

uninsured or underinsured populations even if there is underutilized capacity. The study will also determine whether there are factors that affect average variable costs across facilities such as the number of procedures performed, specialization in types of procedures or

other characteristics of the facility. Results of this study will be used to better understand the economics of colorectal cancer screening.

Respondents include medical facility receptionists, hospital operators, and office/business managers. The total estimated cost to respondents is

approximately \$72,800 assuming an hourly wage of \$37 for office/business managers and an hourly wage of \$11 for others during the study period. There are no costs to the respondents other than their time. The total estimated annualized burden hours are 2072.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Receptionist .....	Telephone screening survey .....	14,160	1	5/60
OPHD nurse manager .....	SECOST mail survey .....	1,000	1	1
ASC nurse manager .....	SECOST mail survey .....	725	1	1

Dated: February 16, 2007.

**Joan F. Karr,**

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

[FR Doc. E7-3099 Filed 2-22-07; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Board of Scientific Counselors, National Institute for Occupational Safety and Health: Notice of Charter Renewal**

This gives notice under the Federal Advisory Committee Act (Pub. L. 92-463) of October 6, 1972, that the Board of Scientific Counselors, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, Department of Health and Human Services, has been renewed for a 2-year period through February 3, 2009.

For information, contact Dr. Roger Rosa, Executive Secretary, Board of Scientific Counselors, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, Department of Health and Human Services, CDC/Washington Office, HHH Building, 200 Independence Ave., SW., Room 715H, MS P12, Washington, DC 20201—telephone 202/205-7856 or fax 202/260-4464.

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 the

Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: February 15, 2007.

**Elaine L. Baker,**

*Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*

[FR Doc. E7-3103 Filed 2-22-07; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Disease, Disability, and Injury Prevention and Control Special Emphasis Panels (SEP): The Small Business Innovation Research (SBIR) 020, “New Laboratory Tests for Tuberculosis and Detection of Drug Resistance” and SRIB 021, “Development of Novel Information System for Remote Tuberculosis Control and Prevention”**

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.

*Times and Dates:* 1 p.m.–2 p.m., March 30, 2007 (Closed). 2 p.m.–4 p.m., March 30, 2007 (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 applications received in

response to The Small Business Innovation Research (SBIR) 020, “New Laboratory Tests for Tuberculosis and Detection of Drug Resistance” and SRIB 021, “Development of Novel Information System for Remote Tuberculosis Control and Prevention.”

*Contact Person for More Information:* J. Felix Rogers, PhD, M.P.H., Scientific Review Administrator, Coordinating Center for Infectious Diseases, National Center for Immunization and Respiratory Diseases, Office of the Director, CDC, 1600 Clifton Road NE., Mailstop E05, Atlanta, GA 30333, Telephone 404.639.6101.

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: February 15, 2007.

**Elaine L. Baker,**

*Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*

[FR Doc. E7-3102 Filed 2-22-07; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**National Center for Environmental Health/Agency for Toxic Substances and Disease Registry**

The Health Department Subcommittee of the Board of Scientific Counselors (BSC), Centers for Disease Control and Prevention (CDC), National Center for Environmental Health (NCEH)/Agency for Toxic Substances and Disease Registry (ATSDR): Teleconference Meeting.

<sup>1</sup> We expect that we will have to make 4,160 screening telephone calls to identify a sample of

1,250 HOPDs and 906 ASCs that are eligible for inclusion in the study.

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention, NCEH/ATSDR announces the following teleconference meeting of the aforementioned subcommittee:

*Times and Dates:* 12:30 p.m.–2 p.m., March 19, 2007.

*Place:* Century Center, 1825 Century Boulevard, Atlanta, Georgia 30345.

*Status:* Open to the public, teleconference access limited only by availability of telephone ports.

*Purpose:* Under the charge of the Board of Scientific Counselors, NCEH/ATSDR the Health Department Subcommittee will provide the BSC, NCEH/ATSDR with advice and recommendations on local and State health department issues and concerns that pertain to the mandates and mission of NCEH/ATSDR.

