

Dated: August 31, 2004.

**Alvin Hall,**

*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 and Medicaid Services

[Document Identifier: CMS-10052, CMS-  
370, 377, 378, R-54, and CMS-R-218]

#### Agency Information Collection Activities: Proposed Collection; Comment Request

**AGENCY:** Centers for Medicare and  
Medicaid Services.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare and Medicaid Services (CMS) (formerly known as the Health Care Financing Administration (HCFA)), 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 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:* Revision of currently approved collection;

*Title of Information Collection:* Recognition of Pass-Through Payment for Additional (new) Categories of Devices under the Outpatient Prospective Payment System and Supporting Regulations in 42 CFR Part 419; *Use:* Information is necessary to determine eligibility of medical devices for establishment of additional device categories for payment under transitional pass-through payment provisions as required by section 1833(t)(6) of the Social Security Act. Form Number: CMS-10052 (OMB#: 0938-0857); *Frequency:* On occasion; *Affected Public:* Business or other for-profit; *Number of Respondents:* 12; *Total*

*Annual Responses:* 12; *Total Annual Hours:* 192.

**2. Type of Information Collection**  
*Request:* Revision of currently approved collection;

*Title of Information Collection:* Ambulatory Surgical Center (ASC) Health Insurance Benefit Agreement, ASC Request for Certification, ASC Survey Report and Supporting Regulations in 42 CFR 416.41, 416.43, 416.47, and 416.48; *Use:* The ASC Health Insurance Benefits Agreement form is utilized for the purpose of establishing eligibility for payment under Title XVIII of the Social Security Act. The ASC Request for Certification form is utilized as an application for facilities wishing to participate in the Medicare program as an ASC. This form initiates the process of obtaining a decision as to whether the conditions of coverage are met. It also promotes data retrieval from the Online Data Input Edit (ODIE system, a subsystem of the Online Survey Certification and Report (OSCAR) system by the Centers for Medicare and Medicaid Services (CMS) Regional Offices (RO)). The ASC Report Form is an instrument used by the State survey agency to record data collection in order to determine supplier compliance with individual conditions of coverage and to report it to the Federal government. The form is primarily a coding worksheet designed to facilitate data reduction and retrieval into the ODIE/OSCAR system at the CMS ROs. This form includes basic information on compliance (i.e., met, not met and explanatory statements) and does not require any descriptive information regarding the survey activity itself; *Form Number:* CMS-370, 377, 378, R-54 (OMB#: 0938-0266); *Frequency:* Annually and other: once; *Affected Public:* State, local or tribal government; *Number of Respondents:* 4,312; *Total Annual Responses:* 4,312; *Total Annual Hours:* 2,241.

**3. Type of Information Collection**  
*Request:* Extension of currently approved collection; *Title of Information Collection:* ICRS Contained in 45 CFR Part 162; HIPAA Standards for Electronic Transactions; *Use:* This submission contains information collection requirements in HCFA-0149-F, CMS-0003-P, CMS-0005-P, and CMS-003/005-F. This collection establishes standards for electronic transactions and for code sets to be used in those transactions. The collection standardizes the approximately 400 formats of electronic health care claims used in the United States. The use of these standards significantly reduces the administrative burden associated with paper documents, lowers operating

costs, and improves data quality for health care providers and health plans; *Form Number:* CMS-R-218 (OMB# 0938-0866); *Frequency:* On occasion; *Affected Public:* Business or other for-profit; *Number of Respondents:* 3.4 million; *Total Annual Responses:* 3.4 million; *Total Annual Hours:* 1 hour.

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.gov/regs/prdact95.htm>, 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.

Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice directly to the CMS Paperwork Clearance Officer designated at the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development and Issuances, Attention: Melissa Musotto, Room C5-14-03, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: August 31, 2004.

**John P. Burke, III,**

*Paperwork Reduction Act Team Leader,  
Office of Strategic Operations and Strategic  
Affairs, Division of Regulations Development  
and Issuances.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare and Medicaid Services

[Document Identifier: CMS-10106 and CMS-  
10072]

#### Agency Information Collection Activities: Submission for OMB Review; Comment Request

**AGENCY:** Centers for Medicare and  
Medicaid Services.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare and Medicaid Services (CMS) (formerly known as the Health Care Financing Administration (HCFA), 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 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:** Medicare Authorization to Disclose Health Information; **Form No.:** CMS-10106 (OMB# 0938-NEW; **Use:** Unless permitted or required by law, the Privacy Act and Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule prohibit covered entities from disclosing an individual's protected health information to a third party without a valid privacy authorization. The authorization must include specified core elements and certain statements. Medicare beneficiaries will use the "Medicare Authorization to Disclose Health Information" to authorize Medicare to disclose their protected health information to a third party; **Frequency:** Other: an event basis; **Affected Public:** Individuals or Households; **Number of Respondents:** 39,000,000; **Total Annual Responses:** 1,000,000; **Total Annual Hours:** 250,000.

