pocket (TrOOP) expenditures; and (5) other processes that the Secretary determines. CMS, via the TrOOP facilitation contractor, automated the transfer of beneficiary coverage information when a beneficiary changes Part D plans. This information is necessary to assist with coordination of prescription drug benefits provided to the Medicare beneficiary. Refer to the crosswalk document for a list of the current changes. *Form Number:* CMS–10171 (OMB#: 0938–0978); *Frequency:* Yearly; *Affected Public:* Business or other for-profits; *Number of Respondents:* 57,227; *Total Annual Responses:* 248,018; *Total Annual Hours:* 754,788 (For policy questions regarding this collection contact Christine Hinds at 410–786–4578. For all other issues call 410–786–1326.)

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Medicare Participating Physician or Supplier Agreement; *Form No.:* CMS–460 (OMB# 0938–0373); *Use:* The CMS–460 is the agreement a physician, supplier or their authorized official signs to participate in Medicare Part B. By signing the agreement to participate in Medicare, the physician, supplier or their authorized official agrees to accept the Medicare-determined payment for Medicare covered services as payment in full and to charge the Medicare Part B beneficiary no more than the applicable deductible or coinsurance for the covered services. For purposes of this explanation, the term a supplier means any person or entity that may bill Medicare for Part B services (*e.g.* DME supplier, nurse practitioner, supplier of diagnostic tests) except a Medicare provider of services (*e.g.* hospital), which must participate to be paid by Medicare for covered care.

There are additional benefits associated with payment for services paid under the Medicare fee schedule. Payments made under the Medicare fee schedule for physician services to participating physicians and suppliers are based on 100 percent of the Medicare fee schedule amount, while the Medicare fee schedule payment for physician services by nonparticipating physicians and suppliers is based on 95 percent of the fee schedule amount. Physicians and suppliers who do not participate in Medicare are subject to limits on their actual charges for unassigned claims for physician services. These limits, known as limiting charges, cannot exceed 115 percent of the non-participant fee schedule, which is set at 95 percent of the full fee schedule amount. In addition, if a physician or supplier does not accept assignment on a claim for Medicare payment, the physician or supplier must collect payment from the beneficiary. If the physician or supplier accepts assignment on the claim, Medicare pays its share of the payment directly to the physician or supplier, resulting in faster and more certain payment. *Frequency:* Reporting, Other—when starting a new business; *Affected Public:* Business or other for-profit; *Number of Respondents:* 8,000; *Total Annual Responses:* 8,000; *Total Annual Hours:* 2,000. (For policy questions regarding this collection contact April Billingsley at 410–786–0410. For all other issues call 410–786–1326.)

3. *Type of Information Collection Request:* New collection; *Title of Information Collection:* Survey to Inform the Children's Health Insurance Program (CHIP) National Outreach & Education Campaign; *Form No.:* CMS–10318 (OMB# 0938–New); *Use:* The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA or Pub. L. 111–3) reauthorized the Children's Health Insurance Program (CHIP) through FY 2013. It will preserve coverage for the millions of children who rely on CHIP today and provide the resources for States to reach millions of additional uninsured children. This legislation will help ensure the health and well-being of our nation's children. To support this legislation and to help people who would benefit from CHIP make more informed decisions, CMS will be conducting outreach. The outreach will employ numerous communications channels to educate people who would benefit from CHIP concerning the program benefits, eligibility and enrollment requirements, utilization, and retention. As part of the outreach, CMS will seek to increase awareness, enrollment and retention in CHIP for the eligible audiences. The primary target audience for the outreach includes parents and guardians of potentially eligible children as well as pregnant women. Secondary audiences are information intermediaries including State, local, and tribal governments, educators (including non-parental caregivers), health care providers/social workers, national and local partners. The challenge is reaching the population segments that have access barriers to information including language, literacy, location, and culture to understand health insurance. To support the outreach and education, CMS needs to conduct survey research to be able to effectively reach the target audiences. *Frequency:* Reporting—Once; *Affected Public:* Individuals or Households; *Number of Respondents:* 1,850; *Total Annual Responses:* 1,850; *Total Annual Hours:* 2,000. (For policy questions regarding this collection contact Barbara Allen at 410–786–6716. 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 *July 19, 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.

