collection. All comments will become a matter of public record.

Dated: February 16, 2006.

**Carolyn M. Clancy,**

*Director.*

[FR Doc. 06–1716 Filed 2–23–06; 8:45 am]

**BILLING CODE 4160–90–M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency for Healthcare Research and Quality

### Meetings on Patient Safety and Quality Improvement

**AGENCY:** Agency for Healthcare Research and Quality (AHRQ), HHS.

**ACTION:** Notice of public meetings, including telephone call-in.

**SUMMARY:** We are considering how to implement the Patient Safety and Quality Improvement Act of 2005 (Act), including such questions as how the Act might be applied to various organizational configurations and how best to ensure that the statute's fundamental confidentiality objectives are achieved. To help us better understand the thinking and plans of providers that are interested in seeking out patient safety organization (PSO) services, and of entities that anticipate establishing such an organization, this notice invites the public to provide information that may assist the Agency, either in person or by telephone call-in, at three related public meetings.

**DATES:** The three public meetings will be held on Wednesday, March 8, 2006; Monday, March 13, 2006; and Thursday, March 16, 2006. Each meeting will be held from 12:30 p.m. EST until finished (no later than 3:30 p.m. EST).

**ADDRESSES:** The meetings on March 8 and 13 will be held at AHRQ, John M. Eisenberg Building, 540 Gaither Road, Rockville, MD 20850. The meeting on March 16 will be held at Hilton Washington Embassy Row, 2015 Massachusetts Ave. NW., Washington, DC 20036.

**FOR FURTHER INFORMATION CONTACT:** Eileen Hogan, Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, MD 20850; Telephone: 301–427–1307; E-mail: *Eileen.Hogan@ahrq.hhs.gov.*

**SUPPLEMENTARY INFORMATION:** The Act is intended to help health care providers improve patient safety, reduce the incidence of events that adversely effect patient safety, and otherwise improve the quality of health care delivery. More specifically, the Act, by establishing a Federal privilege and mandating confidentiality protection, encourages health care providers to contract with PSOs to collect and analyze data on patient safety events (including ''near misses,'' ''close calls,'' and ''no-harm'' events as well as other types of patient safety events), to develop and disseminate information to improve patient safety, and to provide feedback and assistance to reduce patient risk. The decision to contract with a PSO is voluntary.

#### Registration and Other Information About the Meetings

We request that interested persons register with the Cygnus Corporation on the Internet at *http://www.cygnusc.com/* to participate in one or more meetings either in person or by telephone. The contact at Cygnus Corporation is Megan Griggs who can be reached by telephone at (301) 231–7537, ext. 260 and by e-mail at *griggsm@cygnus.com.* Interested persons should register at least the day before a meeting in which they wish to participate. Non-registered individuals will be able to attend a meeting in person if space is available. However, we will not be able to provide a telephone hook-up for those that do not register at least the day before the meeting.

If sign language interpretation or other reasonable accommodation for a disability is needed, please contact Mr. Donald L. Inniss, Director, Office of Equal Employment Opportunity Program Support Center, on (301) 443–1144.

Each public meeting is scheduled for a three-hour period, but will end sooner if participants have finished providing input before the time period expires. We are asking for input concerning specific topics as follows:

March 8, 2006: Provider—PSO relationships, contracts, and disclosures. March 13, 2006: Operation of a component PSO (a PSO that is part of another organization). March 16, 2006: Security and Confidentiality issues.

We request that input regarding the specified topics be provided at the meeting scheduled for that topic. After those who wish to provide input on the specific topics have finished, participants will be welcome to provide input on other issues regarding the implementation of the Act. The format for the meetings is intended to allow participants not only to provide input, but also to respond to the input provided by others. We especially request input from entities interested in becoming or creating PSOs and from providers interested in contracting with PSOs.

To help interested individuals prepare for the meetings, we invite review of the Act. The full text is set forth on the Internet at: *http://www.gpoaccess.gov/plaws/* (search for ''Public Law 109—41.'')

