

## ESTIMATED ANNUALIZED BURDEN TABLE—Continued

Forms	Type of respondent	Number of respondents	Number of responses per respondent	Average burden hours per response (in hrs.)	Total burden hours
Process Interview: Peer Educators .....	Program Staff .....	12	55	15/60	165
	Peer Educators .....	50	1	30/60	25
Total .....					910

**Terry Nicolosi,**

*Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.*

[FR Doc. E8–14428 Filed 6–25–08; 8:45 am]

BILLING CODE 4150–33–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the Secretary

#### Agency Information Collection Request. 60-Day Public Comment Request

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed information collection request 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. To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to [Sherette.funncoleman@hhs.gov](mailto:Sherette.funncoleman@hhs.gov), or call the Reports Clearance Office on (202) 690–6162. Written comments and recommendations for the proposed information collections must be received with 60-days, and directed to the OS Paperwork.

*Proposed Project:* SF–424 Individual—Revision—OMB No. 4040–0005—Grants.gov.

*Abstract:* This is a request for a revision of a previously approved collection. It is a simplified, alternative government-wide data set and application cover page for use by Federal grant-making agencies that award grants to individuals. The form is being revised with changes to the data field that collects the Social Security Number (SSN). The SSN field is an optional field. The current collection pre-fills the first five digits with “xxx–xx” and only collects the last four digits of the SSN. At OMB's request, we reviewed the usefulness of collection of a portion of the SSN, by polling the Agencies that used the SF–424 Individual form; however, it was determined that the partial SSN is not useful for processing the SF–424 Individual form by the Agencies. Therefore, no portion of the SSN will be collected as part of the electronic grant application process. Frequency of data collection varies by Federal agency.

## ESTIMATED ANNUALIZED BURDEN TABLE

Agency	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
NEA .....	1,150	1	10/60	192
NEH .....	2,593	1	30/60	1,297
USDA .....	4,069	1	30/60	2,035
HHS .....	600	1	30/60	300
Total .....				3,824

**Terry Nicolosi,**

*Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.*

[FR Doc. E8–14430 Filed 6–25–08; 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): Type-2 Diabetes Prevention in Women With a Recent History of Gestational Diabetes Mellitus, Potential Extramural Project (PEP) 2008–R–04

In accordance with Section 10(a)(2) of the Federal Advisory Committee Act

(Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the aforementioned meeting.

*Time and Date:* 1 p.m.–4 p.m., July 11, 2008 (Closed).

*Place:* Teleconference.

*Status:* The meeting will be closed to the public in accordance with provisions set forth in Section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92–463.

*Matters to be Discussed:* The meeting will include the review, discussion, and evaluation of “Type-2 Diabetes Prevention in

Women with a Recent History of Gestational Diabetes Mellitus, PEP 2008–R–04.”

*Contact Person for More Information:*

Linda Shelton, Program Specialist,  
Coordinating Center for Health and  
Information Service, Office of the Director,  
CDC, 1600 Clifton Road, NE., Mailstop E21,  
Atlanta, GA 30333, Telephone (404) 498–  
1194.

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: June 20, 2008.

**Elaine L. Baker,**

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

[FR Doc. E8–14485 Filed 6–25–08; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10261,  
CMS–10270 and CMS–10136]

#### 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:* New collection; *Title of*  
*Information Collection:* Part C Medicare  
Advantage (MA) Reporting  
Requirements and Supporting  
Regulations in 42 CFR 422.516(a); *Use:*  
CMS has authority to establish reporting  
requirements for Medicare Advantage

