

relevant reports of the National Quality Forum (such as "National Voluntary Consensus Standards for Hospital Care: An Initial Performance Measure Set" and "Reaching the Tipping Point: Measuring and Reporting Quality Using the NQF-Endorsed Hospital Care Measures") and the Institute of Medicine (such as "Priority Areas for National Action: Transforming Health Care Quality"). Synopses of these reports are available on these organizations' websites.

More detailed information about this project and subsequent listening sessions, the Hospital Quality Initiative, the NVHRI and other related activities may be found at <http://www.cms.hhs.gov/quality/hospital>.

**II. Meeting Format**

The first listening session will consist of three parts. First, a presentation on our current activities related to public reporting of hospital quality measures, as well as a discussion of priority areas and examples of measures as developed by such groups as the Institute of Medicine and the National Quality Forum. The next portion of the meeting will be reserved for a panel discussion and comments from key stakeholders, both local and national. The last third of the meeting will be reserved for comments, questions, and feedback from interested parties in attendance.

Time for participants to ask questions or offer comments will be limited according to the number of registered participants. Individuals who wish to offer comments need not indicate their

interest in advance, but they should register for and attend the meeting.

We are interested in a national public dialogue on public reporting of performance measures of hospital care beyond the ten measures currently included in the NVHRI. We believe that an active discussion will help us clearly identify the complementary and competing priorities and concerns of the various stakeholders interested in public reporting. Therefore, we are providing an opportunity for those persons who are unable to attend one of the five listening sessions to submit written comments to one of addresses listed in the **ADDRESSES** section of this notice by July 30, 2004. However, we will not be able to respond personally to the written comments received.

**III. Registration Instructions**

The New York State Quality Improvement Organization, IPRO, is coordinating registration for this listening session. There is no registration fee. You may register online by visiting the IPRO Web site at <http://www.ipro.org> or you may call 1-800-852-3685, ext. 258. You will receive a registration confirmation.

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: March 18, 2004.

**Dennis G. Smith,**

*Acting Administrator, Centers for Medicare and Medicaid Services.*

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**BILLING CODE 4120-01-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Submission for OMB Review; Comment Request**

*Title:* Uniform Project Description (UPD) for Discretionary Grant Application Form.

*OMB No.:* 0970-0139.

*Description:* The Administration for Children and Families (ACF) has more than 40 discretionary grant programs. The proposed information collection form would be a uniform discretionary application form usable for all of these grant programs to collect the information from grant applicants needed to evaluate and rank applicants and protect the integrity of the grantee selection process. All ACF discretionary grant programs would be eligible but not required to use this project description portion of the application form. When using the UPD, the project description portion of a program announcement consists of a series of text options which can be selected for individual projects. The combination of selected text options solicits information necessary to evaluate applications solicited for the particular program announcement. Guidance for the content of information requested in the project description is found in OMB Circulars A-102 and A-110.

*Respondents:* Applicants for ACF Discretionary Grant Programs

**ANNUAL BURDEN ESTIMATES**

Instrument	Number of respondents	Number of responses per respondent	Average burden hour per response	Total burden hours
UPD .....	11,050	1	40	442,000

Estimated Total Annual Burden Hours: 442,000

**SUPPLEMENTARY INFORMATION:** Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection. E-mail address: [grjohnson@acf.hhs.gov](mailto:grjohnson@acf.hhs.gov).

*OMB Comment:* OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this

document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Attn: Desk Officer for ACF, E-mail address: [katherine\\_t\\_astrich@omb.eop.gov](mailto:katherine_t_astrich@omb.eop.gov).

Dated: March 22, 2004.

**Robert Sargis,**

*Reports Clearance Officer.*

[FR Doc. 04-6736 Filed 3-25-04; 8:45 am]

**BILLING CODE 4184-01-M**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Agency Information Collection Activities: Submission for OMB Review; Comment Request**

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget, in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. chapter 35). To request a copy of the

clearance requests submitted to OMB for review, call the HRSA Reports Clearance Office on (301)443-1129.

