

use the information to select PACE organizations and monitor their performance. *Frequency:* Recordkeeping, Reporting—Quarterly and Annually; *Affected Public:* Not-for-profit institutions, Federal Government and State, Local, or Tribal Government; *Number of Respondents:* 54; *Total Annual Responses:* 54; *Total Annual Hours:* 44,378.

**4. Type of Information Collection**  
*Request:* Extension of a currently approved collection; *Title of Information Collection:* 1-800-MEDICARE Customer Experience Questionnaire; *Form Number:* CMS-10163 (OMB#: 0938-0963); *Use:* Section 923 (d) of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 established 1-800-MEDICARE as the primary source of general Medicare information and assistance. As part of the Medicare Modernization Act (MMA), CMS must provide Part D eligibles and their representatives with the information they need to make informed decisions among the available choices for Part D coverage. Part D sponsors can start marketing their programs on October 1, 2005. The initial enrollment period for the general population will occur from November 15, 2005 to May 15, 2006. The information collected from this survey will allow CMS to monitor callers' satisfaction with various aspects of both the Interactive Voice Recognition (IVR) component and live Customer Service Representative (CSR) component of the 1-800-MEDICARE line. Timely feedback from customers on key satisfaction indicators will be used for continuous quality enhancement. *Frequency:* Reporting—Weekly, Quarterly and Monthly; *Affected Public:* Individuals and Households; *Number of Respondents:* 31,200; *Total Annual Responses:* 31,200; *Total Annual Hours:* 4940.

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/prd/>, 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 November 29, 2005.

CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Bonnie L. Harkless, Room C4-26-05,

7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: September 21, 2005.

**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-10146 and CMS-10147]**

#### 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:* Notice of Denial of Medicare Prescription Drug Coverage; *Form No.:* CMS-10146 (OMB# 0938-NEW); *Use:* Pursuant to 42 CFR 423.568(c), if a Part D plan denies drug coverage, in whole or in part, the Part D plan must give the enrollee written notice of the coverage determination; *Frequency:* Other: Distribution; *Affected Public:* Business or other for profit, Not-for-profit institutions; Individuals or Households and Federal Government; *Number of Respondents:* 450; *Total Annual Responses:* 1,056,000; *Total Annual Hours:* 528,000.

**2. Type of Information Collection**  
*Request:* New Collection; *Title of Information Collection:* Medicare

Prescription Drug Coverage and Your Rights; *Form No.:* CMS-10147 (OMB # 0938-NEW); *Use:* Pursuant to 42 CFR 423.562(a)(3), a Part D plan sponsor must arrange with its network pharmacies to post or distribute notices informing enrollees to contact their plan to request a coverage determination or an exception if the enrollee disagrees with the information provided by the pharmacy; *Frequency:* Other: Distribution; *Affected Public:* Business or other for profit, Not-for-profit institutions; Individuals or Households and Federal Government; *Number of Respondents:* 41,000; *Total Annual Responses:* 35,000,000; *Total Annual Hours:* 583,333.

To obtain copies of the supporting statement and any related forms for these paperwork collections referenced above, access CMS Web site address at <http://www.cms.hhs.gov/regulations/prd/>, 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 the address below, no later than 5 p.m. on October 31, 2005.

OMB Human Resources and Housing Branch, Attention: Christopher Martin, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: September 23, 2005.

**Michelle Shortt,**

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

[FR Doc. 05-19581 Filed 9-29-05; 8:45 am]

**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

**[CMS-1269-N6]**

#### Medicare Program; Emergency Medical Treatment and Labor Act (EMTALA) Technical Advisory Group (TAG): Announcement of a New Member

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), HHS.

**ACTION:** Notice.

**SUMMARY:** This notice announces the selection of a new member of the Emergency Medical Treatment and Labor Act (EMTALA) Technical Advisory Group (TAG). The purpose of