

public information programs; and (2) test these messages, strategies and program components in developmental form to assess audience comprehension,

reactions and perceptions. Information obtained from testing can then be used to improve materials and strategies while revisions are still affordable and

possible. The annual burden associated with these activities is summarized below.

Activity	Number of respondents	Responses/ respondent	Hours per response	Total hours
Individual In-depth Interviews:				
General Public .....	400	1	.75	300
Service Providers .....	200	1	.75	150
Focus Group Interviews:				
General Public .....	3,000	1	1.5	4,500
Service Providers .....	1,500	1	1.5	2,250
Telephone Interviews:				
General Public .....	335	1	.08	27
Service Providers .....	165	1	.08	13
Self-Administered Questionnaires:				
General Public .....	2,680	1	.25	670
Service Providers .....	1,320	1	.25	330
Gatekeeper Reviews:				
General Public .....	1,200	1	.50	600
Service Providers .....	900	1	.50	450
Total .....	11,700	.....	.....	9,290

Send comments to Summer King, SAMHSA Reports Clearance Officer, Room 7-1044, One Choke Cherry Road, Rockville, MD 20857 and e-mail her a copy at [summer.king@samhsa.hhs.gov](mailto:summer.king@samhsa.hhs.gov). Written comments should be received within 60 days of this notice.

Dated: October 19, 2009.

**Elaine Parry,**

Director, Office of Program Services.

[FR Doc. E9-26197 Filed 10-29-09; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier CMS-10184]

#### 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:* Extension of a currently approved collection; *Title of Information Collection:* Eligibility Error Rate Measurement in Medicaid and the Children's Health Insurance Program; *Use:* The collection of information is necessary for CMS to produce national error rates for Medicaid and CHIP as required by Public Law 107-300, the IPIA of 2002. The collection of information is also necessary to implement provisions from the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) (Pub. L. 111-3) with regard to the Medicaid Eligibility Quality Control (MEQC) and Payment Error Rate Measurement (PERM) programs. The information collected from the States selected for review will be used by CMS to ensure States use a statistically sound sampling methodology, to ensure the States complete reviews on all cases sampled, and will be used by the Federal contractor to calculate State and national Medicaid and CHIP eligibility error rates. *Form Number:* CMS-10184 (OMB#: 0938-1012); *Frequency:* Reporting—Occasionally; *Affected Public:* State, Local, Tribal Governments; *Number of Respondents:* 34; *Total Annual Responses:* 53; *Total Annual Hours:* 942,764. (For policy questions regarding this collection contact Jessica Woodard at 410-786-

9249. For all other issues call 410-786-1326.)

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS' Web site 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](mailto: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 *December 29, 2009*:

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.

Dated: October 23, 2009.

**Michelle Shortt,**

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

[FR Doc. E9-26111 Filed 10-29-09; 8:45 am]

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**DEPARTMENT OF HEALTH AND  
HUMAN SERVICES**

**Centers for Medicare & Medicaid  
Services**

[CMS-1565-N]

**Medicare Program; Meeting of the  
Practicing Physicians Advisory  
Council, December 7, 2009**

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

**ACTION:** Notice.

**SUMMARY:** This notice announces a quarterly meeting of the Practicing Physicians Advisory Council (the Council). The Council will meet to discuss certain proposed changes in regulations and manual instructions related to physicians' services, as identified by the Secretary of Health and Human Services. This meeting is open to the public.

**DATES:** *Meeting Date:* Monday, December 7, 2009, from 8:30 a.m. to 5 p.m., eastern standard time (e.s.t.).

*Deadline for Registration without Oral Presentation:* Thursday, December 3, 2009, 12 noon, e.s.t.

*Deadline for Registration of Oral Presentations:* Friday, November 20, 2009, 12 noon, e.s.t.

*Deadline for Submission of Oral Remarks and Written Comments:* Wednesday, November 25, 2009, 12 noon, e.s.t.

*Deadline for Requesting Special Accommodations:* Tuesday, December 1, 2009, 12 noon, e.s.t.

**ADDRESSES:** *Meeting Location:* The meeting will be held in Room 505A, in the Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201.

*Submission of Testimony:* Testimonies should be mailed to Kelly Buchanan, Designated Federal Official (DFO), Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Mail stop C4-13-07, Baltimore, MD 21244-1850, or contact the DFO via e-mail at [PPAC\\_hhs@cms.hhs.gov](mailto:PPAC_hhs@cms.hhs.gov).

