

collection; *Title of Information Collection*: Federal Reimbursement of Emergency Health Services Furnished to Undocumented Aliens (sections 1011) Provider Enrollment Application; *Use*: Section 1011 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, provides that the Secretary will establish a process (i.e., enrollment and claims payment) for eligible providers to request payment. The Secretary must directly pay hospitals, physicians and ambulance providers (including Indian Health Service, Indian tribe and tribal organizations) for their otherwise unreimbursed costs of providing services required by section 1867 of the Social Security Act (EMTALA) and related hospital inpatient, outpatient and ambulance services. CMS will use the application information to administer this health services program and establish an audit process. The Federal Reimbursement of Emergency Health Services Furnished to Undocumented Aliens (Sections 1011) Provider Enrollment Application has been revised. For a list of these revisions, refer to the summary of changes document. *Form Number*: CMS-10115 (OMB# 0938-0929); *Frequency*: On occasion; *Affected Public*: Private sector—Business or other for-profit and Not-for-profit institutions; *Number of Respondents*: 10,000; *Total Annual Responses*: 10,000; *Total Annual Hours*: 4,998.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS's 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 March 11, 2008.

CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development—C, Attention: Bonnie L Harkless, Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: January 2, 2008.

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-262 and CMS-10142]

Agency Information Collection Activities: Submission for OMB Review; 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), 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*: Revision of a currently approved collection; *Title of Information Collection*: CY 2009 Plan Benefit Package (PBP) and Formulary Submission for Medicare Advantage (MA) Plans and Prescription Drug Plans (PDP); *Use*: Under the Medicare Modernization Act (MMA), Medicare Advantage (MA) and Prescription Drug Plan (PDP) organizations are required to submit plan benefit packages for all Medicare beneficiaries residing in their service area. The plan benefit package submission consists of the formulary file, Plan Benefit Package (PBP) software, and supporting documentation as necessary. MA and PDP organizations will generate a formulary to illustrate their list of drugs, including information on prior authorization, step therapy, tiering, and quantity limits. Additionally, the PBP software will be used to describe their organization's plan benefit packages, including information on premiums, cost sharing, authorization rules, and supplemental benefits. CMS uses the formulary and PBP data to review and approve the plan benefit packages proposed by each MA and PDP organization.

CMS requires that MA and PDP organizations submit a completed formulary and PBP as part of the annual bidding process. During this process, organizations prepare their proposed plan benefit packages for the upcoming contract year and submit them to CMS for review and approval. Based on operational changes and policy clarifications to the Medicare program and continued input and feedback by the industry, CMS has made the necessary changes to the plan benefit package submission. Refer to the "List of Changes for the CY2009-PBP and Formulary" document for a summary list of changes. *Form Number*: CMS-R-262 (OMB#: 0938-0763); *Frequency*: Yearly; *Affected Public*: Business or other for-profit and Not-for-profit institutions; *Number of Respondents*: 475; *Total Annual Responses*: 4987.5; *Total Annual Hours*: 11,400.

2. *Type of Information Collection Request*: Revision of a currently approved collection; *Title of Information Collection*: CY2009 Bid Pricing Tool (BPT) for Medicare Advantage (MA) Plans and Prescription Drug Plans (PDPs); *Use*: Under the Medicare Prescription Drug, Improvement, and Modernization (MMA), Medicare Advantage organizations (MAO) and Prescription Drug Plans (PDP) are required to submit an actuarial pricing "bid" for each plan offered to Medicare beneficiaries. CMS requires that MAOs and PDPs complete the BPT as part of the annual bidding process. During this process, organizations prepare their proposed actuarial bid pricing for the upcoming contract year and submit them to CMS for review and approval. The purpose of the BPT is to collect the actuarial pricing information for each plan. The BPT calculates the plan's bid, enrollee premiums, and payment rates. Refer to "Attachment C" for a summary list of changes. *Form Number*: CMS-10142 (OMB#: 0938-0944); *Frequency*: Yearly; *Affected Public*: Business or other for-profit and Not-for-profit institutions; *Number of Respondents*: 550; *Total Annual Responses*: 6,050; *Total Annual Hours*: 42,350.

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 by the OMB desk officer at the address below, no later than 5 p.m. on *February 11, 2008*.

OMB Human Resources and Housing Branch, Attention: Carolyn Lovett, New Executive Office Building, Room 10235, Washington, DC 20503, Fax Number: (202) 395-6974.

Dated: January 2, 2008.

Michelle Shortt,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Public Comment on the Proposed Adoption of ANA Program Policies and Procedures

AGENCY: Administration for Native Americans (ANA), Administration for Children and Families, HHS.

ACTION: Notice of Public Comment on the Proposed Adoption of ANA Program Policies and Procedures.

