

Notice of Correction*Title of Project*

Possession, Use, and Transfer of Select Agents and Toxins (OMB Control No. 0920-0576)—Extension—Office of the Director (OD), Centers for Disease Control and Prevention (CDC).

Description of Correction

Due to a clerical oversight, the closing date of the 30-day **Federal Register** Notice (FRN) under 30dy-06-0576 published on January 24, 2006 will be used as the official 30-day for the OMB submission printed under that notice number. The closing date of the 30-day FRN under 30dy-06-0576 dated February 8, 2006 will not be used. The second 30-day FRN was inadvertently published, so please disregard the second closing date.

Comments will be considered until COB of February 24, 2006 and not March 8, 2006.

Dated: February 21, 2006.

Joan F. Karr,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 06-1779 Filed 2-23-06; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Medicare & Medicaid Services**

[Document Identifier: CMS-1450(UB-04)]

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:* Medicare Uniform Institutional Provider Bill and Supporting Regulations in 42 CFR 424.5; *Use:* Section 42 CFR 424.5(a)(5) requires providers of services to submit a claim for payment prior to any Medicare reimbursement. Charges billed are coded by revenue codes. The bill specifies diagnoses according to the International Classification of Diseases, Ninth Edition (ICD-9-CM) code. Inpatient procedures are identified by ICD-9-CM codes, and outpatient procedures are described using the CMS Common Procedure Coding System (HCPCS). These are standard systems of identification for all major health insurance claims payers. Submission of information on the CMS-1450 permits Medicare intermediaries to receive consistent data for proper payment. All hardcopy claims processed by Medicare fiscal intermediaries must be submitted on the CMS-1450 (UB-04) after May 23, 2007. Data fields in the X12N 837 data set are consistent with the CMS-1450 (UB-04) data set.; *Form Numbers:* CMS-1450 (UB-04) (OMB#: 0938-NEW); *Frequency:* Reporting—On occasion; *Affected Public:* Not-for-profit institutions, Business or other for-profit; *Number of Respondents:* 53,111; *Total Annual Responses:* 179,489,721; *Total Annual Hours:* 308,237.

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 at the address below, no later than 5 p.m. on April 25, 2006. CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development—B, Attention: William N. Parham, III, Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: February 16, 2006.

Michelle Shortt,

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

[FR Doc. 06-1767 Filed 2-23-06; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Medicare and Medicaid Services**

[Document Identifier: CMS-10182]

Emergency Clearance: Public Information Collection Requirements Submitted to the Office of Management and Budget (OMB)

AGENCY: Center for Medicare and 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 and 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 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.

We are, however, requesting an emergency review of the information collection referenced below. In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, we have submitted to the Office of Management and Budget (OMB) the following requirements for emergency review. We are requesting an emergency review because the collection of this information is needed before the expiration of the normal time limits under OMB's regulations at 5 CFR part 1320. This is necessary to ensure compliance with an initiative of the Administration. CMS does not have sufficient time to complete the normal PRA clearance process. Section 1860D-1 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) and implementing regulations at 42 CFR 423.56(c) and (d) requires that all entities provide a disclosure of creditable coverage status to all Medicare Part D eligible individuals. The normal PRA clearance process would result in violating this statute which would result in public harm to enrolled Medicare prescription drug beneficiaries.

1. *Type of Information Collection Request:* New Collection; *Title of Information Collection:* Model Creditable Coverage Disclosure Notices; *Use:* Section 1860D-1 of the MMA requires entities that offer prescription drug benefits under any of the types of coverage described in 42 CFR 423.56(b) to provide a disclosure of creditable coverage status to all Medicare Part D eligible individuals covered under the entity's plan. These disclosure notices must be provided to Part D eligible individuals, at a minimum, at the following times: (1) Prior to an individual's initial enrollment period for Part D, (2) prior to the effective date of enrollment in the entity's coverage, and upon any change in creditable status; (3) prior to the commencement of the Part D Annual Coordinated Election Period (ACEP) which begins on November 15 of each year, and (4) upon request by the individual. Disclosure of whether prescription drug coverage is creditable provides Medicare eligible individuals with important information relating to their Medicare Part D enrollment.

