

Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov*.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

Medical Monitoring Project—Revision—National Center for HIV, Viral Hepatitis, STD and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Medical Monitoring Project (MMP) is a nationally representative, population-based surveillance system to assess clinical outcomes, behaviors, and the quality of HIV care. The primary objectives of MMP are to obtain data from a national probability sample of

HIV-infected persons receiving care in the U.S. to: (a) Describe the clinical status of recruited patients; (b) describe HIV care and support services being received and the quality of those services; (c) describe the prevalence and occurrence of co-morbidities related to HIV disease; (d) determine prevalence of ongoing risk behaviors, as well as the access to and use of prevention services among persons living with HIV; and (e) identify met and unmet needs for HIV care and prevention services in order to inform community and care planning groups, health care providers, and other stakeholders. In order to meet these objectives, patients will be recruited to the project from randomly selected HIV care providers (e.g., physicians and other care providers) in the U.S.

MMP was implemented in 2005 and is currently being conducted in 26 project areas. The methods for the project remain the same; however, data collection instruments have been revised based on experience in previous data collection cycles. An estimated 8,320 patients will participate in MMP each data collection cycle.

As part of this current revision to MMP, CDC is requesting the addition of a survey of randomly selected HIV care providers (e.g., physicians, nurse practitioners and physician's assistants) in the U.S. regarding their training history, areas of specialization, ongoing

sources of training and continuing education about HIV care, and awareness of HIV treatment guidelines and resources.

In order to understand factors associated with access to and quality of care, it is necessary to understand the characteristics of the HIV care providers randomly selected for inclusion in the project. This information will be obtained by conducting a provider survey. All HIV care providers who are sampled into MMP—about 1440 in all—will be asked to participate in the survey, whether or not the provider's patients participate in MMP. Participation is voluntary. Those who consent will be asked to complete a self-administered survey which will include questions about training history, areas of specialization, ongoing sources of training and continuing education about HIV care, and awareness of HIV treatment guidelines and resources.

The information collected in the MMP Provider Survey will be used in conjunction with other MMP data to assess who is providing HIV care, to examine the impact of provider characteristics on the quality and standard of care being provided to patients with HIV, and to determine opportunities to improve resources available to HIV care providers. There is no cost to respondents other than their time.

ESTIMATE OF ANNUALIZED BURDEN TABLE

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (hours)
Patients interviewed with standard interview	7,988	1	45/60	5,991
Patients interviewed with short interview	166	1	20/60	55
Patient Proxies interviewed with proxy interview	166	1	20/60	55
Facility staff pulling medical records	7,488	1	3/60	374
Facility staff providing Estimated Patient Loads	936	1	2	1,872
Facility staff providing patient lists	1,030	1	30/60	515
Patients approached by facility staff for enrollment	3,120	1	5/60	260
Providers completing a survey	1,440	1	20/60	480
Total				9,602

Dated: May 30, 2008.

Maryam I. Daneshvar,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): CDC Grants for Public Health Research Dissertation (Panel B), Program Announcement (PAR) 07-231

In accordance with Section 10(a)(2) of the Federal Advisory Committee Act

(Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the aforementioned meeting:

Time and Date: 8:30 a.m.–5:00 p.m., July 8, 2008 (Closed).

Place: Hyatt Regency Atlanta, 265 Peachtree Street, NE., Atlanta, GA 30303, Telephone (404) 577-1234.

Status: The meeting will be closed to the public in accordance with provisions set forth in Section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92-463.

Matters To Be Discussed: The meeting will include the review, discussion, and evaluation of "CDC Grants for Public Health Research Dissertation (Panel B), PAR07-231."

Contact Person for More Information: Christine Morrison, Ph.D., Scientific Review Administrator, Office of the Chief Science Officer, CDC, 1600 Clifton Road, NE., Mailstop D74, Atlanta, GA 30333, Telephone (404) 639-3098.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: June 2, 2008.

Elaine L. Baker,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10256, CMS-381 and CMS-1856/1893]

Agency Information Collection Activities: Proposed Collection; 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) 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 Care Management Performance (MCMP) Demonstration; *Use:* Section 649 of the Medicare Prescription Drug,

Improvement, and Modernization Act of 2003 (MMA) requires the Secretary of the U.S. Department of Health and Human Services to establish a pay-for-performance (P4P) demonstration program with physicians to meet the needs of eligible beneficiaries through the adoption and use of health information technology (HIT) and evidence-based outcome measures. The Medicare Care Management Performance Demonstration was established in response to the MMA. Mathematica Policy Research, Inc. is conducting an evaluation of the MCMP on behalf of CMS. The goals of the three-year demonstration are to improve quality of care to eligible fee-for-service Medicare beneficiaries and encourage the implementation and use of HIT. The specific objectives are to promote continuity of care, help stabilize medical conditions, prevent or minimize acute exacerbations of chronic conditions, and reduce adverse health outcomes. The MMA authorizes a total of four sites in both urban and rural areas. The demonstration sites are in Arkansas, California, Massachusetts, and Utah. The MCMP demonstration will target practices serving at least 50 traditional fee-for-service Medicare beneficiaries with congestive heart failure, coronary heart disease, and diabetes for whom they provide primary care.

An impact analysis using a comparison group design will be conducted as part of the evaluation. Physician practices in selected non-demonstration States that match most closely those in demonstration States on key factors will make up the comparison group. The impact analysis will use data from four data sources: (1) A beneficiary survey, (2) a physician survey, (3) Medicare claims and eligibility data, and (4) practice-specific data. This request relates to the two surveys. *Form Number:* CMS-10256 (OMB# 0938-New); *Frequency:* Once; *Affected Public:* Business or other for-profits, and Individual and households; *Number of Respondents:* 6,400; *Total Annual Responses:* 6,400; *Total Annual Hours:* 1,472.

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Identification of Extension Units of Outpatient Physical Therapy (OPT)/Outpatient Speech Pathology (OSP) Providers; *Use:* Medicare provides OPT/OSP providers to be surveyed to determine compliance with Federal Regulations. All locations where OPT/OSP providers furnish services must meet these requirements. The CMS-381 is the form used to

identify all the OPT/OSP locations. *Form Number:* CMS-381 (OMB# 0938-0273); *Frequency:* Yearly; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 495; *Total Annual Responses:* 495; *Total Annual Hours:* 866.

3. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Outpatient Physical Therapy Speech Pathology Survey Report and Supporting Regulations in 42 CFR 485.701-485.729. *Use:* The Medicare program requires OPT providers to meet certain health and safety requirements. The request for certification form is used by State agency surveyors to determine if minimum Medicare eligibility requirements are met. The survey report form records the results of the on-site survey. *Form Number:* CMS-1856 and 1893 (OMB# 0938-0065); *Frequency:* Yearly and occasionally; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 495; *Total Annual Responses:* 495; *Total Annual Hours:* 866.

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.

In commenting on the proposed information collections please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in one of the following ways by August 5, 2008:

1. *Electronically.* You may submit your comments electronically to <http://www.regulations.gov>. Follow the instructions for "Comment or Submission" or "More Search Options" to find the information collection document(s) accepting comments.

2. *By regular mail.* You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Document Identifier/OMB Control Number _____, Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.