

this coverage; therefore, CDC proposes to fund the survey. CDC proposed to fund the survey from 2004–2010. The survey will allow CDC to continue to measure progress of State Medicaid Programs toward the 2010 National Health Objective and document changes in the provision of coverage toward reaching the Healthy People 2010 goal.

The objectives of the project are as follows:

- Conduct a study of all 50 states and the District of Columbia Medicaid Programs to determine coverage for tobacco dependence treatment (counseling and FDA-approved pharmacotherapies) and assess compliance with the PHS recommendations.

- Analyze and publish the data.

Medicaid recipients have approximately 50% greater smoking

prevalence than the overall U.S. adult population, and they are disproportionately affected by tobacco-related disease and disability.

Substantial action to improve coverage will be needed if the United States is to achieve the 2010 National Health Objective of 12% smoking prevalence among adults.

This project will provide an opportunity to assess the extent of coverage for tobacco-dependence treatment under Medicaid. In 2002, 36 states provided coverage for some FDA approved medications; however, only 10 states provided some form of coverage for counseling and only 2 states provided comprehensive coverage, counseling and medication. Fifteen states provided no coverage. This project will be conducted with a mailed request to State Medicaid

directors to identify a knowledgeable person within their system to respond to the survey. The survey will be mailed to the identified individuals.

Respondents will be asked to submit a written copy of their Medicaid coverage policies. If responses are not received, individuals will receive a telephone follow-up. Respondents are mailed the survey that they completed the previous year and asked to make revisions if changes have occurred. If this is being done by the person who completed the survey the previous year, the response burden is reduced. If the questions are not answered or not answered clearly, follow-up is required which takes additional time. All 50 states plus the District of Columbia have reported in the past. There is no cost to respondents except the time to complete the survey.

ANNUALIZED BURDEN TABLE

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs)	Total burden hours
State Medicaid Programs with Minimal Response	35	1	15/60	9
State Medicaid Programs with Maximum Response	16	1	1	16
Total	51	25

Dated: September 14, 2004.

Alvin Hall,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 04–21170 Filed 9–20–04; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Board of Scientific Counselors, National Institute for Occupational Safety and Health (NIOSH)

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the following committee meeting:

Name: Board of Scientific Counselors, National Institute for Occupational Safety and Health (BSC, NIOSH).

Time and Date: 9 a.m.–3:15 p.m., October 21, 2004.

Place: Holiday Inn on the Hill, 415 New Jersey Avenue, NW., Washington, DC 20001, telephone (202) 638–1616, fax (202) 347–1813.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 50 people.

Purpose: The Secretary, the Assistant Secretary for Health, and by delegation the Director, CDC, are authorized under Sections 301 and 308 of the Public Health Service Act to conduct directly or by grants or contracts, research, experiments, and demonstrations relating to occupational safety and health and to mine health. The Board of Scientific Counselors, NIOSH shall provide guidance to the Director, NIOSH on research and preventions programs. Specifically, the Board shall provide guidance on the Institute's research activities related to developing and evaluating hypotheses, systematically documenting findings and disseminating results. The Board shall evaluate the degree to which the activities of the NIOSH:

- (1) Conform to appropriate scientific standards;
- (2) Address current, relevant needs; and
- (3) Produce intended results.

Matters To Be Discussed: Agenda items include orientation for new Board members; report from the Director of NIOSH; the CDC Futures Initiative; NIOSH program assessment; the NIOSH research to practice initiative; the NIOSH nanotechnology initiative; and closing remarks.

Agenda items are subject to change as priorities dictate.

For Further Information Contact: Roger Rosa, Executive Secretary, BSC, NIOSH, CDC, 200 Independence Avenue, SW., Room 715H,

Washington, DC 20201, telephone (202) 205–7856, fax (202) 260–4464.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: September 13, 2004.

Alvin Hall,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 04–21169 Filed 9–20–04; 8:45 am]

BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–R–249, CMS–906, CMS–2088–92, CMS–R–48, CMS–382, CMS–484 and CMS–846–849, 854, 10125, 10126]

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 and 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.

1. Type of Information Collection

Request: Extension of currently approved collection.

Title of Information Collection: Hospice Cost Report and Supporting Regulations Contained in 42 CFR 413.20 and 413.24.

Use: The hospice cost report is the mechanism used to collect data from providers for rate evaluations for the Prospective Payment System (PPS). Once CMS obtains this information, we will update the PPS as mandated by Congress.

Form Number: CMS-R-249 (OMB# 0938-0758).

Frequency: Annually.

Affected Public: Not-for-profit Institutions and Business or other for-profit.

Number of Respondents: 1,720.

Total Annual Responses: 1,720.

Total Annual Hours: 302,720.

2. Type of Information Collection

Request: Extension of currently approved collection.

Title of Information Collection: Fiscal Soundness Reporting Requirements and Supporting Regulations in 42 CFR 417.126, 422.502(f) and 422.516(a).

Use: CMS needs this information to establish on-going fiscal soundness of the Managed Care Organizations and Insurance Companies.

Form Number: CMS-906 (OMB# 0938-0469).

Frequency: Quarterly and Annually.

Affected Public: Business or other for-profit.

Number of Respondents: 150.

Total Annual Responses: 750.

Total Annual Hours: 150.

3. Type of Information Collection

Request: Extension of currently approved collection.

Title of Information Collection: Outpatient Rehabilitation Cost Report and Supporting Regulations Contained in 42 CFR 413.20 and 413.24.

Use: This form is used by community mental health centers to report their health care costs to determine the amount of reimbursement for services furnished to Medicare beneficiaries.

Form Number: CMS-2088-92 (OMB# 0938-0037).

Frequency: Annually.

