

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:* Medicare Waiver Demonstration Application; *Use:* The Medicare Waiver Demonstration Application will be used to collect standard information needed to implement congressionally mandated and administration priority demonstrations. The application will be used to gather information about the characteristics of the applicant's organization, benefits, and services they propose to offer, success in operating the model, and evidence that the model is likely to be successful in the Medicare program. The standard application will be used for all waiver demonstrations and will reduce the burden on applicants, provide for consistent and timely information collections across demonstrations, and provide a user-friendly format for respondents; *Form Number:* CMS-10069 (OMB#: 0938-0880); *Frequency:* Reporting—On Occasion; *Affected Public:* Business or other for-profit, not-for-profit institutions; *Number of Respondents:* 75; *Total Annual Responses:* 75; *Total Annual Hours:* 6000.

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Application for Prescription Drug Plans (PDP); Application for Medicare Advantage Prescription Drug (MA-PD) Plans; Application for Cost Plans to Offer Qualified Prescription Drug Coverage; Application for PACE Organization to Offer Qualified Prescription Drug Coverage; Application for Employer Group Waiver Plans to Offer Prescription Drug Coverage; Service Area Expansion Application to Offer Prescription Drug Coverage in a New Region; *Use:* Coverage for the prescription drug benefit will be provided through contracted prescription drug plans (PDPs) or through Medicare Advantage (MA) plans that offer integrated prescription drug and health care coverage (MA-PD plans). Cost Plans that are regulated under Section 1876 of the Social

Security Act, Employer Group Waiver Plans (EGWP) and PACE plans may also provide a Part D benefit. Organizations wishing to provide services under the Prescription Drug Benefit Program must complete an application, negotiate rates, and receive final approval from CMS.

Existing Part D Sponsors may also expand their contracted service area by completing the Service Area Expansion (SAE) application; *Form Number:* CMS-10137 (OMB#: 0938-0936); *Frequency:* Reporting—Other—depending on programs area and data requirements; *Affected Public:* Business or other for-profit, not-for-profit institutions, Federal government; *Number of Respondents:* 101; *Total Annual Responses:* 101; *Total Annual Hours:* 3,828.

3. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Request for Termination of Premium Hospital and/or Supplementary Medical Insurance and Supporting Regulations in 42 CFR 406.28 & 407.27; *Use:* Under 42 CFR 406.28 (a) and 407.27 (c) a Medicare beneficiary, wishing to voluntarily terminate enrollment in Medicare Supplementary Medical Insurance and/or Premium-Hospital Insurance can file a written request with CMS or the Social Security Administration. The form, Request for Termination of Premium Hospital and/or Supplementary Medical Insurance, was developed to comply with these requirements. *Form Number:* CMS-1763 (OMB#: 0938-0025); *Frequency:* Reporting: Other: One Time Only; *Affected Public:* Individuals or households, Federal, State, Local or Tribal Government; *Number of Respondents:* 14,000; *Total Annual Responses:* 14,000; *Total Annual Hours:* 5,833.

4. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Publications Use Study; *Use:* The Balanced Budget Act (BBA) of 1997 increased the number and type of health insurance options available to Medicare beneficiaries and implemented new preventative health care benefits. The BBA also gave CMS a greater responsibility to help Medicare beneficiaries better understand these increased health care options and benefits. This research is designed to strengthen the information dissemination efforts by CMS to meet beneficiaries' needs. The current study expands on previous methodology to include surveys of not only print-based publications but of Web-based publications as well. CMS is mandated to provide a range of information about Medicare health care options, benefits,

rights and regulations. This research will evaluate how well CMS is currently meeting this mandate; *Form Number:* CMS-10080 (OMB#: 0938-0892); *Frequency:* Recordkeeping and Reporting: Quarterly; *Affected Public:* Individuals or households; *Number of Respondents:* 3880; *Total Annual Responses:* 3880; *Total Annual Hours:* 1,356.

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.