*Matters to be Discussed:* The meeting will include a review of the agenda; approval of minutes from the last conference call; a discussion on identifying State and Local government issues; a discussion on bridging NCEH/ATSDR programs; public comment and the next steps for the Health Department Subcommittee.

Items are subject to change as priorities dictate.

*Supplementary Information:* This teleconference meeting is scheduled to begin at 12:30 p.m. Eastern Daylight Savings Time. To participate, please dial 877/315-6535 and enter conference code 383520. The public comment period is scheduled from 1:30 p.m.–1:40 p.m.

*Contact Person for More Information:* Shirley D. Little, Committee Management Specialist, NCEH/ATSDR, 1600 Clifton Road, Mail Stop E-28, Atlanta, GA 30303; telephone 404/498-0615, fax 404/498-0059; E-mail: [slittle@cdc.gov](mailto:slittle@cdc.gov). 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 ATSDR.

Dated: February 16, 2007.

**Elaine L. Baker,**

*Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*

[FR Doc. E7-3100 Filed 2-22-07; 8:45 am]

**BILLING CODE 4163-18-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier: CMS-R-131, CMS-10219, CMS-10097, CMS-255, and CMS-437]

#### 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:** Advance Beneficiary Notice of Noncoverage (ABN); **Use:** Under section 1879 of the Social Security Act, a physician, provider, practitioner or supplier of items or services participating in the Medicare Program, or taking a claim on assignment, may bill a Medicare beneficiary for items or services usually covered under Medicare, but denied in an individual case under specific statutory exclusions, if they inform the beneficiary, prior to furnishing the service, that Medicare is likely to deny payment. 42 CFR 411.404(b) and (c), and 411.408(d)(2) and (f), require written notice be provided to inform beneficiaries in advance of potential liability for payment.

While the basic content of the ABN remains the same, there were several changes to the notice including but not limited to the following: (1) Revised, more user friendly language; (2) combining the two versions of the ABN, the General Use ABN, form CMS-R-131-G, and CMS-R-131-L, which was used specifically for physician-ordered

laboratory tests, into a single general notice meeting both needs; (3) adding the 1-800-MEDICARE number on the notice; (4) adding information about the beneficiary's right to demand Medicare be billed; (5) increasing the selection options to 3 from 2, to allow beneficiaries' the right to pay out of pocket when they desire; (6) allowing a place for other insurance information to be recorded; and (7) describing the significance of the signature; **Form Number:** CMS-R-131 (OMB#: 0938-0566); **Frequency:** Reporting: Weekly, Monthly, Yearly, Biennially and Occasionally; **Affected Public:** Business or other for-profit and not-for-profit institutions; **Number of Respondents:** 1,270,614; **Total Annual Responses:** 40,302,506; **Total Annual Hours:** 4,701,959.

**2. Type of Information Collection Request:** New collection; **Title of Information Collection:** Health Plan Employer Data And Information Set (HEDIS®); **Use:** The Centers for Medicare & Medicaid Services (CMS) collects quality performance measures in order to hold the Medicare managed care industry accountable for the care being delivered, to enable quality improvement, and to provide quality information to Medicare beneficiaries in order to promote an informed choice. It is critical to CMS' mission that we collect and disseminate information that will help beneficiaries choose among health plans, contribute to improved quality of care through identification of improvement opportunities, and assist CMS in carrying out its oversight and purchasing responsibilities.

In December 1997, OMB approved the request from CMS for the information collections under HEDIS® and assigned the agency form number CMS-R-200. The collections approved under that request included the HEDIS® collection (following the technical specifications contained in Volume 2, published by the National Committee for Quality Assurance (NCQA); the Health of Seniors/Health Outcomes Survey (HOS); and the Medicare CAHPS® survey. Since that approval there has been a change in the statutory authority as a result of the Balanced Budget Act of 1997. During the latter part of 2000, CMS instituted several policy changes regarding this collection which reduced burden substantially on the part of the managed care organizations and the process for finalizing and publishing that policy delayed the request for OMB approval. In addition, the renewal of OMB authority for the Medicare CAHPS survey was completed as a separate request. The HOS renewal was also submitted separately. This request is