

Dated: December 7, 2007.

**John Teeter,**

*Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.*

[FR Doc. E7-24235 Filed 12-13-07; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare and Medicaid Services

[Document Identifier: CMS-10177]

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

**AGENCY:** Center for Medicare and Medicaid Services, Department of Health and Human Services.

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), 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(a)(2)(ii). This is necessary to ensure compliance with an initiative of the Administration. We cannot reasonably comply with the normal clearance procedures because of an unanticipated event, as stated in 5 CFR 1320.13(a)(2)(ii).

1. *Type of Information Collection Request:* New collection; *Title of Information Collection:* Survey of Contract Labor in Selected Health Industries; *Form Number:* CMS-10177 (OMB#: 0938-New); *Use:* The Office of the Actuary (OACT), Centers for Medicare and Medicaid Services (CMS) is requesting emergency review and approval of an information collection request (ICR) for a one-time, seven-question survey of professional contract labor costs in selected health industries. The survey will empirically quantify the locally-purchased and nationally-purchased proportions of professional contract labor costs incurred by hospitals, skilled nursing facilities (SNF), and kidney dialysis centers (ESRD). The results of this study will determine the proportion of professional contract labor costs that should be included in the labor-related share (LRS). The LRS of Medicare perspective payment system (PPS) payments is the proportion of said payment that is subject to the area wage index adjustment. This adjustment accounts for geographic variation, thus the survey will directly impact the distribution of Medicare hospital and SNF payments to PPS providers. ESRD providers are not paid prospectively at this time, although that appears likely at some point in the future. *Frequency:* One-time; *Affected Public:* Private Sector and State, Tribal and Local governments; *Number of Respondents:* 4,000; *Total Annual Responses:* 4,000; *Total Annual Hours:* 4,000.

CMS is requesting OMB review and approval of this collection by *January 14, 2008*, with a 180-day approval period. Written comments and recommendations will be considered from the public if received by the individuals designated below by December 31, 2007.

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/prs> 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.

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 by December 31, 2007: CMS, Office of Strategic Operations and

Regulatory Affairs, Division of Regulations Development—B, Attn: William N. Parham, III, Room C4-26-05, 7500 Security Boulevard, Baltimore, MD 21244-1850. and, OMB Human Resources and Housing Branch, Attention: Carolyn Lovett, New Executive Office Building, Room 10235, Washington, DC 20503, Fax Number: (202) 395-6974.

Dated: December 7, 2007.

**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-R-218 and CMS-10252]

#### Agency Information Collection Activities: Proposed Collection; Comment Request

**AGENCY:** Centers for Medicare & Medicaid Services, Department of Health and Human Services.

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 currently approved collection; *Title of Information Collection:* Information Collection Requirements Contained in 45 CFR Part 162; HIPAA Standards for Electronic Transactions; *Use:* This submission contains information collection requirements in HCFA-0149-F, CMS-0003-P, CMS-0005-P, and CMS-003/005-F. This collection establishes standards for electronic

transactions and for code sets to be used in those transactions. The collection standardizes the approximately 400 formats of electronic health care claims used in the United States. The use of these standards significantly reduces the administrative burden associated with paper documents, lowers operating costs, and improves data quality for health care providers and health plans; *Form Number*: CMS-R-218 (OMB# 0938-0866); *Frequency*: On occasion; *Affected Public*: Business or other for-profit; *Number of Respondents*: 3,400,000; *Total Annual Responses*: 3,400,000; *Total Annual Hours*: 1.

2. *Type of Information Collection*  
*Request*: New collection; *Title of Information Collection*: Certificate of Destruction for Data Acquired from the Centers for Medicare and Medicaid Services; *Use*: The Certificate of Destruction will be used by recipients of CMS data to certify that they have destroyed the data they have received through a CMS Data Use Agreement (DUA). The DUA requires the destruction of the data at the completion of the project/expiration of the DUA. The DUA addresses the conditions under which CMS will disclose and the User will maintain CMS data that are protected by the Privacy Act of 1974, § 552a and the Health Insurance Portability and Accountability Act of 1996. CMS has developed policies and procedures for such disclosures that are based on the Privacy Act and the Health Insurance Portability Act (HIPAA). The Certificate of Destruction is required to close out the DUA and to ensure the data are destroyed and not used for another purpose. *Form Number*: CMS-10252 (OMB# 0938-NEW); *Frequency*: On occasion; *Affected Public*: Business or other for-profit; *Number of Respondents*: 500; *Total Annual Responses*: 500; *Total Annual Hours*: 84.

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.

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 February 12, 2008. CMS, Office of Strategic Operations and Regulatory Affairs, Division of

Regulations Development—B, Attention: William N. Parham, III, Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: December 7, 2007.

**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-10218 and CMS-10250]

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

**AGENCY**: Centers for Medicare & Medicaid Services

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*: New Collection; *Title of Information Collection*: Survey for the Evaluation of the Low Vision Rehabilitation Demonstration; *Use*: This information collection request relates to the collection of health status indicators for the Low Vision Rehabilitation Demonstration through the beneficiary survey. The survey will be conducted among Medicare beneficiaries with vision problems who have received vision services. CMS intends to administer the Low Vision Survey (LVS) for approximately eighteen months. Data on the process of implementing the demonstration will also be collected

through telephone interviews with physicians and beneficiaries who receive low vision services. Focus groups will be conducted with low vision rehabilitation specialists. *Form Numbers*: CMS-10218 (OMB#: 0938-NEW); *Frequency*: Reporting—Once and Yearly; *Affected Public*: Individuals and households; *Number of Respondents*: 2131; *Total Annual Responses*: 2131; *Total Annual Hours*: 1059.

2. *Type of Information Collection*  
*Request*: New Collection; *Title of Information Collection*: Submission of Information for the Hospital Outpatient Quality Data Program; *Use*: The submission of outpatient hospital quality of care information builds on the requirement to submit such data for inpatient hospital care as required under 501(b) of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA) (Pub. L. 108-173). The requirement to submit hospital quality of care information is intended to empower consumers with quality of care information to make more informed decisions about their health care while also encouraging hospitals and clinicians to improve the quality of care. This information is used by CMS to direct its contractors, including Quality Improvement Organizations (QIOs), to focus on particular areas of improvement, and to develop quality improvement initiatives. The information will be made available to hospitals for their use in internal quality improvement initiatives. Most importantly, this information is available to beneficiaries, as well as to the public in general, to provide hospital information to assist them in making decisions about their health care. *Form Numbers*: CMS-10250 (OMB#: 0938-NEW); *Frequency*: Reporting—quarterly; *Affected Public*: Private Sector—For-profit and not-for-profit institutions; *Number of Respondents*: 3,500; *Total Annual Responses*: 17,500; *Total Annual Hours*: 914,000.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access the 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.

To be assured consideration, comments and recommendations for the proposed information collections must be received by the OMB desk officer at