

pre- and post-evaluation time (approximately 10 hours). Results from this process will influence the development of composite measures for the AHRQ Quality indicators. Beginning in late April/early May through early August, selected nominees will be asked to participate in the following activities:

IQI/PSI Sub-Workgroup Activities

1. Provide evaluative comments on current methodology for composite indicators (2.0 hours) and participate in subsequent General Workgroup call (1.0 hour);
2. Participate in one Sub-Workgroup conference call to discuss suggested changes to the current composite indicator methodology (1.5 hours);
3. Provide evaluative comments on AHRQ's new draft or revised methodology (1.5 hour);
4. Participate in second Subgroup call to respond to each others' comments and questions or provide additional clarifications regarding draft methodology (1.5 hours); and
5. Participate in second General workgroup call. Provide suggestions for summary document for public comment (2.0 hours).

The Workgroup will conduct business by telephone, e-mail, or other electronic means as needed.

FOR FURTHER INFORMATION CONTACT:

Mamatha Pancholi, Center for Delivery, Organization, and Markets, Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, MD 20850; Phone: (301) 427-1470; Fax: (301) 427-1430; E-mail:

mamatha.pancholi@ahrq.hhs.gov; or

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SUPPLEMENTARY INFORMATION:

Background

The AHRQ Quality Indicators (AHRQ QIs) are a unique set of measures of health care quality that make use of readily available hospital inpatient administrative data. The QIs have been used for various purposes. Some of these include tracking, hospital self-assessment, reporting of hospital-specific quality or pay for performance. The AHRQ QIs are provider- and area-level quality indicators and currently consist of four modules: The Prevention Quality Indicators (PQI), the Inpatient Quality Indicators, the Patient Safety Indicators (PSI) and the Pediatric Quality Indicators (PedsQIs). In

response to feedback from the AHRQ QI user community, AHRQ is committed to developing composite measures in an effort to provide an overall view of quality that is complete, useful and easily understandable to consumers and others within the health care field.

Dated: March 29, 2006.

Carolyn M. Clancy,

Director.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-06-06BC]

Proposed Data Collections Submitted for Public Comment and Recommendations

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 Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-5960 and send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to omb@cdc.gov.

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 or other forms of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

National Survey of the Mining Population-New-National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Surveillance of occupational injuries, illnesses, and exposures has been an integral part of the work of the National Institute for Occupational Safety and Health (NIOSH) since its creation by the Occupational Safety and Health Act in 1970. To improve its surveillance capability related to occupational risks in mining, NIOSH is planning to conduct a national survey of mines and mine employees. No national surveys have specifically targeted the mining labor force since the 1986 Mining Industry Population Survey (MIPS). The mining industry has experienced many changes in the last 20 years; consequently, the MIPS data are no longer representative of the current mining industry labor force.

NIOSH conducted a pilot study for the proposed national survey in the fall of 2004 (OMB No. 0920-0633, Exp. Date 3/31/2005). The pilot study was designed to emulate the main study design in order to evaluate the effectiveness of the recruitment materials, questionnaire, and survey procedures in acquiring complete, high quality data from a sample of 45 mining operations. Objective data collected in the pilot study included overall response rates and individual item response rates. Subjective data were collected using telephone logs, and participant and non-participant debriefing interviews. Data captured in the pilot study were used to guide improvements to maximize the performance of the various components of the full-scale study.

The proposed national survey will be based upon a probability sample of mining operations and their employees. The survey will be conducted in the five major mining sectors (coal, metal, nonmetal, stone, and sand and gravel). The major objectives of the survey will be to: (1) Obtain denominator data so that mine accident, injury, and illness reports can be evaluated in relation to the population at risk; (2) understand the demographic and occupational characteristics of the mining industry workforce; (3) estimate the number and occupational characteristics of independent contractor employees used by mining operations; and (4) obtain mine level information on selected variables. The sampled mining operations will provide all survey data; individual mine operator and independent contractor employees will not be directly surveyed. As a result of this study, surveillance researchers and government agencies will be able to identify groups of miners with a disproportionately high risk of injury or

illness. By capturing demographic (e.g., age, gender, race/ethnicity, education level) and occupational (e.g., job title, work location, work experience) characteristics of the mining workforce, these data will be a significant resource for the customization of interventions such as safety training programs.

