

Advisory Committee, 1600 Clifton Road NE., Mailstop E-94, Atlanta, Georgia 30333, telephone 404/498-6400 or fax 404/498-6410.

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 the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: March 6, 2012.

Elaine L. Baker,

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

[FR Doc. 2012-6080 Filed 3-12-12; 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): Initial Review

The meeting announced below concerns Epidemiology, Prevention and Treatment of Influenza and Other Respiratory Infections in Ghana, Studies at the Animal-Human Interface of Influenza and Other Zoonotic Diseases in Vietnam, The Incidence of Community Associated Influenza and Other Respiratory Infections in the United States, and Epidemiology, Prevention and Treatment of Influenza and Other Respiratory Infections in Panama and Central America Region, Funding Opportunity Announcements (FOAs) IP12-001, IP12-002, IP12-003, and IP12-006, initial review.

Correction: The notice was published in the **Federal Register** on January 26, 2012, Volume 77, Number 17, Page 4047. The place should read as follows:

Place: Crowne Plaza Hotel Atlanta-Airport, 1325 Virginia Avenue, Atlanta, GA 30344, Telephone: (404) 768-6660.

Contact Person for More Information: Gregory Anderson, MPH, MS, Scientific Review Officer, CDC, 1600 Clifton Road, NE., Mailstop E60, Atlanta, Georgia 30333, Telephone: (404) 718-8833.

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Dated: March 6, 2012.

Elaine L. Baker,

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-1880 and -1882; CMS-10393; and CMS-R-245]

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 without change of a currently approved collection. *Title of Information Collection:* Certification as a Supplier of Portable X-Ray and Portable X-Ray Survey Report Form and Supporting Regulations at 42 CFR Part 486.100-486.110. *Use:* CMS-1880 is initially completed by suppliers of portable X-ray services, expressing an interest in and requesting participation in the Medicare program. This form initiates the process of obtaining a decision as to whether the conditions of coverage are met as a portable X-ray supplier. It also promotes data reduction or introduction to, and retrieval from, the Certification and Survey Provider Enhanced Reporting (CASPER) by the CMS Regional Offices (ROs).

CMS-1882 is used by the State survey agency to provide data collected during

an on-site survey of a supplier of portable X-ray services to determine compliance with the applicable conditions of participation and to report this information to the Federal Government. The form is primarily a coding worksheet designed to facilitate data reduction and retrieval into the ASPEN system at the CMS ROs. The form includes basic information on compliance (i.e., met, not met, explanatory statements) and does not require any descriptive information regarding the survey activity itself. CMS has the responsibility and authority for certification decisions which are based on supplier compliance with the applicable conditions of participation. The information needed to make these decisions is available to CMS only through the use of information abstracted from the survey report form.

Subsequent to the publication of the 60-day **Federal Register** notice (December 23, 2011; 76 FR 80372), the Supporting Statement has been revised by making editorial changes and by adding clarifying language. The requirements and burden estimates have not changed. *Form Numbers:* CMS-1880 (Request for Certification as a Supplier of Portable X-Ray Services), CMS-1882 (Medicare/Medicaid Portable X-Ray Survey Report), and OCN 0938-0027. *Frequency:* Occasionally. *Affected Public:* State, Local, or Tribal Governments. *Number of Respondents:* 579. *Total Annual Responses:* 86. *Total Annual Hours:* 151. (For policy questions regarding this collection contact Georgia Johnson at 410-786-6859. For all other issues call 410-786-1326.)

2. *Type of Information Collection Request:* Existing collection in use without an OMB control number; *Title of Information Collection:* Medicare Beneficiary and Family-Centered Satisfaction Survey; *Use:* The data collection methodology used to determine Beneficiary Satisfaction flows from the proposed sampling approach. While it was feasible to conduct the 9th SOW via telephone data collection only, with a quarterly sample size for the 10th SOW estimated to be 2,664, it does not seem efficient to maintain a telephone only data collection approach. Based on recent literature on survey methodology and response rates by mode, we recommend using a data collection that is done primarily by mail. A mail-based methodology will achieve the goals of being efficient, effective, and minimally burdensome for beneficiary respondents.

As previously described, we anticipate that a mail-based methodology could yield a response rate