(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. In accordance with 5 CFR 1320.13, we are requesting an emergency review to ensure compliance with an initiative of the Administration.

1. *Type of Information Collection Request:* New collection; *Title of Information Collection:* Evaluation of Practice Models for Dual Eligibles and Medicare Beneficiaries with Serious Chronic Conditions *Use:* The Affordable Care Act (ACA) established the Federal Coordinated Health Care Office (FCHCO) to more effectively integrate benefits under Medicare and Medicaid and improve Federal and State coordination for dual-eligible beneficiaries (duals). Duals are among the most vulnerable beneficiaries—most face multiple and severe chronic conditions that require complex and intense care—and because they receive both Medicare and Medicaid coverage, they must navigate two separate health care programs, often leading to fragmented, inefficient, and costly care. The Centers for Medicare & Medicaid Services (CMS) Office of Policy (OP) has contracted L&M Policy Research and its partner Thomson Reuters to explore variations in patterns of care and best practices for duals and other Medicare beneficiaries with complex health needs.

This project comprises qualitative information-gathering through open-ended, in-person discussions with providers, local health care and community leaders, patient advocates, and professionals involved in implementing care coordination initiatives. To determine factors associated with high quality and cost effective care as well as better understand the barriers to delivering it, the research team will hold in-person discussions during visits to 16 hospital referral regions (HRRs). In two of these HRRs, there will be a particular focus on the role of the Program for All-Inclusive Care for the Elderly (PACE). Many different organizations and types of programs will be explored during this field work, varying in their approach to health care delivery and the extent to which they are directly involved in the coordination of care for vulnerable populations. Lessons learned, to include critical challenges and success factors, will be used to inform the pressing work of the FCHCO to support initiatives and policies that improve care coordination for duals, as well as other priorities outlined in the ACA. *Form Number:* CMS–10356 (OMB#: 0938–New); *Frequency:* Once; *Affected Public:* Individuals or Households; *Number of Respondents:* 368; *Total Annual Responses:* 368; *Total Annual Hours:* 494. (For policy questions regarding this collection contact John Oswald at 202–260–0835. For all other issues call 410–786–1326.)

CMS is requesting OMB review and approval of this collection by *December 29, 2010,* with a 180-day approval period. Written comments and recommendations will be considered from the public if received by the individuals designated below by December 20, 2010.

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/regulations/pra* 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.

Interested persons are invited to send comments regarding the burden or any other aspect of these collections of information requirements. However, as noted above, comments on these information collection and recordkeeping requirements must be mailed and/or faxed to the designees referenced below by December 20, 2010.

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.

3. *By Facsimile or E-mail to OMB.* OMB, Office of Information and Regulatory Affairs, Attention: CMS Desk Officer, Fax Number: (202) 395–6974, E-mail: *OIRA_submission@omb.eop.gov.*

Dated: November 16, 2010.

Martique Jones,

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

[FR Doc. 2010–29252 Filed 11–18–10; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–11–10ES]

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) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Data Calls for the Laboratory Response Network—Existing collection in use without an OMB Control Number (Generic Clearance)—National Center for Emerging and Zoonotic Infectious Diseases, NCEZID, Centers for Disease Control and Prevention (CDC).

Background and Brief Description

This request is for approval of an Existing collection in use without an OMB Control Number (Generic clearance).

The Laboratory Response Network (LRN) was established by the Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) in accordance with Presidential Decision Directive 39, which outlined national anti-terrorism policies and assigned specific missions to federal departments and agencies. The LRN's mission is to maintain an integrated national and international network of laboratories that can respond to acts of biological, chemical, or radiological terrorism and other public health emergencies. Federal, state and local public health laboratories voluntarily join the LRN.

The LRN Program Office maintains a database of information through a restricted Web site available only to member laboratories that include contact information (*i.e.* phone numbers, e-mail address) as well as staff and equipment inventories. The collection of personal identifiable information for the purpose of communication with members was approved under OMB 0920–0850. However, semiannually or during emergency response the LRN Program Office may conduct a Special Data Call to obtain additional information from LRN Member Laboratories in regards to biological or chemical terrorism preparedness. Special Data Calls may be conducted via queries that are distributed by broadcast e-mails or by survey tools (*i.e.* Survey Monkey). These special data calls vary in nature. Some requested information may be the number of surge staff available to support an emerging threat like H1N1. As technology changes, LRN may also query laboratories to see if they have already purchased equipment to support this new technology.

There will be no cost to respondents other than their time to respond to the data call. The total annualized burden for this information collection request is 400 hours.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Type of respondents	Forms	Number of respondents	Average number of responses per respondent	Average burden per response (hours)
Public Health Laboratorians	Special Data Call	200	4	30/60

Dated: November 15, 2010.

Carol Walker,

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

[FR Doc. 2010–29240 Filed 11–18–10; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10360 and CMS–10106]

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:* Consumer Research on Public Reporting of Hospital Outpatient Measures; *Use:* One of the primary missions of CMS is to improve the quality and efficiency of care in the Fee-for-Service (FFS) program. One of the several vehicles used for this mission is the public reporting of quality, efficiency and cost information about hospital care on the *Hospital Compare* Web site. This vehicle also serves to provide Medicare beneficiaries and other consumers with the type of data needed to make informed decisions about which providers to use for their care.

In 2001, the Department of Health and Human Services (DHHS) announced the *Quality Initiative* to ensure the quality of health care for all Americans through accountability and public disclosure. The goals of the initiative are to empower consumers with quality-of-care information so they can make more informed decisions about their health care and to stimulate and support providers and clinicians to improve the quality of health care. As part of the DHHS Transparency Initiative on Quality Reporting, CMS plans to add new patient safety measures in the areas of hospital acquired conditions and healthcare associated infections, to the Hospital Compare Web site in 2011. CMS also intends to begin utilizing displays of composite measures summarizing both process and outcome measures. This information collection request covers consumer research on displays, labels, and explanatory language to insure that the Web site is understood by viewers in a manner consistent with CMS's intended communication message. *Form Number:* CMS–10360 (OMB#: 0938–New); *Frequency:* Once; *Affected Public:* Individuals and Households; *Number of Respondents:* 248; Total *Annual Responses:* 248; *Total Annual Hours:* 241. (For policy questions regarding this collection contact David Miranda at 410–786–7819. For all other issues call 410–786–1326.)

2. *Type of Information Collection Request:* Revision of currently approved collection; *Title of Information Collection:* Medicare Authorization to Disclose Personal Health Information; *Use:* Unless permitted or required by law, the Health Insurance Portability and Accountability Act (HIPAA) prohibits Medicare (a HIPAA covered entity) from disclosing an individual's protected health information without a valid authorization. In order to be valid, an authorization must include specified core elements and statements. Medicare will make available to Medicare beneficiaries a standard, valid authorization to enable beneficiaries to request the disclosure of their protected health information. This standard authorization will simplify the process of requesting information disclosure for beneficiaries and minimize the response time for Medicare. The completed authorization will allow Medicare to disclose an individual's personal health information to a third party at the individual's request. *Form Number:* CMS–10106 (OMB#: 0938–0930); *Frequency:* Reporting—On occasion; *Affected Public:* Individuals or households; *Number of Respondents:* 1,004,000; *Total Annual Responses:* 1,004,000; *Total Annual Hours:* 251,000. (For policy questions regarding this collection contact Lindsay Dixon-Brown at 410–786–1178. For all other issues call 410–786–1326.)

To obtain copies of the supporting statement and any related forms for the