#### 2. Type of Information Collection

**Request:** Extension of a currently approved collection; **Title of Information Collection:** Survey Tool for Medicare.gov Web site; **Form No.:** CMS-10072 (OMB# 0938-0900); **Use:** CMS has developed a survey tool using MSInteractive to obtain feedback from users accessing [cms.hhs.gov](http://cms.hhs.gov) Web site to guide future improvements; **Frequency:** On Occasion; **Affected Public:** Individuals or Households and Business or other for-profit; **Number of Respondents:** 7,000; **Total Annual Responses:** 7,000; **Total Annual Hours:** 583.

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/regulations/pa/>, or e-mail your request, including your address, phone number, OMB number, and CMS document identifier, to [Paperwork@hcf.gov](mailto:Paperwork@hcf.gov), or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to

the OMB desk officer: OMB Human Resources and Housing Branch, Attention: Christopher Martin, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: August 31, 2004.

**John P. Burke, III,**

*Paperwork Reduction Act Team Leader, CMS Reports Clearance Officer, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development and Issuances.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with the requirement for the opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Public Law 104-13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. To request more information on the proposed project, call the HRSA Reports Clearance Officer on (301) 443-1129.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the grantee, including whether the information shall have practical utility; (b) ways to enhance the quality, utility, and clarity of the information to be collected; and (c) 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.

#### Proposed Project: Minority AIDS Initiative (MAI) Report Form: New

The purpose of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act is to provide emergency assistance to localities that are disproportionately affected by the Human Immunodeficiency Virus (HIV) epidemic, and to make financial assistance available for the development, organization, coordination, and operation of more effective and cost-efficient systems for the delivery of essential services to

persons with HIV disease. The CARE Act also provides grants to states, eligible metropolitan areas, community-based programs, and early intervention programs for the delivery of service to individuals and families with HIV infection.

The HRSA's HIV/AIDS Bureau (HAB) administers Titles I, II, III, and IV of the Ryan White CARE Act of 1990, as amended by the Ryan White CARE Act Amendments of 1996 and 2000 (codified under Title XXVI of the Public Health Services Act).

The Minority AIDS Initiative (MAI) was established in fiscal year 1999 to specifically address the needs of communities of color disproportionately affected by HIV/AIDS. Funded through a congressional appropriation and the Department of Health and Human Services (HHS) Secretary's MAI Fund, this Initiative supplements Ryan White CARE Act funding to allow communities to expand local service capacity primarily through minority-serving community-based organizations, improve service delivery, and support the development of new and innovative programs designed to reduce HIV/AIDS-related health disparities. In addition to HRSA, the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the Office of the HHS Secretary, the Indian Health Service (IHS), and the Substance Abuse and Mental Health Services Administration (SAMHSA) are recipients of MAI funds.

The MAI Report Form is designed to collect performance data from MAI grantees, and is divided into six sections specific to Titles I-IV and Division of Training and Technical Assistance (DTTA) grantees, as follows: (1) Planned MAI Activities for the Grant Year (Title I, Title II, Title III and Title IV grantees); (2) Six-Month Progress Report (Title III and Title IV grantees); (3) End of Year Report (Title I, Title II, Title III and Title IV grantees); (4) Outcomes Planned and Achieved by MAI Grantees (Title I, Title II, Title III and Title IV grantees); (5) Planned MAI Activities of the Division of Training and Technical Assistance (DTTA) Capacity Development Grantees for the Grant Year (DTTA grantees only); and (6) End of Grant Year MAI Activities of DTTA Capacity Development Grantees (DTTA grantees only).

The MAI Report Form will be available for all grantees to submit their data via a HRSA Web site or by hard copy paper form. Grantees will complete relevant sections of the MAI Report Form and submit any hard copy forms to the HRSA Call Center. The MAI Report Form will be designed to include