identifier, to *Paperwork@cms.hhs.gov*, or call the Reports Clearance Office on (410) 786–1326.

Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice directly to the CMS Paperwork Clearance Officer designated at the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development and Issuances, Attention: Melissa Musotto, Room C5–14–03, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

Dated: September 9, 2004.

John P. Burke, III,

Paperwork Reduction Act Team Leader, Office of Strategic Operations and Strategic Affairs, Division of Regulations Development and Issuances.

[FR Doc. 04–21027 Filed 9–20–04; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services

[Document Identifier: CMS–R–263 and CMS–10082]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

AGENCY: Centers for Medicare and 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 and Medicaid Services (CMS) (formerly known as the Health Care Financing Administration (HCFA), 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 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:* On-site Inspection for Durable Medicare Equipment (DME) Supplier Location and Supporting Regulations in 42 CFR, Section 424.57; *Form No.:* CMS–R–263 (OMB # 0938–0749); *Use:* CMS collects information on any supplier who submits bills to Medicare or who applies for a Medicare Billing Number before allowing the supplier to enroll. This information must minimally clearly identify the provider and its place of business as required in Public Law 99–272 Section 9202(g) and provide all necessary documentation to prove that they are qualified to perform the services for which they are billing. The on-site inspection for Durable Medical Equipment (DME) Supplier Location verifies this information; *Affected Public:* Business or other for-profit, not-for-profit institutions, and State, Local, or Tribal Gov.; *Number of Respondents:* 20,000; *Total Annual Responses:* 20,000; *Total Annual Hours:* 10,000.

(2) *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* CMSO Survey of States: Performance Measurement Reporting Capability; *Form No.:* CMS–10082 (OMB # 0938–0898); *Use:* Because of the wide variability of Medicaid and SCHIP financing and service delivery approaches, there is little common ground from which to develop uniform reporting on performance measures by states. While CMS has decided on the first seven measures to be used, the ability of states to calculate those measures using HEDIS directly or HEDIS specifications (*e.g.*, when calculating measures from fee-for-service claims data) is highly variable. Current efforts are focused on assessing the capability of each state to report on the selected measures and on helping states to make necessary adjustments in order to be able to report measures uniformly so that state-to-state comparisons can be made. To accomplish this, states will be requested to report available numerator and denominator data for the seven core HEDIS measures via a survey instrument created for this purpose. The data will be requested for each state's Medicaid and SCHIP programs by delivery system; *Frequency:* Once; *Affected Public:* State, local, or tribal government; *Number of Respondents:* 51; *Total Annual Responses:* 51; *Total Annual Hours:* 2,360.

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@hcfa.gov,* or call the Reports Clearance Office on (410) 786–1326. Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the OMB desk officer: OMB Human Resources and Housing Branch, Attention: Christopher Martin, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: September 9, 2004.

John P. Burke, III,

Paperwork Reduction Act Team Leader, CMS Reports Clearance Officer, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development and Issuances.

[FR Doc. 04–21028 Filed 9–20–04; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Public Law 104–13), the Health Resources and Services Administration (HRSA) will publish periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans, call the HRSA Reports Clearance Officer on (301) 443–1129.

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 of other forms of information technology.

Proposed Project: Reporting Form for the MCHB National Hemophilia Program Grantees and Hemophilia Treatment Center (HTC) Affiliates Having Factor Replacement Product (FRP) Programs—New

The Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA) is planning to implement an annual reporting form required of grantees of the MCHB National Hemophilia Program and their HTC affiliates having a factor replacement product (FRP) program. The purpose of the form is to provide systematic information and data comprising a financial overview of the FRP programs of the HTCs receiving funding through grantees of the MCHB National Hemophilia Program. The proposed form will constitute a new reporting requirement for the MCHB National Hemophilia Program grantees and their affiliate HTCs having FRP programs.

