

most recently at 70 FR 51071–51075, dated August 29, 2005) is amended to reflect the establishment of the Management Information Systems Office, within the Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

Section C–B, Organization and Functions, is hereby amended as follows:

After the mission statement for the Office of Security and Emergency Preparedness (CAJJ), Office of the Chief Operating Officer (CAJ), insert the following:

Management Information Systems Office (CAJN). The mission of the Management Information Systems Office (MISO) is to support the Centers for Disease Control and Prevention's (CDC) public health impact through enterprise business systems solutions. In carrying out its mission, MISO: (1) Designs, develops, implements, supports, and evaluates enterprise business information systems for CDC's administrative lines of business; (2) provides data management and integration to support CDC's administrative lines of business and integration with programmatic functions; (3) collaborates with the Department of Health and Human Services (DHHS), other federal agencies, and CDC organizations in the delivery of enterprise business information systems for CDC's major administrative lines of business; (4) integrates emerging and legacy technologies, where appropriate, in order to leverage information assets, using common data structures and business rules to transition toward more robust information solutions; (5) manages the CDC workforce data repository, which is the centralized source of person information and integration point for all systems within CDC to access individual profile data; (6) partners with lines of business stakeholders to provide business management services, including technical project management, technical stewardship, change management, requirements management, quality management, and investment management activities for capital planning and certification and accreditation for CDC's enterprise business information systems; (7) provides knowledge management services including information retrieval, information mapping, information sharing, data categorization, and knowledge capture in support of CDC's lines of business services and programmatic operations; (8) ensures enterprise business information systems meet all federal/DHHS/CDC information technology (IT) security policy and

regulatory requirements while implementing appropriate risk mitigation procedures, countermeasures, and safeguards in accordance with the sensitivity and criticality levels of the data or system; (9) provides customer services to end users of enterprise business information systems including call center support, customer analytics, online help, documentation, and training; (10) researches and implements new technologies, methodologies, and architecture for business information system development, data management, project management, performance management, knowledge management, and business intelligence; (11) serves as enterprise IT partner in support of CDC's strategic business intelligence initiatives by providing the business process, data, and technology framework to align goals, performance and knowledge management; and (12) provides the CDC Office of the Director and CDC staff offices with information systems, data, and Web site development, management, and support.

Dated: August 24, 2005.

William H. Gimson,

Chief Operating Officer, Centers for Disease Control and Prevention (CDC).

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document No. CMS–R–232, CMS–9042]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services (CMMS).

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:* Extension of a currently approved collection; *Title of Information Collection:* Medicare Integrity Program Organizational Conflict of Interest Disclosure Certificate and Supporting Regulations at 42 CFR 421.300–421.316; *Form Number:* CMS–R–232 (OMB#: 0938–0723); *Use:* Section 1893(d)(1) of the Social Security Act requires CMS to establish a process for identifying, evaluating, and resolving conflicts of interest. CMS proposed a process under Section 421.310 to mandate submission of pertinent information regarding conflicts of interest. The entities providing the information will be organizations that have been awarded, or seek award of, a Medicare Integrity Program contract. CMS needs this information to assess whether contractors who perform, or who seek to perform, Medicare Integrity Program functions, such as medical review, fraud review or cost audits, have organizational conflicts of interest and whether any conflicts have been resolved. *Frequency:* Reporting—On occasion; *Affected Public:* Business or other for-profit; *Number of Respondents:* 11; *Total Annual Responses:* 11; *Total Annual Hours:* 2,200.

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Request for Accelerated Payments and Supporting Regulations in 42 CFR, sections 412.116, 412.632, 413.64, 413.350, and 484.245; *Form Number:* CMS–9042 (OMB#: 0938–0269); *Use:* Section 1815(a) of the Social Security Act describes payment to providers of services. 42 CFR 412.116, 42 CFR 412.632, 42 CFR 413.64, 42 CFR 413.350, and 42 CFR 484.245 define the conditions under which accelerated payments may be requested. Sections 2412.2 and 2412.3 of the Provider Reimbursement Manual identify the information that providers must supply to their intermediary to request an accelerated payment. A request for an accelerated payment can be made by a hospital, skilled nursing facility, home health agency, inpatient rehabilitation facility, critical access hospital, or hospice that is not receiving periodic interim payments. Accelerated payment request forms are used by fiscal intermediaries to assess a provider's eligibility for accelerated payments. *Frequency:* Reporting—On occasion; *Affected Public:* Business or

other for-profit, Not-for-profit institutions; *Number of Respondents*: 822; *Total Annual Responses*: 822; *Total Annual Hours*: 411.

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/regulations/pr/>, 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 November 22, 2005. CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Bonnie L. Harkless, Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: September 15, 2005.

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 No. CMS-10170]

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

AGENCY: Centers for Medicare & Medicaid Services (CMMS).

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 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. We cannot reasonably comply with the normal clearance procedures because the normal procedures are likely to cause a statutory deadline to be missed.

Under Section 1860D-22 of the Social Security Act, added by the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA) and implementing regulations at 42 CFR Section 423.880 plan sponsors (employers, unions etc.) who offer prescription drug coverage to their qualified covered retirees are eligible to receive a 28% tax-free subsidy for allowable drug costs. Plan sponsors must submit a complete application to CMS in order to be considered for the Retiree Drug Subsidy (RDS) program. All systems must be operational January 1, 2006, the effective date for the MMA. In order to meet this statutorily mandated date, CMS is working diligently to establish the systems, procedures, and documents necessary to implement the RDS program. CMS is seeking an emergency Paperwork Reduction Act (PRA) approval for the RDS Payment and Reconciliation specifications and instructions.

CMS is requesting OMB review and approval of this collection by October 24, 2005, with a 180-day approval period. Written comments and recommendations will be accepted from the public if received by the individuals designated below by October 22, 2005.

Type of Information Collection Request: New Collection; *Title of Information Collection:* Retiree Drug Subsidy (RDS) Payment Request and Instructions; *Use:* Under the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003 and implementing regulations at 42 CFR Subpart R plan sponsors (employers, unions) who offer prescription drug coverage to their qualified covered retirees are eligible to receive a 28% tax-

free subsidy for allowable drug costs. In order to qualify, plan sponsors must submit a complete application to CMS with a list of retirees for whom it intends to collect the subsidy; *Form Number:* CMS-10170 (OMB#: 0938-NEW); *Frequency:* Quarterly, Monthly, Annually; *Affected Public:* Business or other for-profit, Not-for-profit institutions, Federal, State, Local and Tribal Government; *Number of Respondents:* 50,000; *Total Annual Responses:* 50,000; *Total Annual Hours:* 2,025,000.

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/regulations/pr/> 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 received by the designees referenced below by October 22, 2005:

Centers for Medicare & Medicaid Services, Office of Strategic Operations and Regulatory Affairs, Room C4-26-05, 7500 Security Boulevard, Baltimore, MD 21244-1850. Attn: Melissa Musotto, CMS-10170

and,

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

Dated: September 20, 2005.

Michelle Shortt,

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

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