Message from Medicare (IM); *Use:* Requirements that hospitals notify beneficiaries in inpatient hospital settings of their rights as a hospital patient including their discharge appeal rights are referenced in Section 1866 of the Social Security Act (The Act). The authority for the right to an expedited determination is set forth at Sections 1869 and 1154 of the Act. The hospital must deliver valid, written notice (the IM) of a patient's rights as a hospital patient including the discharge appeal rights, within 2 calendar days of admission. A follow-up copy of the signed IM is given again as far as possible in advance of discharge, but no more than 2 calendar days before. Follow-up notice is not required if provision of the admission IM falls within 2 calendar days of discharge. The collection has been revised to include documentation of the time when the beneficiary signs the document when it is delivered initially and as a follow up copy. *Form Number:* CMS–R–193 (OMB#: 0938–1019); *Frequency:* Reporting—Yearly; *Affected Public:* Business or other for-profits and Not-for-profit institutions; *Number of Respondents:* 3193; *Total Annual Responses:* 13,218; *Total Annual Hours:* 19,680,000. (For policy questions regarding this collection contact Evelyn Blaemire at 410–786–1803. For all other issues call 410–786–1326.)

3. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Recovery Act—Reporting Requirements for States Under FMAP Increase and TMA Provisions; *Use:* The American Recovery and Reinvestment Act of 2009 (Recovery Act), Public Law 111–5, requires that States submit quarterly reports to the Secretary of Health and Human Services in accordance with section 5001 Temporary Increase of Medicaid Federal Medical Assistance Percentage (FMAP) and section 5004(d) Extension of Transitional Medical Assistance (TMA). The reports under section 5001 are required for the period of October 1, 2008—September 30, 2011. The reports under section 5004 are required beginning on July 1, 2009 until the Federal authority for TMA coverage sunsets (now scheduled to sunset on December 31, 2010). Each State Medicaid agency will submit its quarterly reports to the appropriate Regional Office of CMS. The reports will be compiled and summarized for annual reports to Congress. *Form Number:* CMS–10295 (OMB#: 0938–1073); *Frequency:* Reporting—Quarterly; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 50; *Total Annual Responses:* 200; *Total Annual Hours:* 600. (For policy questions regarding this collection contact Richard Strauss at 410–786–2019. For all other issues call 410–786–1326.)

4. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* State Plan Pre-print implementing Section 6087 of the Deficit Reduction Act: Optional Self-Direction Personal Assistance Services (PAS) Program (Cash and Counseling); *Form Number:* CMS–10234 (OMB#: 0938–1024); *Use:* Information submitted via the State Plan Amendment (SPA) pre-print is used by CMS and Regional Offices to analyze a State's proposal to implement Section 6087 of the Deficit Reduction Act (DRA). State Medicaid Agencies will complete the SPA pre-print, and submit it to CMS for a comprehensive analysis. The pre-print contains assurances, check-off items, and areas for States to describe policies and procedures for subjects such as quality assurance, risk management, and voluntary and involuntary disenrollment; *Frequency:* Reporting—Once; *Affected Public:* State, Local, or Tribal Government; *Number of Respondents:* 56; *Total Annual Responses:* 20; *Total Annual Hours:* 400. (For policy questions regarding this collection contact Carrie Smith at 410–786–4485. 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,* 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 *March 26, 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.

Dated: January 15, 2010.

Michelle Shortt,

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

[FR Doc. 2010–1341 Filed 1–22–10; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed information collection project: "Collection of Information for Agency for Healthcare Research and Quality's (AHRQ) Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey Comparative Database." In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3520, AHRQ invites the public to comment on this proposed information collection.

DATES: Comments on this notice must be received by March 26, 2010.

ADDRESSES: Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, by e-mail at *doris.lefkowitz@AHRQ.hhs.gov.*

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

FOR FURTHER INFORMATION CONTACT: Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427–1477, or by e-mail at *doris.lefkowitz@AHRQ.hhs.gov.*

SUPPLEMENTARY INFORMATION:

Proposed Project

Collection of Information for Agency for Healthcare Research and Quality's (AHRQ) Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey Comparative Database.