SUMMARY: Pursuant to section 814 of the Native American Programs Act of 1974, as amended by 42 U.S.C. 2991b-1, the Administration for Native Americans (ANA) herein describes its proposed interpretive rules, general statements of policy and rules of agency procedure or practice in relation to the Social and Economic Development Strategies (hereinafter referred to as SEDS), Native Language Preservation and Maintenance (hereinafter referred to as Native Language), Environmental Regulatory Enhancement (hereinafter referred to as Environmental) programs, Environmental Mitigation (hereinafter referred to as Mitigation), and Native American Healthy Marriage Initiative (hereinafter referred to as NAHMI). Under the statute, ANA is required to provide members of the public an opportunity to comment on proposed changes in interpretive rules, general statements of policy, and rules of agency procedure or practice and to give notice of the final adoption of such changes at least 30 days before the changes become effective. This notice also provides additional information about ANA's plan for administering the programs.

DATES: The deadline for receipt of comments is 30 days from the date of publication in the **Federal Register**.

ADDRESSES: Comments in response to this notice should be addressed to Sheila K. Cooper, Director of Programs Operations, Administration for Native Americans, 370 L'Enfant Promenade, SW., Mail Stop: Aerospace 2-West, Washington, DC 20447. Delays may occur in mail delivery to Federal offices; therefore, a copy of comments should be faxed to (202) 690-7441. Comments will be available for inspection by members of the public at Administration for Native Americans, Aerospace Center, 901 D Street, SW., Washington, DC 20447.

FOR FURTHER INFORMATION CONTACT: Sheila K. Cooper at (877) 922-9262.

SUPPLEMENTARY INFORMATION: Section 814 of the Native American Programs Act of 1974, as amended, requires ANA to provide notice of its proposed interpretive rules, general statements of policy and rules of agency organization, procedure or practice. The proposed clarifications, modifications, and new text will appear in the five ANA FY 2008 Program Announcements (PA): SEDS, Native Language, Environmental, NAHMI and Mitigation. This notice serves to fulfill this requirement.

Introduction. This Notice of Public Comment (NOPC) addresses two groups of changes:

- Changes made across all program areas (Part I of NOPC). These are changes to text that is found in each PA program area. Therefore, the changes cited in Part I apply to all PAs.
- Changes made to specific program areas (Part II of NOPC). ANA has made significant changes to the Native Language, NAHMI, SEDS and Mitigation programs. These changes are outlined in Part II.

1. All program announcements will be revised to clarify program and application submission requirements for the public. These changes appear in the following sections: Definitions (Part A of NOPC), Funding Restrictions (Part B of NOPC), and Evaluation Criteria (Part C of NOPC). In addition, language and formatting changes have been made to various program area PAs in order to standardize the PAs across all program areas. These document formatting changes do not appear in this NOPC because the changes do not significantly affect or change the intent or meaning of the program information. Finally, funding restriction information will be applicable to all program areas and all PAs.

(A) *ANA Administrative Policies:* As required by Department of Health and

Human Services (HHS) appropriations acts, all HHS recipients must credit HHS/ACF on materials developed using ANA funds. Therefore, the following bullet has been modified to meet this agency requirement to credit HHS/ACF.

The FY 2008 PA revised administrative policy will be:

All funded applications will be reviewed to ensure that the applicant has provided a positive statement to give credit to HHS/ACF on all materials developed using HHS/ACF funds.

(B) *ANA Definitions:* ANA has added six new definitions and clarified the definition of eight words. These new and revised definitions are provided for areas that applicants have historically found difficult to understand, have previously prompted numerous questions and have created application and project development inconsistencies. In addition, the revisions reflect changes in the evaluation criteria for FY 2008 PA. (Legal authority: Section 803(a) and (d) and 803C of the Native American Programs Act of 1974, as amended, 42 U.S.C. 2991b and 2991b-3.)

i. *New Definitions:* The FY 2008 PA includes definitions for the following terms: *impact*, *impact evaluation*, *project goal*, *project period*, *results and benefits*, and *statement of need*.

The FY 2008 PAs will include these new definitions:

Impact: The change in the physical, economic, social, financial, governmental, institutional, behavioral, language or cultural conditions in a community as a result of the ANA-funded project.

Impact Evaluation: Site visits conducted by ANA to provide grantees the opportunity to share, through qualitative and quantitative information, how the project goal and objectives were accomplished and how the identified community was impacted by the ANA-funded project.

Project Goal: The specific result or purpose expected from the project. The project goal specifies what will be accomplished over the entire project period. The project goal relates to the community goal and is achieved through the project objectives and activities. The project goal should directly relate to the statement of need.

Project Period: The total time for which the recipients' project or program is approved for support, including any extension, subject to the availability of funds, satisfactory progress and a determination by HHS that continued funding is in the best interest of the Government.

Results and Benefits: Measurement descriptions used to track the progress