The target population of mines for this survey will be limited to mines in current operation and producing the commodity for which they were sampled. Separate sampling frames, stratified by underground and surface work location (with the exception of sand and gravel mines), and employment size will be developed for

each major mining sector. Approximately 722 coal mines, 212 metal mines, 327 nonmetal mines, 572 stone mines, and 439 sand and gravel mines will be sampled for the study. It is expected that this will yield 1,648 responding eligible mines, reporting data for approximately 24,452 employees. A survey packet will be mailed to each sampled mine. The mining operation will not be asked to report the names or any other identifying information for their employees. The survey respondent will have the option of completing either the survey questionnaire booklet or an

Internet Web-based survey questionnaire.

The ultimate goal of the study is to provide surveillance data that will help to minimize and prevent work-related injuries and illnesses that harm miners and reduce productivity. NIOSH will use the information to calculate injury rates and customize safety and health interventions for various mining occupations. Once the study is completed, NIOSH will send a copy of the final report to each sampled mining operation. NIOSH expects to complete data collection no later than the Spring of 2007. There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN TABLE

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Responding Eligible Mining Operations	1,648	1	2	3,296

Dated: March 29, 2006.

Betsy Dunaway,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers For Medicare & Medicaid Services

Privacy Act of 1974; CMS Computer Match No. 2006-02, HHS Computer Match No. 0602

AGENCY: Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS).

ACTION: Notice of Computer Matching Program.

SUMMARY: In accordance with the requirements of the Privacy Act of 1974, as amended, this notice establishes a computer matching agreement between CMS and the Department of Defense (DoD). We have provided background information about the proposed matching program in the

SUPPLEMENTARY INFORMATION section below. The Privacy Act requires that CMS provide an opportunity for interested persons to comment on the proposed matching program. We may defer implementation of this matching program if we receive comments that persuade us to defer implementation. See **DATES** section below for comment period.

DATES: CMS filed a report of the Computer Matching Program (CMP) with the Chair of the House Committee on Government Reform and Oversight, the Chair of the Senate Committee on Homeland Security and Governmental Affairs, and the Administrator, Office of Information and Regulatory Affairs, Office of Management and Budget (OMB) on March 28, 2006. We will not disclose any information under a matching agreement until 40 days after filing a report to OMB and Congress or 30 days after publication, whichever is later.

ADDRESSES: The public should address comments to: Walter Stone, CMS Privacy Officer, Division of Privacy Compliance Data Development (DPCDD), Enterprise Databases Group (EDG), Office of Information Services (OIS), CMS, Mail stop N2-04-27, 7500 Security Boulevard, Baltimore, Maryland 21244-1850. Comments received will be available for review at this location, by appointment, during regular business hours, Monday through Friday from 9 a.m.-3 p.m., eastern daylight time.

FOR FURTHER INFORMATION CONTACT: Cheryl Sample, Senior Privacy Specialist, DPCDD, EDG, OIS, CMS, Mail stop N2-04-27, 7500 Security Boulevard, Baltimore, Maryland 21244-1850. The telephone number is (410) 786-7185, or facsimile (410) 786-5636.

SUPPLEMENTARY INFORMATION:

I. Description of the Matching Program

A. General

The Computer Matching and Privacy Protection Act of 1988 (Public Law (Pub. L.) 100-503), amended the Privacy Act (5 U.S.C. 552a) by describing the manner in which computer matching involving Federal agencies could be performed and adding certain protections for individuals applying for and receiving Federal benefits. Section 7201 of the Omnibus Budget Reconciliation Act of 1990 (Pub. L. 101-508) further amended the Privacy Act regarding protections for such individuals. The Privacy Act, as amended, regulates the use of computer matching by Federal agencies when records in a system of records are matched with other Federal, state, or local government records. It requires Federal agencies involved in computer matching programs to:

1. Negotiate written agreements with the other agencies participating in the matching programs;
2. Obtain the Data Integrity Board approval of the match agreements;
3. Furnish detailed reports about matching programs to Congress and OMB;
4. Notify applicants and beneficiaries that the records are subject to matching; and,
5. Verify match findings before reducing, suspending, terminating, or denying an individual's benefits or payments.