The Agency for Healthcare Research and Quality (AHRQ) requests that the Office of Management and Budget (OMB) approve, under the Paperwork Reduction Act of 1995, AHRQ's collection of information for the AHRQ Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database for Health Plans. The CAHPS Health Plan Database consists of data from the AHRQ CAHPS Health Plan Survey. Health plans in the U.S. are asked to voluntarily submit data from the survey to AHRQ, through its contractor, Westat. The CAHPS Database was developed by AHRQ in 1998 in response to requests from health plans, purchasers, and the Centers for Medicare & Medicaid Services (CMS) to provide comparative data to support public reporting of health plan ratings, health plan accreditation and quality improvement.

The CAHPS Health Plan Survey is a tool for collecting standardized information on enrollees' experiences with health plans and their services. The development of the CAHPS Health Plan Survey began in 1995, when AHRQ awarded the first set of CAHPS grants to Harvard, RTI, and RAND. In 1997 the CAHPS 1.0 survey was released by the CAHPS Consortium. The CAHPS Consortium refers to the research organizations involved in the development, dissemination, and support of CAHPS products. The current Consortium includes AHRQ, CMS, RAND, Yale School of Public Health, and Westat.

Since that time, the Consortium has clarified and updated the survey instrument to reflect field test results; feedback from industry experts; reports from health plan participants, data collection vendors, and other users; and evidence from cognitive testing and focus groups. In November 2006, the CAHPS Consortium released the latest version of the instrument: The CAHPS Health Plan Survey 4.0. The development of this update to the Health Plan Survey has been part of the "Ambulatory CAHPS (A–CAHPS) Initiative," which arose as a result of extensive research conducted with users. AHRQ released the CAHPS Health Plan Survey 4.0, along with guidance on how to customize and administer it. The National Quality Forum endorsed the 4.0 version of the Health Plan Survey in July 2007.

The CAHPS Health Plan Database uses data from AHRQ's standardized CAHPS Health plan survey to provide comparative results to health care purchasers, consumers, regulators and policy makers across the country. The Database also provides data for AHRQ's annual National Healthcare Quality and National Healthcare Disparities Reports. Voluntary participants include public and private employers, State Medicaid agencies, State Children's Health Insurance Programs (SCHIP), CMS, and individual health plans.

The collection of information for the CAHPS Database for Health Plans is being conducted pursuant to AHRQ's statutory authority to conduct and support research on health care and systems for the delivery of such care, including activities with respect to the quality, effectiveness, efficiency, appropriateness and value of health care services. See 42 U.S.C. 299a(a)(1).

Method of Collection

Information for the CAHPS Health Plan Database has been collected by AHRQ through its contractor Westat on an annual basis since 1998. Health plans are asked to voluntarily submit their data to the comparative database in June of each year. The data are cleaned with standardized programs, then aggregated and used to produce comparative results for commercial (adult and child), Medicaid (adult and child), and Medicare (adult) populations for the two most recent years. In addition, individual participant reports are produced that display the participating organizations' own results compared to appropriate comparisons derived from the National, regional and product-type distributions on a password-protected section of the online reporting system.

The CAHPS Health Plan Database receives the data from three sources. First, commercial health plan data is purchased by the CAHPS Health Plan Database directly from the National Committee for Quality Assurance (NCQA). The data is collected by NCQA from those who participate in its accreditation program. Second, Medicare data is provided by CMS through an agency data use agreement. The Medicare data is collected by CMS and their contractor from beneficiaries who were enrolled in a managed care health plan. Third, Medicaid data is collected by the CAHPS Health Plan Database. Medicaid agencies and their vendors directly submit their Medicaid health plan survey data to the CAPHS Health Plan Database through an online data submission system. Data submitted by Medicaid plans are compiled along with the data received from CMS and NCQA to comprise the CAHPS Health Plan Survey comparative database.

Estimated Annual Respondent Burden

Each year State Medicaid agencies and individual health plans decide whether to participate in the database and prepare their materials and dataset for submission to the CAHPS Health Plan Database. Participating organizations are typically State Medicaid agencies with multiple health plans. However, individual health plans are also encouraged to submit their data to the CAHPS Database. The number of data submissions per registrant varies from participant to participant and year to year because some participants submit data for multiple health plans, while others may only submit survey data for one plan.

Each organization that decides to participate in the database must have their POC complete a registration form providing their contact information for access to the on-line data submission system, sign and submit a data use agreement (DUA), and provide health plan characteristics such as health plan name, product type, type of population surveyed, health plan state, and plan name to appear in the reporting of their results.

