

of speeches and congressional testimony for the division director, the center director, and other public health officials; (12) provides program services support in extramural programs management; and (13) collaborates, as appropriate, with other divisions and offices of NCHHSTP, other CIOs throughout CDC, and other federal agencies in carrying out these activities.

Program Development and Services Branch (CVJJB). (1) Provides consultation, training, educational, and other technical services to assist state, territorial, and local education and health departments, tribal governments, national nongovernmental organizations, and other societal institutions to implement and improve policy, systems, and environmental changes and interventions to reduce priority sexual health risks among youth; (2) uses the results of surveillance and evaluation research and research syntheses to improve the impact of school- and community-based interventions designed to reduce priority health risks among youth and to promote changes in behaviors related to HIV/AIDS, other sexually transmitted diseases, and unintended pregnancy; (3) provides leadership to the nationwide network of leaders in school-based HIV prevention to promote linkages between state and local public health departments with education agencies; (4) assesses training and technical assistance needs and develops strategies to build the capacity of funded partners, other external partners, and division staff, and (5) provides consultation to other divisions within NCHHSTP and CDC on how schools work and how to foster effective collaboration between public health and education departments.

Research Application and Evaluation Branch (CVJJC). (1) Conducts evaluation research to expand knowledge of the determinants of priority health risk behaviors among youth and to identify effective policies and practices that schools and other societal institutions can implement to reduce priority health risks among youth; (2) synthesizes and disseminates research findings to improve the impact of interventions designed to reduce priority sexual health risks among youth, including those designed to address cross-cutting issues and protective factors; (3) develops and disseminates guidelines and tools to help schools and other societal institutions apply research synthesis findings to reduce priority health risks among youth; and (4) in collaboration with other NCHHSTP divisions and with other governmental and non-governmental organizations,

develops and promotes evidence-based policies, practices, and evaluation methods.

School-Based Surveillance Branch (CVJJD). (1) Maintains international, national, state, tribal, and local school-based surveillance systems to identify and monitor priority health risk behaviors and health outcomes among youth; (2) maintains national, state, tribal, and local surveillance systems to monitor school health policies and practices designed to address priority health risk behaviors and health outcomes among youth; (3) designs, develops, and disseminates a wide variety of products describing school-based surveillance data; (4) provides comprehensive technical assistance to state and local education and health agencies, tribal governments, and ministries of health and education in the planning and implementation of school-based surveillance systems; (5) manages extramural funding of school-based surveillance systems; and (6) collaborates with other branches, divisions, and offices in NCHHSTP and other CIOs throughout CDC to accomplish the functions listed above.

Dated: January 11, 2012.

**Sherri A. Berger,**

*Chief Operating Officer, Centers for Disease Control and Prevention.*

[FR Doc. 2012-1817 Filed 1-27-12; 8:45 am]

**BILLING CODE 4160-18-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier: CMS-209]

#### 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:** Extension without change of a currently approved collection; **Title of Information Collection:** Laboratory Personnel Report (CLIA) and Supporting Regulations in 42 CFR 493.1357, 493.1363, 493.1405, 493.1406, 493.1411, 493.1417, 493.1423, 493.1443, 493.1449, 493.1455, 493.1461, 493.1462, 493.1469, 493.1483, 493.1489 and 493.1491; **Use:** The information collected on this survey form is used in the administrative pursuit of the Congressionally-mandated program with regard to regulation of laboratories participating in CLIA. The surveyor will provide the laboratory with the CMS-209 form. While the surveyor performs other aspects of the survey, the laboratory will complete the CMS-209 by recording the personnel data needed to support their compliance with the personnel requirements of CLIA. The surveyor will then use this information in choosing a sample of personnel to verify compliance with the personnel requirements. Information on personnel qualifications of all technical personnel is needed to ensure the sample is representative of the entire laboratory; **Form Number:** CMS-209 (OCN 0938-0151); **Frequency:** Biennially; **Affected Public:** Private Sector; State, Local, or Tribal Governments; and Federal Government; **Number of Respondents:** 20,486; **Total Annual Responses:** 10,243; **Total Annual Hours:** 5,121.50. (For policy questions regarding this collection contact Kathleen Todd at (410) 786-3385. 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 address at <http://www.cms.hhs.gov/PaperworkReductionActof1995>, or Email 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.