Form Number: CMS-10182 (OMB#: 0938-New);

Frequency: Recordkeeping, Third party disclosure and Reporting: On occasion, Annually, and Other-As requested;

Affected Public: Individuals or Households, Business or other for-profit, Not-for-profit institutions and Federal, State, Local or Tribal Government;

Number of Respondents: 450,160;

Total Annual Responses: 1,225,173;

Total Annual Hours: 522,204.

CMS is requesting OMB review and approval of these collections by *March 29, 2006*, with a 180-day approval period. Written comments and recommendations will be considered from the public if received by the individuals designated below by *March 17, 2006*.

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.

Interested persons are invited to send comments regarding the burden or any other aspect of these collections of information requirements. However, as noted above, comments on these information collection and recordkeeping requirements must be

mailed to the designees referenced below by *March 17, 2006*:

Centers for Medicare and Medicaid Services, Office of Strategic Operations and Regulatory Affairs, Room C4-26-05, 7500 Security Boulevard, Baltimore, MD 21244-1850, Attn: Bonnie L Harkless, and,

OMB Human Resources and Housing Branch, Attention: Carolyn Lovett, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: February 15, 2006.

Michelle Shortt,

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

[FR Doc. 06-1768 Filed 2-23-06; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-1500 (12-90), CMS-1490U, CMS-1490S, CMS-1500 (08-05)]

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:* Health Insurance Common Claims Form and Supporting Regulations at 42 CFR part 424, subpart C; *Form Number:* CMS-

1500 (12-90), CMS-1490-U, CMS-1490-S (OMB#: 0938-0008); *Use:* The Form CMS-1500 answers the needs of many health insurers. It is the basic form prescribed by CMS for the Medicare program and is only accepted from physicians and suppliers that are excluded from the mandatory electronic claims submission requirements set forth in the Administrative Simplification Compliance Act (ASCA) Public Law 107-105 and the implementing regulation at 42 CFR 424.32. The Medicaid State Agencies, CHAMPUS/TriCare, Office of Workers' Compensation Programs (OWCP), U.S. Railroad Retirement Board (RRB), Blue Cross/Blue Shield Plans, the Federal Employees Health Benefit Plan, and several private health plans also use it; it is the de facto standard "professional" claim form. CMS is seeking re-approval of the CMS-1500 (12/90), CMS-1490-U, and the CMS-1490-S forms.; *Frequency:* Reporting—On occasion; *Affected Public:* State, Local, or Tribal Government, Business or other-for-profit, Not-for-profit institutions; *Number of Respondents:* 902,378; *Total Annual Responses:* 957,204,707; *Total Annual Hours:* 46,383,364.

2. *Type of Information Collection Request:* New collection; *Title of Information Collection:* Health Insurance Common Claims Form and Supporting Regulations at 42 CFR part 424, subpart C; *Form Number:* CMS-1500 (08-05), CMS-1490-S (OMB#: 0938-NEW); *Use:* CMS is simultaneously seeking approval for form CMS-1500 (08-05) and the CMS-1500 (12-90). A concurrent approval for the two forms is needed to allow the industry to prepare for the conversion, i.e. computer system conversions and mass printing of the form CMS-1500 (08-05). The CMS-1500 (08-05) will be accepted beginning in October, 2006. Its use will be mandatory in 2007. In 2007, the CMS-1500 (12-90) and the corresponding OMB control number will be discontinued. The Form CMS-1500 answers the needs of many health insurers. It is the basic form prescribed by CMS for the Medicare program and is only accepted from physicians and suppliers that are excluded from the mandatory electronic claims submission requirements set forth in the Administrative Simplification Compliance Act (ASCA) Public Law 107-105 and the implementing regulation at 42 CFR 424.32. The Medicaid State Agencies, CHAMPUS/TriCare, Office of Workers' Compensation Programs (OWCP), U.S. Railroad Retirement Board (RRB), Blue Cross/Blue Shield Plans, the Federal