Affected Public: Business or other for-profit; Not-for profit Institutions, State, Local or Tribal governments.

Number of Respondents: 618.

Total Annual Responses: 618.

Total Annual Hours: 61,800.

4. Type of Information Collection

Request: Extension of a currently approved collection.

Title of Information Collection: Hospital Conditions of Participation (COP) and Supporting Regulations in 42 CFR 482.12, 482.13, 482.21, 482.22, 482.27, 482.30, 482.41, 482.43, 482.45, 482.53, 482.56, 482.57, 482.60, 482.61, 482.62, 485.618 and 485.631.

Use: Hospitals seeking to participate in the Medicare and Medicaid programs must meet the Conditions of Participation (COP) for Hospitals, 42 CFR Part 482. The information collection requirements contained in this package are needed to implement the Medicare and Medicaid COP for hospitals and critical access hospitals (CAHs).

Form Number: CMS-R-48 (OMB# 0938-0328).

Frequency: Annually.

Affected Public: Business or other for-profit, Not-for-profit institutions, Federal Government, and State, Local or Tribal Gov.

Number of Respondents: 6,085.

Total Annual Responses: 6,085.

Total Annual Hours: 5,627,513.

5. Type of Information Collection

Request: Revision of currently approved collection.

Title of Information Collection: ESRD Beneficiary Selection and Supporting Regulations Contained in 42 CFR 414.330.

Use: ESRD facilities have each new home dialysis patient select one of two methods to handle Medicare reimbursement. The intermediaries pay for the beneficiaries selecting Method I and the carriers pay for the beneficiaries selecting Method II. This system was developed to avoid duplicate billing by both intermediaries and carriers.

Form Number: CMS-382 (OMB# 0938-0372).

Frequency: Other: one time only.

Affected Public: Individuals or Households, Business or other for-profit, and Not-for profit Institutions.

Number of Respondents: 7,400.

Total Annual Responses: 7,400.

Total Annual Hours: 617.

6. Type of Information Collection

Request: Revision of currently approved collection.

Title of Information Collection: Oxygen.

Use: This form is used to determine if oxygen is reasonable and necessary pursuant to Medicare Statute. Medicare claims for home oxygen therapy must be supported by the treating physician's statement and other information including estimate length of need (# of months), diagnosis codes (ICD-9) etc.

Form Number: CMS-484 (OMB# 0938-0534).

Frequency: Other-as needed.

Affected Public: Business or other for-profit.

Number of Respondents: 11,000.

Total Annual Responses: 1,200,000.

Total Annual Hours: 497,000.

7. Type of Information Collection

Request: Revision of currently approved collection.

Title of Information Collection: Durable Medical Equipment Regional Carrier, Certificate of Medical Necessity and Supporting Documentation.

Use: The information collected on these forms is needed to correctly process claims and ensure proper claim payment. Suppliers and physicians will complete these forms and as needed supply additional routine supporting documentation necessary to process claims. In addition to the other revisions in this collection, it is important to note the introduction of two new CMS form numbers. CMS form numbers 851, 852, and 853 have been replaced with DIFs and have been issued new CMS form numbers. CMS form number 851 is now CMS form number 10125. CMS form numbers 852 and 853 have now combined into a single DIF with CMS form number 10126.

Form Number: CMS-846-849, 854, 10125,10126 (OMB# 0938-0679).

Frequency: On occasion.

Affected Public: Business or other for-profit.

Number of Respondents: 51,000.

Total Annual Responses: 5,400,000.

Total Annual Hours: 1,215,000.

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/regulations/pral/>, 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.

Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice directly to the CMS Paperwork Clearance Officer designated at the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development and Issuances, Attention: Melissa Musotto, Room C5-14-03, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: September 9, 2004.

John P. Burke, III,

Paperwork Reduction Act Team Leader, Office of Strategic Operations and Strategic Affairs, Division of Regulations Development and Issuances.

[FR Doc. 04-21027 Filed 9-20-04; 8:45 am]

BILLING CODE 4120-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services

[Document Identifier: CMS-R-263 and CMS-10082]

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

AGENCY: Centers for Medicare and 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 and 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.

(1) *Type of Information Collection Request:* Extension of a currently approved collection; *Title of*

Information Collection: On-site Inspection for Durable Medicare Equipment (DME) Supplier Location and Supporting Regulations in 42 CFR, Section 424.57; *Form No.:* CMS-R-263 (OMB # 0938-0749); *Use:* CMS collects information on any supplier who submits bills to Medicare or who applies for a Medicare Billing Number before allowing the supplier to enroll. This information must minimally clearly identify the provider and its place of business as required in Public Law 99-272 Section 9202(g) and provide all necessary documentation to prove that they are qualified to perform the services for which they are billing. The on-site inspection for Durable Medical Equipment (DME) Supplier Location verifies this information; *Affected Public:* Business or other for-profit, not-for-profit institutions, and State, Local, or Tribal Gov.; *Number of Respondents:* 20,000; *Total Annual Responses:* 20,000; *Total Annual Hours:* 10,000.

(2) *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* CMSO 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, or tribal government; *Number of Respondents:* 51; *Total Annual Responses:* 51; *Total Annual Hours:* 2,360.

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/>

regulations/pa/, or e-mail your request, including your address, phone number, OMB number, and CMS document identifier, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the OMB desk officer: OMB Human Resources and Housing Branch, Attention: Christopher Martin, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: September 9, 2004.

John P. Burke, III,

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

[FR Doc. 04-21028 Filed 9-20-04; 8:45 am]

BILLING CODE 4120-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Public Law 104-13), the Health Resources and Services Administration (HRSA) will publish periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans, call the HRSA Reports Clearance Officer on (301) 443-1129.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the 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.