

Public: Individuals or households, Business or other for-profit, Not-for-profit, State, Local or Tribal Governments, Federal Government; *Number of Respondents:* 5,600; *Total Annual Responses:* 5,600; *Total Annual Hours:* 1.

5. *Type of Information Collection Request:* New collection; *Title of Information Collection:* Hospital Reporting Initiative—Hospital Quality Measures (Surgical Care Improvement (SCIP) Measures/Mortality Measures; *Use:* The purpose of this information collection request is to collect data to produce valid, reliable, comparable and salient quality measures to provide a potent stimulus for clinicians and providers to improve the quality of care they provide. The reporting of Surgical Care Improvement (SCIP) measures is currently being collected from hospitals for activities associated with the Quality Improvement Organization (QIO) Program. Section 5001(a) of Pub. L. 109–171 of the Deficit Reduction Act (DRA) sets out new requirements under the Reporting Hospital Quality Data for Annual Payment Update program. This program was initially established under section 501(b) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, which offers monetary incentives for hospitals participating in the reporting of quality data. The DRA requires that we expand the existing “starter set” of 10 quality measures that we have used since 2003. Although, this effort increases the volume of data currently reported into the QIO Clinical Data Warehouse; it however, does not place a substantial data collection burden on hospitals. A substantial percentage of hospitals are voluntarily submitting these SCIP measures currently. In contrast to the SCIP quality measures, no additional data collection from hospitals will be required from the mortality measures. All three mortality measures can be calculated based on Medicare inpatient and outpatient claims data that are already reported to the Medicare program for payment purposes. *Form Number:* CMS–10210 (OMB#: 0938–NEW); *Frequency:* Recordkeeping, Reporting, Third-Party Disclosure—Quarterly; *Affected Public:* Business or other for-profit, Not-for-profit; *Number of Respondents:* 3,700; *Total Annual Responses:* 3,700; *Total Annual Hours:* 587,500.

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.

Written comments and recommendations for the proposed information collections must be mailed or faxed within 30 days of this notice directly to the OMB desk officer: 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 18, 2006.

Michelle Shortt,

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

[FR Doc. E6–21916 Filed 12–21–06; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

*COM019*Centers for Medicare & Medicaid Services

[Document Identifier CMS 10098 and CMS–10114]

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.

Type of Information Collection Request: Extension of a currently approved collection;

Title of Information Collection: 1–800–MEDICARE Beneficiary Satisfaction Survey;

Use: The Centers for Medicare & Medicaid Services will use the survey

information for performance evaluation of the contractor. The information gathered will also be used to validate the quality of service delivered, and or direct the contractor to performance improvement;

Form Number: CMS–10098 (OMB#: 0938–0919);

Frequency: Reporting—Weekly, Monthly and Yearly;

Affected Public: Individuals or households;

Number of Respondents: 18,000;

Total Annual Responses: 18,000;

Total Annual Hours: 2,250.

Type of Information Collection Request: Revision of a currently approved collection;

Title of Information Collection: National Provider Identifier (NPI) Application and Update Form and Supporting Regulations in 45 CFR 142.408, 45 CFR 162.406, 45 CFR 162.408;

Use: The National Provider Identifier (NPI) Application and Update Form is used by health care providers to apply for NPIs and furnish updates to the information they supplied on their initial applications. The form is also used to deactivate their NPIs if necessary. The NPI Application/Update form has been revised to further assist in uniquely identifying health care providers and provide additional guidance on how to accurately complete the form. The form captures additional data elements that will assist with unique identification. It also includes more detailed instructions.

Form Number: CMS–10114 (OMB#: 0938–0931);

Frequency: Reporting—On occasion, one-time;

Affected Public: Business or other for-profit, Not-for-profit institutions, and Federal government;

Number of Respondents: 325,608;

Total Annual Responses: 325,608;

Total Annual Hours: 108,560.

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 February 20, 2007. 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 18, 2006.

Michelle Shortt,

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

[FR Doc. E6–21917 Filed 12–21–06; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–1327–N]

Medicare Program; First Biannual Meeting of the Advisory Panel on Ambulatory Payment Classification Groups—March 7, 8, and 9, 2007

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

ACTION: Notice.

SUMMARY: In accordance with section 10(a) of the Federal Advisory Committee Act (FACA) (5 U.S.C. Appendix 2), this notice announces the first biannual meeting of the Advisory Panel on Ambulatory Payment Classification (APC) Groups (the Panel) for 2007. The purpose of the Panel is to review the APC groups and their associated weights and to advise the Secretary of Health and Human Services (the Secretary) and the Administrator of the Centers for Medicare & Medicaid Services (CMS) (the Administrator) concerning the clinical integrity of the APC groups and their associated weights. CMS will consider the Panel's advice as we prepare the proposed and final rules that update the hospital Outpatient Prospective Payment System (OPPS) for CY 2008.