**FOR FURTHER INFORMATION CONTACT:** Kelly Buchanan, DFO, (410) 786-6132, or e-mail [PPAC\\_hhs@cms.hhs.gov](mailto:PPAC_hhs@cms.hhs.gov). News media representatives must contact the CMS Press Office, (202) 690-

6145. Please refer to the CMS Advisory Committees' Information Line (1-877-449-5659 toll free), (410) 786-9379 local) or the Internet at <http://www.cms.hhs.gov/home/regsguidance.asp> for additional information and updates on committee activities.

**SUPPLEMENTARY INFORMATION:**

**I. Background**

In accordance with section 10(a) of the Federal Advisory Committee Act, this notice announces the quarterly meeting of the Practicing Physicians Advisory Council (the Council). The Secretary of Health and Human Services (the Secretary) is mandated by section 1868(a)(1) of the Social Security Act (the Act) to appoint a Practicing Physicians Advisory Council based on nominations submitted by medical organizations representing physicians. The Council meets quarterly to discuss certain proposed changes in regulations and manual instructions related to physician services, as identified by the Secretary. To the extent feasible and consistent with statutory deadlines, the Council's consultation must occur before **Federal Register** publication of the proposed changes. The Council submits an annual report on its recommendations to the Secretary and the Administrator of the Centers for Medicare & Medicaid Services (CMS) not later than December 31 of each year.

The Council consists of 15 physicians, including the Chair. Members of the Council include both participating and nonparticipating physicians, and physicians practicing in rural and underserved urban areas. At least 11 members of the Council must be physicians as described in section 1861(r)(1) of the Act; that is, State-licensed doctors of medicine or osteopathy. The remaining 4 members may include dentists, podiatrists, optometrists, and chiropractors. Members serve for overlapping 4-year terms.

Section 1868(a)(2) of the Act requires that the Council meet quarterly to discuss certain proposed changes in regulations and manual issuances that relate to physicians' services, identified by the Secretary. Section 1868(a)(3) of the Act provides for payment of expenses and per diem for Council members in the same manner as members of other advisory committees appointed by the Secretary. In addition to making these payments, the Department of Health and Human Services and CMS provide management and support services to the Council. The Secretary will appoint new members to the Council from among those

candidates determined to have the expertise required to meet specific agency needs in a manner to ensure appropriate balance of the Council's membership.

The Council held its first meeting on May 11, 1992. The current members are: John E. Arradondo, M.D., MPH; Vincent J. Bufalino, M.D., Chairperson; Joseph A. Giaimo, D.O.; Pamela A. Howard, M.D.; Roger L. Jordan, O.D.; Janice A. Kirsch, M.D.; Tye J. Ouzounian, M.D.; Jeffrey A. Ross, DPM, M.D.; Jonathan E. Siff, M.D., MBA; Fredrica E. Smith, M.D.; Arthur D. Snow, Jr., M.D.; Christopher J. Standaert, M.D.; and Karen S. Williams, M.D. In addition, two new members were recently appointed by the Secretary: Chiledum A. Ahaghotu, M.D., and Richard E. Smith, M.D. New members will be sworn in at the December 7, 2009 meeting.

**II. Meeting Format and Agenda**

The meeting will commence with the Council's Executive Director providing a status report, and the CMS responses to the recommendations made by the Council at the August 31, 2009 meeting, as well as prior meeting recommendations. Additionally, an update will be provided on the Physician Regulatory Issues Team. In accordance with the Council charter, we are requesting assistance with the following agenda topics:

- Value-Based Purchasing for Physicians and Hospitals.
- Medicare Physician Fee Schedule—Final Rule.
- Outpatient Prospective Payment System/Ambulatory Surgical Center (OPPS/ASC) Fee Schedule—Final Rule.
- Quality Initiative Update.
- Fraud and Abuse Update.
- 10th Scope of Work Update.

For additional information and clarification on these topics, contact the DFO as provided in the **FOR FURTHER INFORMATION CONTACT** section of this notice. Individual physicians or medical organizations that represent physicians wishing to present a 5-minute oral testimony on agenda issues must register with the DFO by the date listed in the **DATES** section of this notice. Testimony is limited to agenda topics only. The number of oral testimonies may be limited by the time available. A written copy of the presenter's oral remarks must be submitted to the DFO for distribution to Council members for review before the meeting by the date listed in the **DATES** section of this notice. Physicians and medical organizations not scheduled to speak may also submit written comments to the DFO for