Data from the form will provide quantitative information on the financial and services provision aspects of each of the HTC FRP programs under each of the MCHB National Hemophilia Program grantees, specifically: (a) Patient FRP program participation, (b) FRP program revenue, (c) FRP program costs, (d) FRP program net income, and (e) use of FRP program net income. This form will provide data useful to grantees and their affiliate HTCs having FRP programs as well as to the MCHB National Hemophilia Program in assessing FRP program performance including FRP program operational costs appropriateness, FRP program cost efficiency, and FRP program services benefits-information that is essential to evaluating HTCs having FRP programs, grantees, and the MCHB National Hemophilia Program.

Each HTC having an FRP program is to submit their report to their grantee and each grantee is to submit the individual reports of each of their affiliate HTCs having an FRP program to the MCHB National Hemophilia Program as a part of their annual grant application.

The burden estimate for this project is as follows:

FORM HRSA/MCHB FACTOR REPLACEMENT PRODUCT (FRP) DATA SHEET FOR HEMOPHILIA TREATMENT CENTERS HAVING FRP PROGRAMS

Number of respondents	Average number of responses per respondent	Total responses	Hours per response	Total burden hours
68	1	68	30	2040

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 14–33 Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857. Written comments should be received within 60 days of this notice.

Dated: September 13, 2004.

Tina M. Cheatham,

Director, Division of Policy Review and Coordination.

[FR Doc. 04–21130 Filed 9–20–04; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Statement of Organization, Functions and Delegations of Authority

This notice amends Part R of the Statement of Organization, Functions and Delegations of Authority of the Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA) (60 FR 56605, as amended November 6, 1995; 67 FR 46519, July 15, 2002; and 68 FR 787–793, January 7, 2003; as last amended at 68 FR 64357–64357, November 13, 2003; 68 FR 64357–64357–64358.)

This notice reflects several organizational changes in the Health Resources and Services Administration. Specifically, this notice updates the functional statement of the Office of Planning and Evaluation (RA5); Office of Information Technology (RAG); Bureau of Primary Health Care (RC); Maternal and Child Health Bureau (RM); Bureau of Health Professions (RP); and the HIV/AIDS Bureau (RV). This notice also changes the organizational titles of the Special Programs Bureau (RR) to the Healthcare Systems Bureau and the Office of Management and Program Support (RS) to the Office of Administration and Financial Management. The major components of the reorganization, in addition to streamlining and delayering the organization, includes: (1) The transfer of the Ricky Ray Hemophilia/ Relief Fund Act of 1998 administration from the Bureau of Health Professions (RP) to the Healthcare Systems Bureau (RR); (2) the transfer of the 340B Drug Pricing Program from the Bureau of Primary Health Care (RC) to the Healthcare Systems Bureau (RR); (3) the transfer of the Poison Control Center Enhancement and Awareness Act administration from the Maternal and Child Health Bureau (RM) to the Healthcare Systems Bureau (RR); (4) the consolidation of all grants and Federal assistance activities to the newly established Office of Federal Assistance Management (RJ); and (5) the transfer of the Border Health function from the Office of International Health Affairs (RAH) to the Office of Rural Health Policy (RH).

Chapter RA—Office of the Administrator

Section RA–10, Organization

Delete in its entirety and replace with the following:

The Office of the Administrator (OA) is headed by the Administrator, Health Resources and Services Administration, who reports directly to the Secretary. The OA includes the following components:

(1) Immediate Office of the Administrator (RA);
(2) Office of Equal Opportunity and Civil Rights (RA2);
(3) Office of Planning and Evaluation (RA5);
(4) Office of Communications (RA6);
(5) Office of Minority Health (RA9);
(6) Office of Legislation (RAE);
(7) Office of International Health Affairs (RAH); and
(8) Office of Information Technology (RAG)

Section RA–20, Functions

(1) Delete the functional statements for the Office of Financial Policy and Oversight (RAJ); the Division of Financial Integrity (RAJ1); and the Division of Grants Policy (RAJ2) and move the functions to the newly established Office of Federal Assistance Management (RJ);

(2) Delete the Division of Border Health (RAH1) and move the functions to the Office of Rural Health Policy (RH); and (3) Delete the functional