Each vendor that submits files on behalf of a Medicaid agency or individual health plan must also complete the registration form in order to obtain access to the on-line submission system. The vendor, on behalf of their client, may also complete additional information about survey administration (CAHPS survey version used, mode of survey administration, total enrollment count, description of how the sample was selected), submit a copy of the questionnaire used, and submit one data file per health plan. Commercial health plan data is received directly from NCQA. Medicare health plan data is received from CMS.

The burden hours and costs below pertain only to the collection of Medicaid data from State Medicaid agencies and individual Medicaid health plans because those are the only entities that submit data through the data submission process (other data are obtained directly from NCQA and CMS as noted earlier in Section 2). In 2009, a total of 60 participants, representing 45 individual organizations and 15 vendors, submitted data for 244 health plans (an average of about 4 health plans per participant).

Exhibits 1 and 2 are based on the estimated number of individual participants (participating organizations and/or vendors) who will complete the database submission steps and forms in the coming years, and is not based on the total number of health plans that are submitted. The number of respondents and burden hours are based on an estimated slight increase in the number of participants to 70 in 2010 and 2011.

In Exhibit 1, the 70 participants that will complete the registration form and submit information to the CAHPS Health Plan Database are a combination of an estimated 50 State Medicaid agencies and individual health plans, and 20 estimated vendors. The 50 State Medicaid agencies or individual health plans will sign and submit a DUA. Vendors do not sign or submit DUAs. Health plan information and data files are submitted for each health plan. Exhibit 1 shows an estimated total of 280 health plans (70 estimated participants with 4 health plans per participant). The total burden hours for completing the registration, DUA and data submission process are estimated to be 722 hours.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents/ POCS	Number of responses per POC	Hours per response	Total burden hours
Registration Form and Data Submission *	70	1	7.6	532
Data Use Agreement **	50	1	1	50
Health Plan Information ***	70	4	30/60	140
Total	190	NA	NA	722

* The online Registration Form requires about 5 minutes to complete; however, over 7 hours is required to plan/prepare for the data submission. This includes the amount of time the participating organization, and others (CEO, lawyer, vendor) typically spend deciding whether to participate in the database and preparing their materials and dataset for submission to the CAHPS Health Plan Database and performing the submission.

** The Data Use Agreement requires about 3 minutes to complete; however, about 57 minutes is required for the participating organization to review the agreement prior to signing. This includes the review by the organization's CEO or legal department.

*** A few health plans may submit their data directly; however, most health plan data will be submitted by the POC.

Exhibit 2 shows the estimated annualized cost burden based on the respondents' time to complete the submission process. The cost burden is estimated to be $31,046 annually.

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents	Total burden hours	Average hourly wage rate **	Total cost burden
Registration Form and Data Submission *	70	532	$43.00	$22,876
Data Use Agreement	50	50	43.00	2,150
Health Plan Information	70	140	43.00	6,020
Total	190	722	NA	31,046

* Wage rates were calculated using the mean hourly wage based on occupational employment and wage estimates from the Dept of Labor, Bureau of Labor Statistics' May 2008 National Industry-Specific Occupational Employment and Wage Estimates NAICS 622000—located at *http://www.bls.gov/oes/current/oes_nat.htm.*

** Wage rate of $43.00 is based on the mean hourly wages for Medical and Health Services Managers. Wage rate of $42.67 is the weighted mean hourly wage for: Medical and Health Services Managers ($42.67 × 2.6 hours = $110.95), Lawyers ($59.98 × .5 hours = $29.99), Chief Executives ($89.16 × .5 hours = $44.58), and Computer programmer ($35.32 × 4 hours = $141.28) [Weighted mean = ($110.95 + 29.99 + 44.58 + 141.28)/7.6 hours = $326.80/7.6 hours = $43.00/hour].

Estimated Annual Costs to the Federal Government

Exhibit 3 shows the estimated annualized cost to the government for developing, maintaining and managing the Health Plan Database and analyzing the data and reporting results. The cost is estimated to be $260,000 annually. Annualized costs for collecting and processing the CAHPS Health Plan Database are based upon 10 years of historical project costs. Start-up costs were present in the early years of the database only.

EXHIBIT 3—ESTIMATED ANNUALIZED COST

Cost component	Annualized cost
Database Maintenance	$50,000
Data Submission	100,000
Data Analysis and Reporting	110,000
Total	260,000

Request for Comments

In accordance with the above-cited Paperwork Reduction Act legislation, comments on AHRQ's information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ healthcare research and healthcare information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) 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 upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: January 11, 2010.

