

recipient fiscal officer identified in the application.

Unsuccessful applicants will receive notification of the results of the application review by mail.

#### VI.2. Administrative and National Policy Requirements

45 CFR Part 74 and Part 92.

For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address: <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>.

The following additional requirements apply to this project:

- AR-1 Human Subjects Requirements
- AR-2 Requirements for Inclusion of Woman and Racial and Ethnic Minorities in Research
- AR-6 Patient Care
- AR-7 Executive Order 12372
- AR-8 Public Health System Reporting Requirements
- AR-10 Smoke-Free Workplace Requirements
- AR-11 Healthy People 2010
- AR-12 Lobbying Restrictions
- AR-14 Accounting System Requirements
- AR-15 Proof of Non-Profit Status, if applicable
- AR-22 Research Integrity
- AR-23 States and Faith-Based Organizations
- AR-24 Health Insurance Portability and Accountability Act Requirements

Additional information on these requirements can be found on the CDC Web site at the following Internet address: <http://www.cdc.gov/od/pgo/funding/ARs.htm>.

#### VI.3. Reporting

You must provide CDC with an original, plus two hard copies of the following reports:

1. Semi annual progress report, (use form PHS 2590, OMB Number 0925-0001, rev. 5/2001 as posted on the CDC Web site) no less than 30 days before the end of the first half of the budget period. The progress report will serve as your non-competing continuation application, and must contain the following elements:

- a. Current Budget Period Activities Objectives.
- b. Current Budget Period Financial Progress.
- c. New Budget Period Program Proposed Activity Objectives.
- d. Budget.
- e. Additional Requested Information.
- f. Measures of Effectiveness.

2. Financial status report and annual progress report, no more than 90 days after the end of the budget period.

3. Final financial and performance reports, no more than 90 days after the end of the project period.

These reports must be mailed to the Grants Management Specialist listed in the "Agency Contacts" section of this announcement.

#### VII. Agency Contacts

For general questions about this announcement, contact:

Technical Information Management Section, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341, Telephone: 770-488-2700.

For scientific/research issues, contact: Carolyn Bridges, Centers for Disease Control and Prevention, National Immunization Program, ESD, 1600 Clifton Road, MS E-61, Atlanta, GA 30333, Telephone: 404-639-8689, E-mail: [CBridges@cdc.gov](mailto:CBridges@cdc.gov).

Marika Iwane, Extramural Project Officer, Centers for Disease Control and Prevention, National Immunization Program, ESD, 1600 Clifton Road, MS E-61, Atlanta, GA 30333, Telephone: 404-639-8769, E-mail: [MIwane@cdc.gov](mailto:MIwane@cdc.gov).

For questions about peer review, contact: Beth Gardner, Scientific Review Administrator, Centers for Disease Control and Prevention, National Immunization Program, OD, 1600 Clifton Road, MS E-05, Atlanta, GA 30333, Telephone: 404-639-6101, E-mail: [BGardner@cdc.gov](mailto:BGardner@cdc.gov).

For financial, grants management, or budget assistance, contact: Peaches Brown, Grants Management Specialist, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341, Telephone: 770-488-2738, E-mail: [POBrown@cdc.gov](mailto:POBrown@cdc.gov).

#### VIII. Other Information

<http://www.cdc.gov/nip>.

**Sandra R. Manning, CGFM,**

*Director, Procurement and Grants Office,  
Centers for Disease Control and Prevention.*

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**BILLING CODE 4163-18-M**

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

##### Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10082 OMB #0938-0898]

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

**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) (formerly known as the Health Care Financing Administration (HCFA)), 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. The unanticipated lapse in the approval of this collection prior to implementation has resulted in the necessity to have the collection reinstated on an emergency basis. The information collection to be reinstated has not been modified from the version submitted to OMB under the regular PRA clearance process and approved on July 28, 2003.

CMS is requesting OMB review and approval of this collection within 15 days from the date of this publication, with an 180-day approval period.

Written comments and recommendations will be accepted from the public if received by the individuals designated below within 14 days from the date of this publication.

*Type of Information Collection*

*Request:* Reinstatement without change.

*Title of Information Collection:*

Survey of States Performance Measurement Reporting Capability.

*Form No.:* CMS-10082 (OMB# 0938-0898).