Also, we will establish an e-mail notification list to provide interested parties with automatic notification of relevant information posted on the AHRQ Web site (*http://www.ahrq.gov*) concerning the PSO program. To be added to the e-mail notification list, send your e-mail address to *Eileen.Hogan@ahrq.hhs.gov* and use the words ''Add me to the list'' in the subject line.

These meetings will be primarily listening sessions for the Agency and potentially an opportunity for dialogue among participants. We believe that the input received at the public meetings will be most helpful in providing the Agency with background information, fostering fact finding, and broadening awareness of issues raised by the legislation. We generally will not respond to the presentations during the meetings and will not regard them as formal comments that must be addressed in later rulemaking documents.

Dated: February 17, 2006.

**Carolyn M. Clancy,**

*Director.*

[FR Doc. 06–1725 Filed 2–23–06; 8:45 am]

**BILLING CODE 4160–90–M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

**[30Day–06–0576]**

### Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–5960 or send an e-mail to *omb@cdc.gov.* Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–6974.

**Notice of Correction**

*Title of Project*

Possession, Use, and Transfer of Select Agents and Toxins (OMB Control No. 0920–0576)—Extension—Office of the Director (OD), Centers for Disease Control and Prevention (CDC).

**Description of Correction**

Due to a clerical oversight, the closing date of the 30-day **Federal Register** Notice (FRN) under 30dy–06–0576 published on January 24, 2006 will be used as the official 30-day for the OMB submission printed under that notice number. The closing date of the 30-day FRN under 30dy–06–0576 dated February 8, 2006 will not be used. The second 30-day FRN was inadvertently published, so please disregard the second closing date.

Comments will be considered until COB of February 24, 2006 and not March 8, 2006.

Dated: February 21, 2006.

**Joan F. Karr,**

*Acting Reports Clearance Officer, Centers for Disease Control and Prevention.*

[FR Doc. 06–1779 Filed 2–23–06; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

**[Document Identifier: CMS–1450(UB–04)]**

### 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:* New Collection; *Title of Information Collection:* Medicare Uniform Institutional Provider Bill and Supporting Regulations in 42 CFR 424.5; *Use:* Section 42 CFR 424.5(a)(5) requires providers of services to submit a claim for payment prior to any Medicare reimbursement. Charges billed are coded by revenue codes. The bill specifies diagnoses according to the International Classification of Diseases, Ninth Edition (ICD–9-CM) code. Inpatient procedures are identified by ICD–9–CM codes, and outpatient procedures are described using the CMS Common Procedure Coding System (HCPCS). These are standard systems of identification for all major health insurance claims payers. Submission of information on the CMS–1450 permits Medicare intermediaries to receive consistent data for proper payment. All hardcopy claims processed by Medicare fiscal intermediaries must be submitted on the CMS–1450 (UB–04) after May 23, 2007. Data fields in the X12N 837 data set are consistent with the CMS–1450 (UB–04) data set.; *Form Numbers:* CMS–1450 (UB–04) (OMB#: 0938–NEW); *Frequency:* Reporting—On occasion; *Affected Public:* Not-for-profit institutions, Business or other for-profit; *Number of Respondents:* 53,111; *Total Annual Responses:* 179,489,721; *Total Annual Hours:* 308,237.

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 April 25, 2006. 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: February 16, 2006.

**Michelle Shortt,**

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

[FR Doc. 06–1767 Filed 2–23–06; 8:45 am]

**BILLING CODE 4120–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare and Medicaid Services

**[Document Identifier: CMS–10182]**

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

**AGENCY:** Center 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), 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. This is necessary to ensure compliance with an initiative of the Administration. CMS does not have sufficient time to complete the normal PRA clearance process. Section 1860D–1 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) and implementing regulations at 42 CFR 423.56(c) and (d) requires that all entities provide a disclosure of creditable coverage status to all Medicare Part D eligible individuals. The normal PRA clearance process would result in violating this statute which would result in public harm to enrolled Medicare prescription drug beneficiaries.