

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, 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]

BILLING CODE 4151–AE–P

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, or call the
Reports Clearance Office on (410) 786–
1326.

In commenting on the proposed
information collections please reference