

proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

**Proposed Project**

National Health Interview Survey (NHIS) 2007–2009, (OMB No. 0920–0214)—Revision—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k) authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, shall collect statistics on the extent and nature of illness and disability of the population of the United States.

The annual National Health Interview Survey is a major source of general

statistics on the health of the U.S. population and has been in the field every year since 1957. This household-based survey collects demographic and health-related information on a nationally representative sample of households throughout the country. The survey has three modules: The family module collects information on everyone in the family; the sample adult module collects more detailed information on a randomly selected adult; and the sample child module collects information on a randomly selected child (in households with children). Information is collected using computer assisted personal interviews (CAPI). A core set of data is collected each year while sponsored supplements vary from year to year. In addition to the core data collection, in 2007 there will be two new supplements, which will provide additional data on complementary and alternative medicine (including questions on topics such as acupuncture, chiropractic or osteopathic manipulation, meditation, natural herbs, and yoga) and on hearing disorders (such as hearing loss and

tinnitus). These supplements are sponsored by the National Center on Complementary and Alternative Medicine and the National Institute on Deafness and Other Communication Disorders, both parts of the National Institutes of Health.

In accordance with the 1995 initiative to increase the integration of surveys within the Department of Health and Human Services, respondents to the NHIS serve as the sampling frame for the Medical Expenditure Panel Survey conducted by the Agency for Healthcare Research and Quality. The NHIS has long been used by government, university, and private researchers to evaluate both general health and specific issues, such as cancer, diabetes, and access to health care. It is a leading source of data for the Congressionally-mandated “Health US” and related publications, as well as the single most important source of statistics to track progress toward the National Health Promotion and Disease Prevention Objectives, “Healthy People 2010.”

There is no cost to the respondents other than their time.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden hours
Family member .....	39,000	1	21/60	13,650
Sample adult .....	32,000	1	42/60	22,400
Sample child .....	13,000	1	15/60	3,250
Total .....	.....	.....	.....	39,300

Dated: June 16, 2006.

**Joan F. Karr,**

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

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

[Document Identifier: CMS–R–296]

**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:* Revision of a currently approved collection; *Title of Information Collection:* Home Health Advance Beneficiary Notice (HHABN)

and Supporting Regulations in 42 CFR 411.404 and 484.10(a) and (e).; *Use:* Home health agencies (HHAs) are required to provide written notice to Medicare beneficiaries under various circumstances involving the initiation, reduction, or termination of services. The notice is designed to ensure that beneficiaries receive complete and useful information to enable them to make informed consumer decisions. Consistent with the decision of the U.S. Court of Appeals (2nd Circuit) in the *Lutwin v. Thompson*, HHAs must now also issue HHABNs in a broader set of circumstances in conjunction with their responsibilities under the Home Health Conditions of Participation (HH COPs). The HHABN instructions explain when the newly revised HHABN should be issued, and include additional changes to simplify notice policy for HHAs. The notice must be issued timely and provide clear and accurate information about the specified services and, if

applicable, the cost of potentially non-covered services when Medicare denial of payment is expected by the HHA. *Form Number:* CMS-R-296 (OMB#: 0938-0781); *Frequency:* Recordkeeping, Third party disclosure and Reporting; On occasion, Other: As needed; *Affected Public:* Individuals or households, Business or other for-profit and Not-for-profit institutions; *Number of Respondents:* 7,612; *Total Annual Responses:* 10,351,703; *Total Annual Hours:* 780,918.

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](mailto: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: June 20, 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-1957, CMS-R-72, CMS-10175 and CMS-R-05]

#### 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:* SSO Report of State Buy-in Problem and Supporting Regulations in 42 CFR 407.40; *Use:* Under the State Buy-In program, States enroll certain groups of needy people under the Part B Supplementary Medical Insurance (SMI) Program and pay their premiums. The purpose of the "buy-in" is to allow the States to provide SMI protection to certain groups of needy individuals as part of its total assistance plan. Generally, States "buy-in" for individuals who are categorically needy under Medicaid and meet the eligibility requirements for Medicare Part B. States can also include in their buy-in agreement those eligible for medical assistance only. The CMS-1957 is used in the resolution of beneficiary complaints regarding State buy-in. This form facilitates the coordination of efforts between the SSO, State Medicaid Agencies, and CMS in the resolution of a beneficiary's State buy-in problem; *Form Number:* CMS-1957 (OMB#: 0938-0035); *Frequency:* Reporting—On occasion; *Affected Public:* Federal government, Individuals or Households, and State, Local, and Tribal governments; *Number of Respondents:* 6,600; *Total Annual Responses:* 6,600; *Total Annual Hours:* 2,366.

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Information Collection Requirements in 42 CFR 478.18, 478.34, 478.36, 478.42, QIO Reconsiderations and Appeals; *Use:* In the event that a beneficiary, provider, physician, or other practitioner does not agree with the initial determination of a Quality Improvement Organization (QIO) or a QIO subcontractor, it is within that party's rights to request reconsideration. The information collection requirements 42 CFR 478.18, 478.34, 478.36, and 478.42, contain procedures for QIOs to use in reconsideration of initial determinations. The information requirements contained in these

regulations are on QIOs to provide information to parties requesting the reconsideration. These parties will use the information as guidelines for appeal rights in instances where issues are actively being disputed; *Form Number:* CMS-R-72 (OMB#: 0938-0443); *Frequency:* Reporting—On occasion; *Affected Public:* Individuals or Households and Business or other for-profit institutions; *Number of Respondents:* 2,590; *Total Annual Responses:* 5,228; *Total Annual Hours:* 2,822.

3. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Certification Statement for Electronic File Interchange Organizations (EFIOS) that Submit National Provider Identifier (NPI) Data to the National Plan and Enumeration System; *Use:* The EFI process is designed to allow organizations to submit NPI application information for large numbers of providers in a single file. Once it has obtained and formatted the necessary provider data, the EFIO will electronically submit the file to NPPES for processing. As each file can contain up to approximately 100,000 records, or provider applications, the EFI process greatly reduces the paperwork and overall administrative burden associated with enumerating providers; *Form Number:* CMS-10175 (OMB#: 0938-0984); *Frequency:* Other—One-time; *Affected Public:* Business or other for-profit, and Not-for-profit institutions; *Number of Respondents:* 1000; *Total Annual Responses:* 1000; *Total Annual Hours:* 3000.

4. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Physician Certifications/Recertifications in Skilled Nursing Facilities (SNFs) Manual Instructions and Supporting Regulations in 42 CFR 424.20; *Use:* Regulations at 42 CFR 424.20 require SNFs to keep record of physician certifications and recertifications of information such as the need for care and services, estimated duration of the SNF stay, and plan for home care. As a condition for Medicare Part A payment for post-hospital skilled nursing facility (SNF) services, the Medicare program requires that a physician certify and periodically recertify that a beneficiary requires an SNF level of care. The physician certification and recertification is intended to ensure that the beneficiary's need for services has been established and then reviewed and updated at appropriate intervals; *Form Number:* CMS-R-05 (OMB#: 0938-0454);