Organizations (MAOs) as described in  
42 CFR 422.516(a). Each MAO must  
have an effective procedure to develop,  
compile, evaluate, and report to CMS, to  
its enrollees, and to the general public,  
at the times and in the manner that CMS  
requires, and while safeguarding the  
confidentiality of the doctor-patient  
relationship, statistics and other  
information with respect to the cost of  
its operations, patterns of service  
utilization, availability, accessibility,  
and acceptability of its services,  
developments in the health status of its  
enrollees, and other matters that CMS  
may require. Data collected via  
Medicare Part C Reporting  
Requirements will be an integral  
resource for oversight, monitoring,  
compliance and auditing activities  
necessary to ensure quality provision of  
the benefits provided by MA plans to  
enrollees. *Form Number:* CMS–10261  
(OMB# 0938–New); *Frequency:* Yearly,  
quarterly, and semi-annually; *Affected*  
*Public:* Business or other for-profits;  
*Number of Respondents:* 703; *Total*  
*Annual Responses:* 1,406; *Total Annual*  
*Hours:* 298,072.

**2. Type of Information Collection**  
*Request:* New collection; *Title of*  
*Information Collection:* Evaluation of  
the Home Health Pay for Performance  
Demonstration: Survey instrument; *Use:*  
The Home Health Pay for Performance  
Demonstration is part of a change by  
CMS toward performance-based  
purchasing for a variety of provider  
types. By providing financial incentives  
for achieving high levels of performance  
on standardized quality measures, CMS  
hopes to encourage health care  
providers to improve the quality of care  
provided to Medicare beneficiaries. The  
Home Health Pay for Performance  
Demonstration (HHP4PD) relies on the  
voluntary participation by home health  
agencies within several States, with  
random assignment of participating  
agencies to treatment or control groups  
within each State, where the control  
group will not be eligible for incentive  
payments. These two groups form the  
primary comparison for determining if  
the HHP4PD was effective in creating  
improved, targeted outcomes for  
patients served by home health  
agencies. The information collected will  
be used as part of the evaluation of the  
Home Health Pay for Performance  
Demonstration sponsored by CMS. *Form*  
*Number:* CMS–10270 (OMB# 0938–  
New); *Frequency:* Once; *Affected Public:*  
Business or other for-profits and not-for-  
profit institutions; *Number of*  
*Respondents:* 570; *Total Annual*  
*Responses:* 570; *Total Annual Hours:*  
285.

**3. Type of Information Collection**  
*Request:* Revision of a currently  
approved collection; *Title of*  
*Information Collection:* Medicare  
Demonstration Ambulatory Care Quality  
Measure Performance Assessment Tool  
("PAT"); *Use:* CMS is requesting an  
extension of the currently approved tool  
for the collection of ambulatory care  
clinical performance measure data. The  
data will be used to continue  
implementation of two Congressionally  
mandated demonstration projects (the  
Physician Group Practice (PGP)  
Demonstration and the Medicare Care  
Management Performance (MCMP)  
Demonstration) and, starting in 2011,  
support data collection under the new  
Electronic Health Records (EHR)  
Demonstration. Each of these  
demonstrations test new payment  
methods for improving the quality and  
efficiency of health care services  
delivered to Medicare fee-for-service  
beneficiaries, especially those with  
chronic conditions that account for a  
disproportionate share of Medicare  
expenditures. In addition, the MCMP  
and EHR demonstrations specifically  
encourage the adoption of electronic  
health records systems as a vehicle for  
improving how health care is delivered.

The changes in the estimated burden  
between this submission and the  
original submission are due to the  
following changes: Combining the  
Information Collection Request (ICR)  
application for the PGP and MCMP  
demonstrations into a single ICR  
application. Reduction in the number of  
practices participating in the MCMP  
Demonstration. An increase in the  
estimated cost per hour (salary + fringe)  
for collecting the data. The  
implementation of the new EHR  
Demonstration which will begin  
collecting clinical quality data starting  
in 2011 with 400 Phase I practices. *Form*  
*Number:* CMS–10136 (OMB# 0938–  
0941); *Frequency:* Yearly; *Affected*  
*Public:* Business or other for-profits and  
not-for-profit institutions; *Number of*  
*Respondents:* 1060; *Total Annual*  
*Responses:* 1060; *Total Annual Hours:*  
25,990.

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