Carolyn M. Clancy,

Director.

[FR Doc. 2010–1158 Filed 1–22–10; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Board on Radiation and Worker Health (ABRWH or Advisory Board), National Institute for Occupational Safety and Health (NIOSH)

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), and pursuant to the requirements of 42 CFR 83.15(a), the Centers for Disease Control and Prevention (CDC), announces the following meeting of the aforementioned committee:

Board Public Meeting Times and Dates (All Times Are Pacific Standard Time)

8:45 a.m.–4:30 p.m., February 9, 2010.
9 a.m.–6 p.m., February 10, 2010.
9 a.m.–3 p.m., February 11, 2010.

Public Comment Times and Dates (All Times Are Pacific Standard Time)

4:30 p.m.–6 p.m., February 9, 2010.*
6 p.m.–7:30 p.m., February 10, 2010.*

**Please note that the public comment periods may end before the times indicated, following the last call for comments. Members of the public who wish to provide public comment should plan to attend public comment sessions at the start times listed.*

Place: Marriott Manhattan Beach, 1400 Parkview Avenue, Manhattan Beach, California; Phone: (310) 546–7511; Fax: (310) 939–1486. Audio Conference Call via FTS Conferencing. The USA toll free dial-in number is 1–866–659–0537 with a pass code of 9933701.

Status: Open to the public, limited only by the space available. The meeting space accommodates approximately 100 people.

Background: The Advisory Board was established under the Energy Employees Occupational Illness Compensation Program (EEOICP) 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, 2011.

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 Advisory Board meeting includes: NIOSH Program Update and Program Evaluation Plans; Department of Labor (DOL) Program Update; Department of Energy (DOE) Program Update; OCAS Science Update; Special Exposure Cohort (SEC) petitions for: Lawrence Livermore National Laboratory, Santa Susana Area IV, Canoga Avenue Facility (Los Angeles County, California), Lawrence Berkeley National Laboratory, General Electric Company (Evendale, Ohio), Blockson Chemical Company, Chapman Valve Manufacturing Company, United Nuclear Corporation (Hematite, Missouri), Hanger 481 at Kirtland Air Force Base, Nevada Test Site, and Westinghouse Electric Corportation (Bloomfield, New Jersey); SEC Petition Status Updates; Subcommittee and Work Group Reports; Board Working Time; and Conflict of Interest Requirements.

The agenda is subject to change as priorities dictate.

In the event an individual cannot attend, written comments may be submitted in accordance with the redaction policy provided below. 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.

Policy on Redaction of Board Meeting Transcripts (Public Comment), (1) If a person making a comment gives his or her name, no attempt will be made to redact that name. (2) NIOSH will take reasonable steps to ensure that individuals making public comment are aware of the fact that their comments (including their name, if provided) will appear in a transcript of the meeting posted on a public Web site. Such reasonable steps include: (a) A statement read at the start of each public comment period stating that transcripts will be posted and names of speakers will not be redacted; (b) A printed copy of the statement mentioned in (a) above will be displayed on the table where individuals sign up to make public comment; (c) A statement such as outlined in (a) above will also appear with the agenda for a Board Meeting when it is posted on the NIOSH Web site; (d) A statement such as in (a) above will appear in the **Federal Register** Notice that announces Board and Subcommittee meetings. (3) If an individual, in making a statement, reveals personal information (*e.g.,* medical information) about themselves, that information will not usually be redacted. The NIOSH FOIA coordinator will, however, review such revelations in accordance with the Freedom of Information Act and the Federal Advisory Committee Act and if deemed appropriate, will redact such information. (4) All disclosures of information concerning third parties will be redacted. (5) If it comes to the attention of the DFO that an individual wishes to share information with the Board but objects to doing so in a public forum, the DFO will work with that individual, in accordance with the Federal Advisory Committee Act, to find a way that the Board can hear such comments.

Contact Person for More Information: Theodore Katz, M.P.A., Executive Secretary, NIOSH, CDC, 1600 Clifton Road, MS E–20, Atlanta, GA 30333, Telephone (513) 533–6800, Toll Free 1(800) CDC–INFO, E-mail *ocas@cdc.gov.*

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.