Meeting Dates: We are scheduling the first biannual meeting in 2007 for the following dates and times:

- Wednesday, March 7, 2007, 1 p.m. to 5 p.m. (e.s.t.)
- Thursday, March 8, 2007, 8 a.m. to 5 p.m. (e.s.t.)
- Friday, March 9, 2007, 8 a.m. to 12 noon (e.s.t.)¹

Note: We anticipate that there will be a meeting on Friday, March 9, 2007. However, if the business of the Panel concludes on

¹ The times listed above are approximate times; consequently, the meetings may last longer than listed above, but will not begin before the posted times.

Thursday, March 8, 2007, there will be no meeting on March 9, 2007.

Deadlines

Deadline for Hardcopy Comments/Suggested Agenda Topics—5 p.m. (e.s.t.), Wednesday, February 7, 2007

Deadline for Hardcopy Presentations—5 p.m. (e.s.t.), Wednesday, February 7, 2007

Deadline for Attendance Registration—5 p.m. (e.s.t.), Wednesday, February 28, 2007

Deadline for Special Accommodations—5 p.m. (e.s.t.), Wednesday, February 28, 2007

Submission of Materials to the Designated Federal Officer (DFO)

Because of staffing and resource limitations, we cannot accept written comments and presentations by FAX, nor can we print written comments and presentations received electronically for dissemination at the meeting.

Only hardcopy comments and presentations can be reproduced for public dissemination. All hardcopy presentations *must be accompanied by Form CMS–20017*. The form is now available through the CMS Forms Web site. The URL for linking to this form is as follows: <http://www.cms.hhs.gov/cmsforms/downloads/cms20017.pdf>.

We are also requiring electronic versions of the written comments and presentations (in addition to the hardcopies), so we can send them electronically to the Panel members for their review before the meeting.

Consequently, *you must send BOTH electronic and hardcopy versions of your presentations and written comments by the prescribed deadlines*. (Send electronic transmissions to the e-mail address below. Mail (or send by courier) hardcopies, accompanied by Form CMS–20017, to the DFO, as specified in the **FOR FURTHER INFORMATION CONTACTS** section of this notice.)

ADDRESSES: The meeting will be held in the Auditorium, 1st Floor, CMS Central Office, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

FOR FURTHER INFORMATION CONTACT:

• For further information, contact: Shirl Ackerman-Ross, DFO, CMS, GMM, HAPG, DOC, 7500 Security Boulevard, Mail Stop C4–05–17, Baltimore, MD 21244–1850. Phone: (410) 786–4474*.

***Note:** Please advise couriers of the following: When delivering hardcopies of presentations to CMS, if no one answers at the above phone number, please call (410) 786–4532.

- E-mail address for comments, presentations, and registration requests is CMS_APCPanel@cms.hhs.gov.
- News media representatives must contact our Public Affairs Office at (202) 690–6145.

Advisory Committees' Information Lines

The phone numbers for the CMS Federal Advisory Committee Hotline are 1–877–449–5659 (toll free) and (410) 786–9379 (local).

Web Sites

Please search the CMS Web site at http://www.cms.hhs.gov/FACA/05_AdvisoryPanelonAmbulatoryPaymentClassificationGroups.asp#TopOfPage in order to obtain the following:

- Additional information on the APC meeting agenda topics,
- Updates to the Panel's activities,
- Copies of the current Charter, and
- Membership requirements.

SUPPLEMENTARY INFORMATION:

I. Background

The Secretary is required by section 1833(t)(9)(A) of the Act, as amended and redesignated by sections 201(h) and 202(a)(2) of the Medicare, Medicaid, and SCHIP Balanced Budget Refinement Act of 1999 (BBRA) (Pub. L. 106–113), respectively, to establish and consult with an expert, outside advisory panel on APC groups. The APC Panel meets up to three times annually to review the APC groups and to provide technical advice to the Secretary and the Administrator concerning the clinical integrity of the groups and their associated weights. All Panel members must have technical expertise that enables them to participate fully in the work of the Panel. The expertise encompasses hospital payment systems, hospital medical-care delivery systems, outpatient payment requirements, APCs, Current Procedural Terminology (CPT) codes, and the use and payment of drugs and medical devices in the outpatient setting, as well as other forms of relevant expertise. Details regarding membership requirements for the APC Panel can be found on the CMS Web site as listed above.

The Panel presently consists of the following members:

- E.L. Hambrick, M.D., J.D., Chair.
- Marilyn Bedell, M.S., R.N., O.C.N.
- Glorvayne Bryant, B.S., R.H.I.A., R.H.I.T., C.C.S.
- Albert Brooks Einstein, Jr., M.D., F.A.C.P.
- Hazel Kimmel, R.N., C.C.S.
- Sandra J. Metzler, M.B.A., R.H.I.A., C.P.H.Q.
- Thomas M. Munger, M.D., F.A.C.C.