

Respondents	Number of respondents	Number of responses per respondent	Average burden respondent (in hours)
States and District of Columbia .....	51	2	8

Dated: January 22, 2007.

**Joan F. Karr,**

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

[FR Doc. E7-1195 Filed 1-25-07; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### National Institute for Occupational Safety and Health (NIOSH) Advisory Board on Radiation and Worker Health (ABRWH or Advisory Board) and Subcommittee for Dose Reconstruction Reviews (SDRR)

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention announces the aforementioned committee meeting:

*Subcommittee Meeting Time and Date:*

9 a.m.–11 a.m., February 7, 2007.

*Committee Meeting Times and Dates:*

1 p.m.–4:30 p.m., February 7, 2007.

8:30 a.m.–4:30 p.m., February 8, 2007.

8:30 a.m.–4 p.m., February 9, 2007.

*Public Comment Times and Dates:*

5 p.m.–6 p.m., February 7, 2007.

7 p.m.–8:30 p.m., February 8, 2007.

*Place:* Cincinnati Marriott Northeast, 9664 Mason Montgomery Road, Mason, Ohio 45040, Phone 513.459.9800, Fax 513.459.9808.

*Status:* Open to the public, limited only by the space available. The meeting space accommodates approximately 75 people.

*Background:* The Advisory Board was established under the Energy Employees Occupational Illness Compensation Program Act of 2000 to advise the President on a variety of policy and technical functions required to implement and effectively manage the new compensation program. Key functions of the Advisory Board include providing advice on the development of probability of causation guidelines which have been promulgated by the Department of Health and Human Services (HHS) as a final rule, advice on methods of dose reconstruction which have also been promulgated by HHS as a final rule, advice on the scientific validity and quality of dose estimation and reconstruction efforts being performed for purposes of the compensation program, and advice on petitions to add classes of workers to the Special Exposure Cohort (SEC).

In December 2000, the President delegated responsibility for funding, staffing, and

operating the Advisory Board to HHS, which subsequently delegated this authority to the CDC. NIOSH implements this responsibility for CDC. The charter was issued on August 3, 2001, renewed at appropriate intervals, and will expire on August 3, 2007.

*Purpose:* This Advisory Board is charged with (a) providing advice to the Secretary, HHS, on the development of guidelines under Executive Order 13179; (b) providing advice to the Secretary, HHS, on the scientific validity and quality of dose reconstruction efforts performed for this program; and (c) upon request by the Secretary, HHS, advise the Secretary on whether there is a class of employees at any Department of Energy facility who were exposed to radiation but for whom it is not feasible to estimate their radiation dose, and on whether there is reasonable likelihood that such radiation doses may have endangered the health of members of this class.

*Matters to be Discussed:* The agenda for the Subcommittee meeting includes the Selection of the 7th Round of Individual Dose Reconstructions to Be Reviewed; Status of Ongoing Reviews; and Future Meetings and Plans. The agenda for the Advisory Board meeting includes Status of New Board Members; NIOSH and Department of Labor Program Updates; Subcommittee Actions; Selection of Remaining Procedures to be Reviewed by S. Cohen & Associates under Task 3; SEC Petitions for Fernald and Dow Chemical; Rocky Flats SEC Update; Work Group Reports; Report on SEC Petitions; Conflict or Bias Management Policy Implementation Status Updates; Science and Overarching Technical Issues Update; Review of SEC Petition Recommendation Wording; and Board Working Time which will include Status of Site Profile Reviews and Future Meetings.

The agenda is subject to change as priorities dictate. In the event an individual cannot attend, written comments may be submitted. Any written comments received will be provided at the meeting and should be submitted to the contact person below well in advance of the meeting.

Due to programmatic matters, this **Federal Register** Notice is being published on less than 15 days notice to the public (41 CFR 102-3.150(b)).

*Contact Person for More Information:* Dr. Lewis V. Wade, Executive Secretary, NIOSH, CDC, 4676 Columbia Parkway, Cincinnati, Ohio 45226, Telephone 513.533.6825, Fax 513.533.6826.

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.

**Elaine L. Baker,**

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

[FR Doc. E7-1313 Filed 1-25-07; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10003, CMS-901A and D, CMS-9044, and CMS-10099]

#### 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:* Notice of Denial of Medical Coverage (NDMC), and the Notice of Denial of Payment (NDP) and supporting regulations in 42 CFR 422.568; *Use:* Section 1852(g)(1)(B) of the Statute requires Medicare Health organizations (Medicare Advantage, cost, and Health Care Prepayment Plans) to provide determinations to deny coverage (i.e., medical services or payment) in writing and include a

statement in understandable language of the reasons for the denial and a description of the reconsideration and appeals processes. These notices fulfill the regulatory requirement. *Form Number:* CMS-10003 (OMB#: 0938-0829); *Frequency:* Reporting: Yearly; *Affected Public:* Business or other for-profit and Not-for-profit institutions; *Number of Respondents:* 454; *Total Annual Responses:* 105,138; *Total Annual Hours:* 26285.

2. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* CMS Application for Federal Qualification (901A); CMS Medicare Agreement Application (901D) and Supporting Regulations in 42 CFR Section 417.143 and 422.6; *Use:* Prepaid health plans must meet certain regulatory requirements to be federally qualified health maintenance organizations or to enter into a contract with CMS to provide health benefits to Medicare beneficiaries. The application forms are used by CMS to collect information about a health plan to determine their compliance with federal regulations. *Form Number:* CMS-901A and D (OMB#: 0938-0470); *Frequency:* Reporting: Once; *Affected Public:* Business or other for-profit and Not-for-profit institutions; *Number of Respondents:* 55; *Total Annual Responses:* 55; *Total Annual Hours:* 2,200.

3. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Medicare ESRD Exceptions; *Use:* This information is collected in accordance with section 2145 of the Omnibus Budget Reconciliation Act of 1981 and section 623 of the Medicare Prescription Drug Improvement and Modernization Act of 2003. End Stage Renal Disease (ESRD) facilities can file for an exception to its composite payment rate. CMS uses the information submitted to determine whether an ESRD facility qualifies for a rate increase and the amount of the increase. *Form Number:* CMS-9044 (OMB#: 0938-0296); *Frequency:* Reporting: Occasionally; *Affected Public:* Business or other for-profit and Not-for-profit institutions; *Number of Respondents:* 10; *Total Annual Responses:* 10; *Total Annual Hours:* 400.

4. *Type of Information Collection Request:* Extension of a currently approved information collection; *Title of Information Collection:* Review of National Coverage Determinations and Local Coverage Determinations and Supporting Regulations in 42 CFR

426.400 and 42 CFR 426.500; *Use:* Section 522 of the Benefits Improvement and Protection Act (BIPA) of 2000 requires the implementation of a process for the appeal of National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs). Sections 426.400 and 426.500, state that an aggrieved party may initiate a review of an LCD or NCD, respectively, by filing a written complaint. These sections also identify the information required in the complaint to qualify as an aggrieved party as defined in § 426.110, as well as the process and information needed for an aggrieved party to withdraw a complaint. The required documentation includes a copy of the written authorization to represent the beneficiary, if the beneficiary has a representative, and a copy of a written statement from the treating physician that the beneficiary needs a service that is the subject of the LCD. *Form Number:* CMS-10099 (OMB#: 0938-0911); *Frequency:* Reporting—On occasion; *Affected Public:* Individuals or Households; *Number of Respondents:* 1,040; *Total Annual Responses:* 1,040; *Total Annual Hours:* 4,160.

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](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 at the address below, no later than 5 p.m. on **March 27, 2007**. CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development—C, *Attention:* Bonnie L. Harkless, Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: January 19, 2007.

**Michelle Shortt,**

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

[FR Doc. E7-1124 Filed 1-25-07; 8:45 am]

**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS-3169-N]

### Medicare Program; Renewal and Renaming of the Medicare Coverage Advisory Committee (MCAC) to Medicare Evidence Development Coverage Advisory Committee (MedCAC) and a Request for Nominations for Members for the Medicare Evidence Development & Coverage Advisory Committee

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

**ACTION:** Notice.

**SUMMARY:** This notice announces the renewal and name change of the Medicare Coverage Advisory Committee (MCAC) to Medicare Evidence Development Coverage Advisory Committee (MedCAC). It also requests nominations for consideration for membership on the Medicare Evidence Development & Coverage Advisory Committee (MedCAC).

**DATES:** Nominations will be considered if postmarked by March 12, 2007.

**ADDRESSES:** Nominations for membership must be sent by mail, fax, or e-mail, to one of the following addresses: Centers for Medicare & Medicaid Services, Office of Clinical Standards and Quality, Mail Stop: C1-09-06, 7500 Security Boulevard, Baltimore, MD 21244, Attention: Michelle Atkinson; via fax to (410) 786-9286; or e-mail to [michelle.atkinson@cms.hhs.gov](mailto:michelle.atkinson@cms.hhs.gov).

*Copies of the Charter:* To obtain a copy of the Secretary's Charter for the MedCAC submit a request to: Centers for Medicare & Medicaid Service, Office of Clinical Standards and Quality, Mail Stop C1-09-06, 7500 Security Boulevard, Baltimore, MD 21244, Attention: Maria Ellis or via e-mail to [maria.ellis@cms.hhs.gov](mailto:maria.ellis@cms.hhs.gov).

**FOR FURTHER INFORMATION CONTACT:** Michelle Atkinson, (410) 786-2881, Nominations; Marie Ellis, (410) 786-0309, Copies of the charter.

### SUPPLEMENTARY INFORMATION:

#### I. Background

On December 14, 1998, we published a notice in the **Federal Register** (63 FR 68780) announcing the establishment of the Medicare Coverage Advisory Committee (MCAC). The Secretary signed the initial charter for the Medicare Coverage Advisory Committee on November 24, 1998. The MCAC