**Proposed Project: Healthcare Integrity and Protection Data Bank for Final Adverse Information on Health Care Providers, Suppliers, and Practitioners (OMB No. 0915-0239)—Revision**

Section 221(a) of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 specifically directs the Secretary to establish a national health care fraud and abuse data collection program for the reporting and disclosure of certain final adverse actions taken against health care providers, suppliers, and practitioners. A final rule was published October 26, 1999, in the **Federal Register** to implement the statutory requirements of section 1128E of the Social Security Act (The Act) as

added by section 221(a) of HIPAA. The Act requires the Secretary to implement the national healthcare fraud and abuse data collection program. This data bank is known as the Healthcare Integrity and Protection Data Bank (HIPDB). It contains the following types of information: (1) Civil judgments against a health care provider, supplier, or practitioner in Federal or State court related to the delivery of a health care item or service; (2) Federal or State criminal convictions against a health care provider, supplier, or practitioner related to the delivery of a health care item or service; (3) Actions by Federal or State agencies responsible for the licensing and certification of health care providers, suppliers, or practitioners; (4) Exclusion of a health care provider, practitioner or supplier from participation in Federal or State health

care programs; and (5) Any other adjudicated actions or decisions that the Secretary shall establish by regulations. Access to this data bank is limited to Federal and State government agencies and health plans.

This request is for a revision of reporting and querying forms previously approved on March 15, 2001. The reporting forms and the request for information forms (query forms) must be accessed, completed, and submitted to the HIPDB electronically through the HIPDB Web site at <http://www.npdb-hipdb.com>. All reporting and querying is performed through this secure Web site. Due to overlap in requirements for the HIPDB, some of the National Practitioner Data Bank's burden has been subsumed under the HIPDB.

Estimates of burden are as follows:

Regulation citation	Number of respondents	Frequency of responses	Hours per response (min.)	Total burden hours
61.6 (a), (b) Errors & Omissions .....	172	4.3	15	184.9
61.6 Revisions/Appeal Status .....	107	23.25	30	1,243.9
61.7 Reporting by State Licensure Boards .....	275	70.3	45	14,499.4
61.8 Reporting of State Criminal Convictions .....	62	8	45	372
61.9 Reporting of Civil Judgments .....	54	13	45	526.5
61.10(b) Reporting Exclusions from participating in Federal and State Health Care Programs .....	10	441.4	45	3,310.5
61.11 Reporting of adjudicated actions/decisions .....	410	12.5	45	3,843.8
61.12 Request for Information State Licensure Boards .....	1,000	67.5	5	5,622.8
61.12 Request for Information State Certification Agencies .....	16	6	5	8
61.12 Request for Information States/District Attorneys & Law Enforcement .....	2,000	25	5	4,165
61.12 Request for Information State Medicaid Fraud Units .....	47	50	5	195.8
61.12 Request for Information Health Plans .....	2,841	263.8	5	62,429.7
61.12 Request for Information Health Care Providers, Suppliers, Practitioners (self-query) .....	37,925	1	25	15,799.6
61.12(a)(4) Request by Researchers for Aggregate Data .....	1	1	30	.5
61.15 Place Report in Dispute .....	459	1	5	38.2
61.15 Add a Statement .....	238	1	45	178.5
61.15 Request for Secretarial Review .....	43	1	480	344
Entity Registration .....	2,500	1	60	2,500
Entity Registration—Update .....	451	1	5	37.6
Entity Reactivation .....	450	1	60	450
Authorized Agent Designation .....	100	1	15	25
Authorized Agent Designation—Update .....	250	1	5	20.8
Account Discrepancy .....	1,000	1	15	250
Electronic Funds Transfer Authorization .....	400	1	15	100
<b>Total .....</b>				<b>116,146.5</b>

Numbers in the table may not add up exactly due to rounding.

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Desk Officer, Health Resources and Services Administration, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: March 15, 2004.  
**Tina M. Cheatham,**  
*Director, Division of Policy Review and Coordination.*  
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**BILLING CODE 4165-15-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Agency Information Collection Activities: Submission for OMB Review; Comment Request**

Periodically, the Health Resources and Services Administration (HRSA)