oral health departments, developing effective programs to improve the oral health of children and adults, and reducing health disparities among high-risk groups. Through a cooperative agreement program, CDC provides funding to oral health programs in states and territories.

The CDC collects information from awardees to support oral health program management, consulting and evaluation. The information collection is supported by an electronic management information system (MIS) known as the Management Overview for Logistics, Analysis, and Reporting (MOLAR) system. The MIS provides a centralized, standardized and searchable repository of information about each awardee's objectives, programmatic activities, performance indicators, and financial status.

CDC requests OMB approval to continue the electronic collection of information for three years. The information collected will continue to facilitate CDC's ability to monitor, evaluate, and compare individual programs; provide technical assistance to states and territories; share and disseminate lessons learned; assess and report aggregate information regarding the overall effectiveness of oral health infrastructure and capacity at the state and territorial level; and monitor national progress toward meeting *Healthy People goals*.

Information will be collected electronically twice per year. No changes to the MIS or the estimated burden per response are proposed. There is an increase in the total estimated annualized burden due to an increase in the number of CDC-funded oral health programs. There are no costs to respondents other than their time. The total estimated annualized burden hours are 462.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
State Oral Health Programs	21	2	11

Dated: February 17, 2010.
Maryam I. Daneshvar,
Acting Reports Clearance Officer, Centers for Disease Control and Prevention.
 [FR Doc. 2010-3866 Filed 2-24-10; 8:45 am]
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-10-09CH]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) 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 Reports Clearance Officer at (404) 639-5960 or send an e-mail to omb@cdc.gov. Send written comments to 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

A Controlled Evaluation of Expect Respect Support Groups (ERSG): Preventing and Interrupting Teen Dating Violence among At-Risk Middle and High School Students—New—National Center for Injury Prevention and Control (NCIPC), Division of Violence

Prevention (DVP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The prevalence and consequences of teen dating violence make it a public health concern that requires early and effective prevention. To date, only three prevention strategies—Safe Dates, the Youth Relationships Project, and 4th R—have demonstrated reductions in dating violence behaviors in rigorous, controlled evaluations, and only one of these (Safe Dates) has effectively prevented sexual violence. In order to protect young people and build the evidence for effective prevention strategies, evaluations of additional programs are needed, including those programs currently in the field. Expect Respect Support Groups (provided by Safe Place) are currently in use in the Austin Independent School District and demonstrates promising results in an uncontrolled program evaluation, which strongly suggests a controlled evaluation is warranted to more rigorously examine program effects.

The proposed study has two primary goals and two exploratory aims. The primary goals are: (1) To evaluate the effectiveness of Expect Respect Support Groups (ERSG) in preventing and reducing teen dating violence and (2) Comparing whether there is increased healthy conflict resolution skills reported by at-risk male and female middle and high school students supported by ERSG, compared to at-risk students in control schools who do not receive ERSG.

The exploratory aims are: (1) To evaluate whether or not the

effectiveness of ERSG is enhanced by the presence of universal, school-wide prevention programs, and (2) To examine whether participants with different characteristics respond differently to the intervention. For example, we will determine whether outcome for boys or girls are the same.

The proposed evaluation will use a quasi-experimental/non-randomized design in which a convenience sample of participants in schools receiving universal and/or targeted prevention services are compared to students in control schools in which no dating violence prevention services are available. Based on past experience with an uncontrolled program evaluation of Expect Respect Support groups, we anticipate that in the Austin Independent School District, 800 students will undergo an Intake Assessment. From that number, 600 respondents from the intervention and control groups will be eligible for the Baseline Survey, and from that number, 400 will complete the Completion Survey.

Therefore, over three years we will recruit 1800 students (300 per year from intervention schools and 300 per year from control schools), of whom we anticipate 1200 will have complete data.

Control schools will be selected that have characteristics (e.g., risk status, socio-economic status) similar to the Austin Independent School District intervention schools.

There is no cost to respondents. The total estimated annual burden hours are 2000.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Control Schools (School districts surrounding Austin Independent School District).	Intake assessment	400	1	15/60
	Baseline Survey	300	1	1
	Completion Survey	200	1	1
	Follow-up Survey 1	200	1	1
	Follow-up Survey 2	200	1	1
Intervention Schools (Austin Independent School District)	Intake assessment	400	1	15/60
	Baseline Survey	300	1	1
	Completion Survey	200	1	1
	Follow-up Survey 1	200	1	1