Michelle Shortt,

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

[FR Doc. 2010–11774 Filed 5–17–10; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Form CB–496. Title IV–E Programs Quarterly Financial Report.

OMB No.: 0970–0205.

Description: Through FY 2008, only State agencies were responsible for administering the Foster Care and Adoption Assistance Programs under title IV–E of the Social Security Act. With the enactment of Public Law 110–351, the "Fostering Connections to Success and Increasing Adoptions Act

of 2008," title IV–E was expanded, effective with FY 2009, to include a third program, Guardianship Assistance, and was further expanded, effective with FY 2010, to include Tribes, tribal organizations and consortia as additional grantees.

Ultimately, the combined effect of these changes will be to significantly increase the number of grantees, the number of grant awards and the required amount of financial reporting. In recognition of these substantial program revisions and to accommodate these changes, the quarterly financial report has been revised, redesigned and re-designated as Form CB–496, the "Title IV–E Programs Quarterly Financial Report."

The Administration for Children and Families (ACF) provides Federal funding at the rate of 50 percent for most administrative and other related costs and at enhanced rates ranging from 55 to 75 percent for training costs as detailed in Federal statute and regulations. This form is submitted quarterly by each State and Tribe to estimate the funding needs for the upcoming fiscal quarter and to report expenditures for the fiscal quarter just ended. The information collected in this report is used by this agency to calculate quarterly Federal grant awards and to enable oversight of the financial management of the programs.

Comments concerning these revisions were received from both Federal and grantee staffs by the ACF Office of Grants Management, both directly and in response to an earlier **Federal Register** Notice (74 FR 22749, May 14, 2009) that provided many useful recommendations and suggestions, many of which were incorporated into the final draft product.

Respondents: State and Tribal title IV–E agencies administering the Foster Care, Adoption Assistance and Guardianship Assistance Programs.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Form CB–496	62	4	17	4,216

Estimated Total Annual Burden Hours: 4,216

Additional Information: Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer.

OMB Comment: OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, 725 17th Street, NW., Washington, DC 20503, Attn: Desk Officer for ACF.

Dated: May 12, 2010.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 2010–11814 Filed 5–17–10; 8:45 am]

BILLING CODE 4184–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; Application for the Pharmacology Research Associate Program

SUMMARY: In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the National Institute of General Medical Sciences (NIGMS), the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection: Title: Application for the Pharmacology Research Associate Program. *Type of Information Collection Request:* Extension of a currently approved collection, OMB No. 0925–0378, expiration date December 31, 2010. *Form Numbers:* NIH 2721–1, NIH 2721–2. *Need and Use of Information Collection:* The Pharmacology Research Associate (PRAT) Program will use the applicant and referee information to award opportunities for training and experience in laboratory or clinical investigation to individuals with a Ph.D. degree in pharmacology or a related science, M.D., or other professional degree through appointments as PRAT Fellows at the National Institutes of Health or the Food and Drug Administration. The goal of the program is to develop leaders in pharmacological research for key positions in academic, industrial, and Federal research laboratories. *Frequency of Response:* Once a year. *Affected Public:* Individuals or households; Businesses or other for-profit. *Type of Respondents:* Applicants and Referees.

The annual reporting burden is as follows:

Type and number of respondents	Estimated number of responses per respondent	Estimated total responses	Average burden hours per responses	Estimated total annual burden hours requested
Applicants, 25	1	25	8.00	200
Referees, 75	1	75	1.75	131.25

Total Number of Respondents: 100.
Total Number of Responses: 100.
Total Hours: 331.25.

The annualized cost to respondents is estimated at:

Applicants: $10,250.00.

Referees: $6,562.50.