*Use:* Because of the wide variability of Medicaid and SCHIP financing and service delivery approaches, there is little common ground from which to develop uniform reporting on performance measures by states. While CMS has decided on the first seven measures to be used, the ability of states to calculate those measures using HEDIS directly or HEDIS specifications (e.g., when calculating measures from fee-for-service claims data) is highly variable. Current efforts are focused on assessing the capability of each state to report on the selected measures and on helping states to make necessary adjustments in order to be able to report measures uniformly so that state-to-state comparisons can be made. To accomplish this, states will be requested to report available numerator and denominator data for the seven core HEDIS measures via a survey instrument created for this purpose. The data will be requested for each state's Medicaid and SCHIP programs by delivery system.

*Frequency:* Once.

*Affected Public:* State, local, and tribal government.

*Number of Respondents:* 51.

*Total Annual Responses:* 51.

*Total Annual Hours:* 2,360.

We have submitted a copy of this notice to OMB for its review of these information collections.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, E-mail your request, including your address, phone number, OMB number, and CMS document identifier, to [jburke3@cms.hhs.gov](mailto:jburke3@cms.hhs.gov), or call the Reports Clearance Office on (410) 786-4194.

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 and/or faxed to the designees referenced below, within 14 days of publication of this notice:

Centers for Medicare and Medicaid Services,

Office of Strategic Operations and Regulatory Affairs, Room C5-14-03, 7500 Security Boulevard, Baltimore, MD 21244-1850, Fax Number: (410) 786-0262, Attn: Melissa Musotto CMS-10082;

and,

Office of Information and Regulatory Affairs,

Office of Management and Budget, Room 10235, New Executive Office Building, Washington, DC 20503, Fax Number: (202) 395-6974 or (202) 395-5167, Attn: Katherine T. Astrich, CMS Desk Officer 0938-0898.

Dated: March 12, 2004.

**John P. Burke, III,**

*CMS Reports Clearance Officer, Paperwork Reduction Act Team Leader, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development and Issuances.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare and Medicaid Services

[Document Identifier: Open Door]

#### Agency Information Collection Activities: March 29, 2004 Special Open Door Listening Session—Proposed Collection—Comment Request for Federal Reimbursement of Emergency Health Services Furnished to Undocumented Aliens

**AGENCY:** Centers for Medicare and Medicaid Services, HHS.

In support of 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, will be holding an open door listening session to solicit input from the public on the issues surrounding the implementation of recently enacted legislation on Federal reimbursement of Emergency Health Services Furnished to Undocumented Aliens.

Interested persons are invited to provide input on the development of methods and procedures for implementing section 1011 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, regarding Federal reimbursement of emergency health services furnished to undocumented aliens. The primary topics for consideration are: How to obtain reliable information on the amount or volume of emergency services provided to undocumented

aliens; how to ensure that the methods or procedures selected to implement this provision do not impose requirements on providers that are inconsistent with their EMTALA obligations; and, how to reliably determine or approximate individual hospitals', physicians', or ambulance providers' un-reimbursed costs for providing emergency care for undocumented aliens without imposing costly and burdensome reporting and record-keeping requirements. The format of an Open Door Listening Session is such that there will not be an opportunity for CMS to directly respond to individual comments, testimony, or questions posed.

**DATES:** The open door listening session announced in this notice will be held on Monday, March 29, 2004, from 2 p.m. to 4 p.m., E.S.T. at the CMS Baltimore Central Site campus.

#### SUPPLEMENTARY INFORMATION:

##### I. Background

Section 1867 of the Social Security Act (EMTALA) requires a hospital that has an emergency department to provide appropriate medical screening to individuals who request examination or treatment to determine whether or not an emergency medical condition exists. If such a condition does exist, the hospital is required to stabilize the condition and/or provide an appropriate transfer, regardless of the individual's ability to pay for treatment.

Undocumented aliens are frequently unable to pay for the EMTALA-required care they receive from hospitals and associated physician and ambulance services

Section 1011 of the Medicare Modernization Act (Pub. L. 108-173) provides \$250 million per year for FY 2005-2008 for payments to eligible providers for emergency health services for undocumented aliens. Two-thirds of the funds will be divided among all 50 states (and the District of Columbia) based on their relative percentages of undocumented aliens. One-third will be divided among the six states with the largest number of undocumented alien apprehensions. The data used to identify these states will come from the Department of Homeland Security.

The amounts of money set aside for each state will be paid directly to eligible providers. The Secretary must directly pay hospitals, physicians, and ambulance providers for the costs of providing emergency health care required under EMTALA and related hospital inpatient, outpatient, and ambulance services (including those operated by the Indian Health Service