

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

Contact Person for More Information:

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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]

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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

the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in one of the following ways by *August 25, 2008*:

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.

Date: June 18, 2008.

Michelle Shortt,

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

[FR Doc. E8-14442 Filed 6-25-08; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-R-71]

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 of a currently approved collection; *Title of Information Collection:* Quality Improvement Organization (QIO) Assumption of Responsibilities and Supporting Regulations in 42 CFR Sections 412.44, 412.46, 431.630, 476.71, 476.73, 476.74, and 476.78; *Use:* The Peer Review Improvement Act of 1982 amended Title XI of the Social Security Act to create the Utilization and Quality Control Peer Review Organization (PRO) program which replaces the Professional Standards Review Organization (PSRO) program and streamlines peer review activities. The term PRO has been renamed Quality Improvement Organization (QIO). This collection describes the review functions to be performed by the QIO. It outlines relationships among QIOs, providers, practitioners, beneficiaries, intermediaries, and carriers. *Form Number:* CMS-R-71 (OMB# 0938-0445); *Frequency:* Yearly; *Affected Public:* Business or other for-profit and Not-for-profit institutions; *Number of Respondents:* 6,036; *Total Annual Responses:* 6,036; *Total Annual Hours:* 156,846.

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.

To be assured consideration, comments and recommendations for the proposed information collections must be received by the OMB desk officer at

the address below, no later than 5 p.m. on July 28, 2008, OMB Human Resources and Housing Branch, Attention: OMB Desk Officer, New Executive Office Building, Room 10235, Washington, DC 20503, Fax Number: (202) 395-6974.

Dated: June 18, 2008.

Michelle Shortt,

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

[FR Doc. E8-14443 Filed 6-25-08; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Voluntary Surveys of Program Partners to Implements Executive Order 12862

OMB No.: 0980-0266

Description: Under the provisions of the Federal Paperwork Reduction Act of 1995 (Pub. L. 104-13), the Administration for Children and Families (ACF) is requesting clearance for instruments to implement Executive Order 12862 within ACF. The purpose of the data collection is to obtain customer satisfaction information from those entities who are funded to be our partners in the delivery of services to the American public. ACF partners are those entities that receive funding to deliver services or assistance from ACF programs. Examples of partners are state and local governments, territories, service providers, Indian Tribes and Tribal organizations, grantees, researchers, or other intermediaries serving target populations identified by and funded directly or indirectly by ACF. The surveys will obtain information about how well ACF is meeting the needs of our partners in operating the ACF programs.

Respondents: State, Local, & Tribal Govt. or not-for-profit Organizations

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
State Governments, Territories and District of Columbia	54	10	1	540
Head Start Grantees and Delegates	200	1	0.50	100
Other Discretionary Grant Programs	200	10	0.50	1,000
Indian Tribes and Tribal Organizations	25	10	0.50	125