Written comments and recommendations for the proposed information collections must be mailed or faxed within 30 days of this notice directly to the OMB desk officer:

OMB Human Resources and Housing Branch, Attention: Carolyn Lovett, New Executive Office Building, Room 10235, Washington, DC 20503, Fax Number: (202) 395-6974.

Dated: May 25, 2006.

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10109]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services.

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:* Revision of a currently approved collection; *Title of Information Collection:* Hospital Reporting Initiative—Hospital Quality Measures; *Use:* The recently enacted section 5001(a) of the Deficit Reduction Act (DRA) sets out new requirements for the Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) program. The RHQDAPU program was established to implement section 501(b) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA). The DRA builds on our ongoing voluntary Hospital Quality Initiative, which is intended to empower consumers with quality of care information to make more informed decisions about their health care, while also encouraging hospitals and clinicians to improve the quality of care provided to Medicare beneficiaries. The DRA revises the current hospital reporting initiative by stipulating new data collection requirements. The law provides a 2.0 percent reduction in points to the update percentage increase for any hospital that does not submit the quality data in the form, and manner, and at a time, specified by the Secretary. The Act also requires that we expand the “starter set” of 10 quality measures that we have used since 2003. To comply with these new requirements we must make changes to the Hospital Reporting Initiative. *Form Number:* CMS-10109 (OMB#: 0938-0918); *Frequency:* Recordkeeping, third party disclosure, and reporting—quarterly; *Affected Public:* State, Local or Tribal Government; *Number of Respondents:* 3,700; *Total Annual Responses:* 14,800; *Total Annual Hours:* 484,560.

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 August 8, 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: May 25, 2006.

Michelle Shortt,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-R-30, CMS-10117, 10118, 10119, 10135, 10136 and CMS-R-206]

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:* Information Collection Requirements in the Hospice Conditions for Coverage and Supporting Regulations at 42 CFR 418.22, 418.24, 418.28, 418.56, 418.58, 418.70, 418.83, 418.96, and 418.100; *Use:* The information collection requirements contained in the Hospice Conditions for Coverage information collection request (ICR) serve to ensure compliance with the hospice conditions of participation. The State survey agencies utilize the

furnished information during the certification and re-certification periods to assist in determining compliance with the statute and regulations. In addition, data collected will be used to produce statistical reports to the Congress, to establish reimbursement rates, and to provide increased information on the hospice industry.; *Form Number:* CMS-R-30 (OMB#: 0938-0302); *Frequency:* Reporting—Other—depending on program areas and data requirements; *Affected Public:* Business or other for-profit, not-for-profit institutions, Federal government; *Number of Respondents:* 2,874; *Total Annual Responses:* 2,874; *Total Annual Hours:* 9,930,912.

2. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Qualification—Medicare Advantage (MA) Application For Coordinated Care, Private Fee-For-Service, Regional Preferred Provider Organization, Service Area Expansion For Coordinated Care and Private Fee-For-Service Plans, Medical Savings Account Plans ; *Use:* An entity seeking a contract as an MA organization must be able to provide Medicare's basic benefits plus meet the organizational requirements set out under 42 CFR Part 422. An applicant must demonstrate that it can meet the benefit and other requirements within the specific geographic area it is requesting. The application forms are designed to provide the information needed to determine the health plan's compliance. The regulatory requirements are incorporated into the MA applications. The MA application forms will be used to determine if an entity is eligible to enter into a contract to provide services to Medicare beneficiaries; *Form Number:* CMS-10117, 10118, 10119, 10135, 10136 (OMB#: 0938-0935); *Frequency:* Reporting: One time submission; *Affected Public:* Business or other for-profit, not-for-profit institutions and State, Local or Tribal Government; *Number of Respondents:* 80; *Total Annual Responses:* 110; *Total Annual Hours:* 3,400.

3. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Information Collection Requirements Referenced in HIPAA, Title 1, for the Group Market, Supporting Regulations at 45 CFR 146.111, 146.115, 146.117, 146.150, 146.152, 146.160, and 146.180, and forms/instructions; *Use:* The requirements of this information collection will ensure that group health plans and issuers in the group market comply with Health Insurance