

assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The application also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act (12 U.S.C. 1843). Unless otherwise noted, nonbanking activities will be conducted throughout the United States. Additional information on all bank holding companies may be obtained from the National Information Center Web site at [www.ffiec.gov/nic/](http://www.ffiec.gov/nic/).

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than November 15, 2005.

**A. Federal Reserve Bank of Atlanta** (Andre Anderson, Vice President) 1000 Peachtree Street, NE., Atlanta, Georgia 30303:

1. *Madison Financial Corporation*, Madison, Mississippi; to become a bank holding company by acquiring 100 percent of the voting shares of Madison County Bank, Madison, Mississippi.

Board of Governors of the Federal Reserve System, October 17, 2005.

**Robert deV. Frierson,**

*Deputy Secretary of the Board.*

[FR Doc. E5-5795 Filed 10-20-05; 8:45 am]

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## HARRY S. TRUMAN SCHOLARSHIP FOUNDATION

### Sunshine Act Meeting; Meeting of the Trustees and Officers of the Harry S. Truman Scholarship Foundation—Change of Meeting Date and Time

The meeting date and time announced on October 3, 2005 (70 FR 57599) has been changed. The meeting will now be held on November 16, 2005 from 11 a.m. to 1 p.m. at the Cannon House

Office Building, Room 121. The agenda remains unchanged.

**Louis H. Blair,**

*Executive Secretary.*

[FR Doc. 05-21185 Filed 10-19-05; 11:19 am]

BILLING CODE 6820-AD-P

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10172, CMS-R-10107 and CMS-R-285]

#### 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:* New Collection; *Title of Information Collection:* Medicare Health Support Program Medical Records Abstraction; *Form Number:* CMS-10172 (OMB#: 0938-New); *Use:* The Medicare Health Support Program (MHS) is authorized under Section 721 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA). There are eight Medicare Health Support Organizations (MHSOs) that have signed cooperative agreements with the Centers for Medicare & Medicaid Services (CMS) to provide care support services to targeted Medicare fee-for-service (FFS) beneficiaries. The purposes of the MHS program are to improve the quality of healthcare provided to Medicare FFS beneficiaries with congestive heart failure and/or diabetes and to reduce the

healthcare treatment cost to Medicare. MHS performance measures provide CMS with information to monitor the program operations and identify positive or negative program effects, provide MHSOs with feedback, and serve as the basis for MHS performance guarantees. To meet these requirements, CMS has developed a performance monitoring system for MHS. This system includes measures of clinical performance that require the collection of clinical data from the medical records of a sample of Medicare beneficiaries. Medical record abstraction will be performed in two phases: the first, a pilot test, will take place after approximately six months of program operations, and the second, the full study. CMS will obtain active informed consent from the affected beneficiaries prior to reviewing medical records; *Frequency:* Reporting—Other: Only Once; *Affected Public:* Individuals or Households and Business or other for-profit; *Number of Respondents:* 26,643; *Total Annual Responses:* 26,643; *Total Annual Hours:* 12,416.

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Medicare—Determining Third Party Liability (TPL) State Plan Preprint and Supporting Regulations in 42 CFR 433.138; *Form Number:* CMS-R-0107 (OMB#: 0938-0502); *Use:* Medicaid beneficiaries frequently have third party resources which are legally obligated to pay medical claims before Medicaid pays. Section 42 CFR 433.138 requires State Medicaid agencies to take specific steps to identify third party resources and determine their legal liability to pay for services under the plan. The collection of TPL information results in significant program savings to the extent that liable third parties can be identified and payments can be made for services that would otherwise be paid for by the Medicaid program. The State Medicaid agencies are the primary users of the collected data. Whenever States identify third party resources, pertinent information is entered into the State's Medicaid Management Information System (MMIS). This enables the State to advise the provider to bill the third party and to seek reimbursement in situations where Medicaid TPL claims have been paid; *Frequency:* Recordkeeping—On occasion; *Affected Public:* Individuals or Households and Federal, State, Local and Tribal Government; *Number of Respondents:* 2,700,000; *Total Annual Responses:* 2,700,000; *Total Annual Hours:* 472,259.