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 29, 2012*.

OMB, Office of Information and Regulatory Affairs, Attention: CMS

Desk Officer. Fax Number: (202) 395–6974.

Email:

OIRA\_submission@omb.eop.gov.

Dated: January 24, 2012.

**Martique Jones,**

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

[FR Doc. 2012–1945 Filed 1–27–12; 8:45 am]

BILLING CODE 4120–01–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier CMS–855I and CMS–855R]

#### 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:* Revision of a currently approved collection. *Title of Information Collection:* Medicare Enrollment Application for Physician and Non-Physician Practitioners. *Use:* Health care practitioners who wish to enroll in the Medicare program must complete the CMS 855I enrollment application. It is submitted at the time the applicant first requests a Medicare billing number. The application is used by the Medicare Administrative Contractor (MAC), to collect data to assure the applicant has the necessary professional and/or business credentials to provide the health care services for which they intend to bill Medicare

including information that allows the MAC to correctly price, process and pay the applicant's claims. It also gathers information that allows the MAC to ensure that the practitioner is not sanctioned from the Medicare program, or debarred, suspended or excluded from any other Federal agency or program. *Form Number:* CMS–855I (OCN 0938–0685). *Frequency:* Once and Occasionally. *Affected Public:* Private Sector (Business or other for-profit and not-for-profit institutions). *Number of Respondents:* 345,000. *Total Annual Responses:* 345,000. *Total Annual Hours:* 824,000. (For policy questions regarding this collection contact Kimberly McPhillips at (410) 786–5374. For all other issues call (410) 786–1326.)

2. *Type of Information Collection Request:* New collection. *Title of Information Collection:* Medicare Enrollment Application—Reassignment of Medicare Benefits. *Use:* Health care practitioners who wish to reassign their benefits in the Medicare program must complete the CMS 855R enrollment application. It is submitted at the time the physician or non-physician practitioner first requests reassignment of his/her Medicare benefits to a group practice, as well as any subsequent reassignments or terminations of established reassignments as requested by the physician or non-physician practitioner. The application is used by the Medicare Administrative Contractor (MAC) to collect data to assure the applicant has the necessary information that allows the MAC to correctly establish or terminate the reassignment. *Form Number:* CMS–855R (OCN 0938–New). *Frequency:* Occasionally. *Affected Public:* Private Sector (Business or other for-profit and not-for-profit institutions). *Number of Respondents:* 100,000. *Total Annual Responses:* 100,000. *Total Annual Hours:* 50,000. (For policy questions regarding this collection contact Kimberly McPhillips at (410) 786–5374. 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 address at <http://www.cms.hhs.gov/PaperworkReductionActof1995>, or Email 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 at (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 *March 30, 2012*:

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: January 24, 2012.

**Martique Jones,**

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

[FR Doc. 2012–1951 Filed 1–27–12; 8:45 am]

BILLING CODE 4120–01–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS–9970–NC]

#### Request for Information Regarding the Reinsurance Program Under the Affordable Care Act

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

**ACTION:** Request for information.

**SUMMARY:** This notice is a request for information (RFI) to gain market information on entities that could administer a transitional reinsurance program. This RFI will inform one or more future Requests for Proposals (RFP). This RFI solicits information about entities that could function as a reinsurance entity for the transitional reinsurance program. CMS or one or more States may contract for services required to fulfill the statutory and regulatory requirements of the reinsurance entity.

**DATES:** Submit written or electronic comments by February 29, 2012.

**ADDRESSES:** In responding, please refer to file code CMS–9970–NC. Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission.

You may submit responses in one of four ways (please choose only one of the ways listed):

1. *Electronically.* You may submit electronic comments on this regulation