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Dated: May 5, 2006.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10182, CMS-R-199, CMS-10180, CMS-317, CMS-319]

Agency Information Collection Activities: Proposed Collection; 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) 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:* Model Creditable Coverage Disclosure Notices; *Use:* Section 1860D-1 of the MMA requires entities that offer prescription drug benefits under any of the types of coverage described in 42 CFR 423.56(b) to provide a disclosure of creditable coverage status to all Medicare Part D eligible individuals covered under the entity's plan. These disclosure notices must be provided to Part D eligible individuals, at a minimum, at the following times: (1) Prior to an individual's initial enrollment period for Part D, (2) prior to the effective date of enrollment in the entity's coverage, and upon any change in creditable status; (3) prior to the commencement of

the Part D Annual Coordinated Election Period (ACEP) which begins on November 15 of each year, and (4) upon request by the individual. Disclosure of whether prescription drug coverage is creditable provides Medicare eligible individuals with important information relating to their Medicare Part D enrollment. *Form Number:* CMS-10182 (OMB#: 0938-0990); *Frequency:* Recordkeeping, Third party disclosure and Reporting: On occasion, Annually, and Other-As requested; *Affected Public:* Individuals or households, business or other for-profit, not-for-profit institutions and Federal, State, local or tribal government; *Number of Respondents:* 450,160; *Total Annual Responses:* 1,225,173; *Total Annual Hours:* 522,204.

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Medicaid Report on Payables and Receivables; *Use:* The Chief Financial Officers (CFO) Act of 1990, as amended by the Government Management Reform Act (GMRA) of 1994, requires government agencies to produce auditable financial statements. Because the Centers for Medicare & Medicaid Services (CMS) fulfills its mission through its contractors and the States, these entities are the primary source of information for the financial statements. There are three basic categories of data: expenses, payables, and receivables. The CMS-64 is used to collect data on Medicaid expenses. The CMS-R-199 collects Medicaid payable and receivable accounting data from the States.; *Form Number:* CMS-R-199 (OMB#: 0938-0697); *Frequency:* Reporting—Annually; *Affected Public:* State, local or tribal governments; *Number of Respondents:* 57; *Total Annual Responses:* 57; *Total Annual Hours:* 342.

3. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* State Children's Health Insurance Program (SCHIP) Report on Payables and Receivables; *Use:* Collection of SCHIP data and the calculation of the SCHIP Incurred But Not Reported (IBNR) estimate are pertinent to CMS' financial audit. The CFO auditors have reported the lack of an estimate for SCHIP IBNR payables and receivables as a reportable condition in the FY 2005 audit of CMS's financial statements. It is essential that CMS collect the necessary data from State agencies in FY 2006, so that CMS continues to receive an unqualified audit opinion on its financial statements. Program expenditures for the SCHIP have increased since its

inception; as such, SCHIP receivables and payables may materially impact the financial statements. The SCHIP Report on Payables and Receivables will provide the information needed to calculate the SCHIP IBNR.; *Form Number:* CMS-10180 (OMB#: 0938-0988); *Frequency:* Reporting—Annually; *Affected Public:* State, Local or Tribal governments; *Number of Respondents:* 56; *Total Annual Responses:* 56; *Total Annual Hours:* 336.

4. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* State Medicaid Eligibility Quality Control Sampling Plan and Supporting Regulations in 42 CFR 431.800-431.865; *Use:* State Medicaid Eligibility Quality Control (MEQC) is operated by the State Title XIX agency to monitor and improve the administration of its Medicaid system. The MEQC system is based on monthly State reviews of Medicaid cases by States performing the traditional sampling process identified through statistically reliable statewide samples of cases selected from the eligibility files. These reviews are conducted to determine whether or not the sampled cases meet applicable State Title XIX eligibility requirements. The reviews are also used to assess beneficiary liability, if any, and to determine the amounts paid to provide Medicaid services for these cases.; *Form Number:* CMS-317 (OMB#: 0938-0146); *Frequency:* Recordkeeping and Reporting—Semi-annually; *Affected Public:* State, Local or Tribal governments; *Number of Respondents:* 10; *Total Annual Responses:* 20; *Total Annual Hours:* 480.

5. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* State Medicaid Eligibility Quality Control (MEQC) Sample Selection Lists and Supporting Regulations in 42 CFR 431.800-431.865; *Use:* State Medicaid Eligibility Quality Control (MEQC) is operated by the State Title XIX agency to monitor and improve the administration of its Medicaid system. The MEQC system is based on State reviews of Medicaid beneficiaries identified through statistically reliable statewide samples of cases selected from the eligibility files. These reviews are conducted to determine whether or not the sampled cases meet applicable State Title XIX eligibility requirements by States performing the traditional sample process. The reviews are also used to assess beneficiary liability, if any, and to determine the amounts paid to provide Medicaid services for these cases. At the

beginning of each month, State agencies still performing the traditional sample are required to submit sample selection lists which identify all of the cases selected for review in the States' samples. The sample selection lists contain identifying information on Medicaid beneficiaries such as: State agency review number; beneficiary's name and address; the name of the county where beneficiary resides; Medicaid case number, etc. The submittal of the sample selection lists is necessary for regional office (RO) validation of State reviews. Without these lists, the integrity of the sampling results would be suspect and the ROs would have no data on the adequacy of the States' monthly sample draw or review completion status.; *Form Number:* CMS-319 (OMB#: 0938-0147); *Frequency:* Reporting—Monthly; *Affected Public:* State, Local or Tribal governments; *Number of Respondents:* 10; *Total Annual Responses:* 120; *Total Annual Hours:* 960.

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, 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 July 11, 2006.

CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development—C, Attention: Bonnie L Harkless, Room C4-26-05, 7500 Security Boulevard Baltimore, Maryland 21244-1850.

Dated: May 5, 2006.

Michelle Shortt,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General

Program Exclusions: March & April 2006

AGENCY: Office of Inspector General, HHS.

ACTION: Notice of program exclusions.

During the months of March & April 2006, the HHS

Office of Inspector General imposed exclusions in the cases set forth below. When an exclusion is imposed, no program payment is made to anyone for any items or services (other than an emergency item or service not provided in a hospital emergency room) furnished, ordered or prescribed by an excluded party under the Medicare, Medicaid, and all Federal Health Care programs. In addition, no program payment is made to any business or facility, e.g., a hospital, that submits bills for payment for items or services provided by an excluded party. Program beneficiaries remain free to decide for themselves whether they will continue to use the services of an excluded party even though no program payments will be made for items and services provided by that excluded party. The exclusions have national effect and also apply to all Executive Branch procurement and non-procurement programs and activities.

Subject, city, state	Effective date
Program-Related Convictions	
Allen, Edward	5/18/2006
Fresno, CA	
Amico, Richard	5/18/2006
Danbury, CT	
Andrews, Raleigh	4/20/2006
Florence, SC	
Bartko, Douglas	4/20/2006
Wasilla, AK	
Bates, Jeffrey	4/20/2006
Courtland, OH	
Bengochea, Alberto	4/20/2006
Miami, FL	
Betancourt, Lazaro	5/18/2006
Miami, FL	
Bharme, Dilip	5/18/2006
Little Neck, NY	
Blue, Victoria	4/20/2006
Seattle, WA	
Borges, Alfredo	5/18/2006
Miami, FL	
Buitrago, Julio	5/18/2006
Miami, FL	
Campbell, Arthur	4/20/2006
Milwaukee, WI	
Canepa, Isabel	5/18/2006
Coleman, FL	
Castro, Mirta	4/20/2006
Hialeah, FL	
Chavez, Eleazar	5/18/2006
Costa Mesa, CA	
Chi, Ching	4/20/2006
Hacienda Heights, CA	
Clark, Sally	4/20/2006
Lockport, NY	
Coleman, Steven	4/20/2006
Malcom, IA	
Crenshaw, Leonard	4/20/2006
Rosharon, TX	
Davis, Carolyn	5/18/2006
Lexington, KY	
Davis, Otis	5/18/2006
Lexington, KY	
Denison, Kay	4/20/2006
Northport, WA	
Denney, Cheryl	4/20/2006
Piqua, OH	
Duke Medical Clinic, Inc	4/20/2006
El Monte, CA	
Dunn, George	4/20/2006
Raiford, FL	
Ellis, Carri	4/20/2006
Kansas City, MO	
Escoto, Eulalia	4/20/2006
Ontario, CA	
Evoy, Lisa	5/18/2006
Bellingham, WA	
Family Medical Management Services, Inc	4/20/2006
Portland, OR	
Felix, Andrew	4/20/2006
Fayetteville, GA	
Flynn, Jennifer	5/18/2006
Rock Hill, SC	
Forward, Elizabeth	5/18/2006
Youngstown, OH	
Fuentes, Orlando	5/18/2006
Pensacola, FL	
Garrido, Jose	5/18/2006
Hialeah, FL	
Gazarov, Georgi	5/18/2006
Glendale, CA	
Georges, Junie	5/18/2006
Oakland Park, FL	
Gonzalez, Carlos	5/18/2006
Tallahassee, FL	
Gonzalez, Miraidy	5/18/2006
Tallahassee, FL	
Guerra, Isabel	5/18/2006
Coleman, FL	
Hamilton, Donna	4/20/2006
Tallahassee, FL	
Hearne, Charles	5/18/2006
Fordyce, AR	
Hechavarría, Mirta	4/20/2006
Miami, FL	
Hermanson, Paul	4/20/2006
Yankton, SD	
Hill, Jacqueline	5/18/2006
Los Angeles, CA	
Huynh, Toan	4/20/2006
Poway, CA	
Jacob, Saramma	5/18/2006
Rochester, NY	
Keffeler, Carlee	5/18/2006
Heavener, OK	
Koca, Toni	4/20/2006
Chula Vista, CA	
Koch, Johnna	4/20/2006
Galloway, OH	
Lang, Scott	4/20/2006
Montezuma, IA	
Lawrence, Willie	5/18/2006
Belle Glade, FL	
Ledford, Susan	5/18/2006
Simpsonville, SC	
Mari, Michel	4/20/2006
Hialeah Gardens, FL	
Marrero, Nery	4/20/2006
Miami, FL	
Martinez, Daniel	5/18/2006
Miami, FL	
Martinez, Edith	5/18/2006
Hialeah, FL	
Martinez, Maria	4/20/2006