3. *Type of Information Collection Request:* Extension of a currently

approved collection; *Title of Information Collection*: Request for Retirement Benefit Information (BBA '97); *Form Number*: CMS-R-285 (OMB#: 0938-0769); *Use*: The Request for Retirement Benefit Information form is used to obtain retirement benefit information from beneficiaries that purchase Medicare Part A coverage. The Social Security Administration (SSA) will use this information to determine if a beneficiary meets the requirements to qualify for a Medicare Part A premium reduction.; *Frequency*: Reporting—On occasion; *Affected Public*: State, Local or Tribal Government; *Number of Respondents*: 1500; *Total Annual Responses*: 1500; *Total Annual Hours*: 375.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS's Web site address at <http://www.cms.hhs.gov/regulations/pa/>, or E-mail your request, including your address, phone number, OMB number, and CMS document identifier, to [Paperwork@cms.hhs.gov](mailto: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 December 20, 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: October 13, 2005.

**Michelle Shortt,**

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

[FR Doc. 05-20962 Filed 10-20-05; 8:45 am]

BILLING CODE 4120-01-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare and Medicaid Services

[Document Identifier: CMS-10133]

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

**AGENCY:** Center for Medicare and Medicaid Services.

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. We cannot reasonably comply with the normal clearance procedures because the use of normal clearance procedures will jeopardize program implementation by a statutorily mandated deadline and could contribute to impaired beneficiary access to Part B drugs.

Section 303(d) of the MMA provides an alternative payment methodology for Part B drugs that are not paid on a cost or prospective payment basis. In particular, Section 303(d) of the MMA amends Title XVIII of the Social Security Act (the Act) by adding a new section 1847B, which establishes a competitive acquisition program for the acquisition of and payment for Part B covered drugs and biologicals furnished on or after January 1, 2006. Beginning in 2006, physicians will have a choice between acquiring and billing for Part B covered drugs under the Average Sales Price (ASP) drug payment methodology or electing to receive these drugs from vendors/suppliers selected for the Competitive Acquisition Program (CAP), through a competitive bidding process. The provisions for this new payment system are described in the proposed rule (42 CFR Part 414 Subpart K) published March 4, 2005 (70 FR 10746), the interim final rule published July 6,

2005 (70 FR 39022), and a final rule that is expected to be published in November 2005.

1. *Type of Information Collection Request*: Extension of a currently approved collection; *Title of Information Collection*: Competitive Acquisition Program for Medicare Part B Drugs: Vendor Application and Bid Form; *Use*: The CAP Vendor Application and Bid Form is a collection tool which will be used by potential vendors to provide information related to the characteristics of their company and to submit their bid prices for CAP drugs. The information collected on the CAP Vendor Application and Bid Form will be used by CMS during the bidding evaluation process to evaluate the vendors bid prices, their credentials, experience and to assess their ability to provide quality service to physicians and beneficiaries. Competitive bidding is seen as a means of using the dynamics of the marketplace to provide incentives for suppliers to provide reasonably priced products and services of high quality in an efficient manner. The CAP's objectives include providing an alternative method for physicians to obtain Part B drugs to administer to Medicare beneficiaries and reducing drug acquisition and billing burdens for physicians; *Form Number*: CMS-10133 (OMB#: 0938-0955); *Frequency*: Reporting—Other, during enrollment; *Affected Public*: Business or other for-profit; *Number of Respondents*: 12; *Total Annual Responses*: 12; *Total Annual Hours*: 480.

CMS is requesting OMB review and approval of this collection by November 1, 2005, with a 180-day approval period. Written comments and recommendations will be considered from the public if received by the individuals designated below by October 28, 2005.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access the CMS Web site address at <http://www.cms.hhs.gov/regulations/pa/> or e-mail your request, including your address, phone number, OMB number, and CMS document identifier, to [Paperwork@cms.hhs.gov](mailto: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 October 28, 2005: