

**APPENDIX I – 60-Day Federal Register Notice**

many of the questions raised by outdoor users and public health officials, and improve and strengthen evidence-based NPS guidelines for backcountry health and sanitation practices. To gather this information, consent to contact after the conclusion of the backcountry trip will be obtained from an estimated 7,000 backcountry users 18 years of age or older when they present to the Yellowstone National Park's permit offices prior to entering the backcountry. A questionnaire (in either Internet-based or paper-based format) will then be offered to an estimated 5,600 backcountry users who consent to

be contacted. Participants will be asked about their health (before, during and after backcountry travel), water consumption, water preparation habits, food consumption, food preparation habits, sanitation practices, recreational water use, animal exposure, and demographics.

This study is the beginning of what will be an ongoing effort to improve the scientific basis of NPS recommendations and policies related to protecting human health in the backcountry. This effort seeks to begin to identify disease transmission pathways and assess disease and injury

risks associated with specific activities, choices, and behaviors of backcountry visitors, such as water purification, sanitation practices, and hygiene. Thoroughly understanding transmission pathways and the interactions of agent, environment, and host will enable the NPS to effectively and efficiently improve visitor protection efforts.

There will be no cost to or remuneration of respondents other than their time. Their participation is voluntary and there will be no penalty for non-participation.

Estimate of Annualized Burden Table

Respondents	Form name	Number of respondents	Number responses per respondent	Hrs/re-sponse (in hours)	Total re-sponse bur-den hours
Backcountry Users of Yellowstone Park ...	Consent to Further Contact .....	7000	1	2/60	233
	Web-Based Questionnaire .....	5600	1	15/60	1400
	Total .....				1633

Dated: October 21, 2005.  
 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**

[Document Identifier: CMS-R-0021, CMS-838, CMS-10134, CMS-R-137, CMS-R-257, CMS-29/CMS-30, CMS-10150, CMS-381, CMS-10161, CMS-10162, and 10136]

**Agency Information Collection Activities: Submission for OMB Review; 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), 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 function; (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:* Withholding Medicare Payments to Recover Medicaid Overpayments and Supporting Regulations in 42 CFR 447.31; *Use:* Overpayments may occur in either the Medicare and Medicaid program, at times resulting in a situation where an institution or person that provides services owes a repayment to one program while still receiving reimbursement from the other. Certain Medicaid providers which are subject to offsets for the collection of Medicaid overpayments may terminate or substantially reduce their participation in Medicaid, leaving the State Medicaid Agency unable to recover the amounts due. These information collection requirements give CMS the authority to recover Medicaid overpayments by offsetting payments due to a provider under the program. *Form Number:* CMS-R-0021 (OMB #0938-0287); *Frequency:* Reporting—On occasion; *Affected Public:* State, Local or Tribal Government; *Number of Respondents:* 54; *Total Annual Responses:* 27; *Total Annual Hours:* 81.

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Medicare Credit

Balance Reporting Requirements and Supporting Regulations in 42 CFR 405.371, 405.378, and 413.20; *Form Number:* CMS-838 (OMB #0938-0600); *Use:* Section 1815(a) of the Social Security Act authorizes the Secretary to request information from providers which is necessary to properly administer the Medicare program. Quarterly credit balance reporting is needed to monitor and control the identification and timely collection of improper payments. The reporting requirements provide CMS with the authority to impose sanctions such as the suspension of program payments in accordance with 42 CFR 413.20(e) and 405.371 if providers do not report credit balances on a timely basis. Furthermore, once a credit balance has been identified on a CMS-838 form and demand for payment is made, CMS has the authority to charge interest if the amount is not repaid within 30 days in accordance with 42 CFR 405.378. The collection of credit balance information is needed to ensure that millions of dollars in improper program payments are collected. Approximately 48,300 health care providers will be required to submit a quarterly credit balance report that identifies the amount of improper payments they received that are due to Medicare. The intermediaries will monitor the reports to ensure these funds are collected; *Frequency:* Quarterly; *Affected Public:* Not-for-profit institutions, Business or other for-profit; *Number of Respondents:* 48,300; *Total Annual Responses:* 193,200; *Total Annual Hours:* 579,600.

HL increases, so does the demand for accurate information about incidence, rate of screening, referral to care, and loss to follow-up. Given the lack of a standardized and readily accessible source of data, CDC's Early Hearing Detection and Intervention (EHDI) program has developed a survey to be used annually for State and Territory EHDI Program Coordinators that utilizes uniform definitions to collect aggregate,

standardized EHDI data from states and territories. This information is important for helping to ensure infants and children are receiving recommended screening and follow-up services, documenting the occurrence and etiology of differing degrees of HL among infants, and determining the overall impact of infant HL on future outcomes, such as cognitive development and family dynamics.

These data will also assist state EHDI programs with quality improvement activities and provide information that will be helpful in assessing the impact of Federal initiatives. The public will be able to access this information via CDC's EHDI Web site (<http://www.cdc.gov/ncbddd/ehdi/>). There are no costs to respondents other than their time.

ANNUALIZED BURDEN TABLE

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden hours
State and territory EHDI program coordinators .....	53	1	4	212
Total .....				212

Dated: October 21, 2005.

Betsy Dunaway,

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

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day-06-05CY]

#### 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 404-639-4766 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](mailto: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

Survey of Illness and Injury Among Backcountry Users in Yellowstone National Park—New—Centers for Disease Control and Prevention (CDC), National Center for Infectious Diseases (NCID).

There are limited data on the risk factors for illness and injury among persons who travel into backcountry areas of the United States. The backcountry encompasses primitive or wilderness areas that lack most facilities and services and that are reached primarily by hiking, boating, or horseback. In general, backcountry users must bring in their own supplies (such as shelter, food, water, or water treatment supplies). As many as 68% to 82% of long-distance hikers and backpackers have reported experiencing illnesses or injuries during their time in the backcountry. For example, 4% to 56% have reported gastrointestinal illnesses and 41% to 62% have reported musculoskeletal injuries.

Such a high burden of illness and injury has significant medical and economic implications given the increasing popularity of backcountry use. In 1994-95, almost 8% of Americans age 16 years and older (about 15 million persons) went backpacking in the previous 12 months, which involved camping for one or more nights along a trail and carrying food, shelter, and utensils with them. In the same period of time, about 14% (or 28 million persons) camped in primitive

settings that usually lacked restrooms, hookups, and most facilities and services. In fact, camping in backcountry areas increased by about 72% from 1982-83 to 1994-95. While people can travel in the backcountry in many locations and on both private and public lands, many travelers hike, backpack, and camp in the backcountry in national parks. In 2003, there were over 266 million recreational visits to national parks with over 1.8 million overnight stays in the backcountry. Yellowstone National Park alone had almost 19,690 persons visit the backcountry in 2003, accounting for over 46,000 overnight stays.

Because little is known about health outcomes for visitors who use the backcountry areas of our nation's parks, advice to park managers and the public is currently general in nature, based only on standard disease prevention principles. Furthermore, some outdoor use groups have recently questioned some of this standard advice, such as the universal need for careful filtration and disinfection of backcountry drinking water. This study will investigate behavioral and environmental risk factors that may be associated with illness and injury among persons who require park permits to travel into backcountry areas in Yellowstone National Park during the backcountry season from May 1-Oct. 31, 2006. The data collected will be used to provide an estimate of the burden of illness and injury among backcountry users and will also provide information about a variety of risk factors for illness and injury in the backcountry, including the risks associated with drinking untreated water from lakes and streams. With this information, the National Park Service (NPS) will be able to address