revised subsequent to the publication of the 60-day **Federal Register** notice (June 2, 2014; 79 FR 31336). *Form Number:* CMS–10340 (OMB control number: 0938–1152); *Frequency:* Weekly; *Affected Public:* Private sector—Business or other for-profits; *Number of Respondents:* 683; *Total Annual Responses:* 516,493,635; *Total Annual Hours:* 34,433 (For policy questions regarding this collection contact Michael Massimini at 410–786–1566).

5. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Data Use Agreement (DUA) Certificate of Disposition for Data Acquired from the Centers for Medicare & Medicaid Services (CMS); *Use:* The Privacy Act of 1974 allows for discretionary releases of data maintained in Privacy Act protected systems of records under § 552a(b) (Conditions of Disclosure). The mandate to account for disclosures of data under the Privacy Act is found at § 552a(c) (Accounting of Certain Disclosures). This section states that certain information must be maintained regarding disclosures made by each agency. This information is: Date, Nature, Purpose, and Name and Address of Recipient. Section 552a(e) sets the overall Agency Requirements that each agency must meet in order to maintain records under the Privacy Act. The Data Use Agreement (DUA) form is needed as part of the review of each CMS data request to ensure compliance with the requirements of the Privacy Act for disclosures that contain PII. The DUA form also provides data requestors and custodians with a formal means to agree to the data protection and destruction statutory and regulatory requirements of CMS' PII data. The Health Insurance Portability and Accountability Act (HIPAA) of 1996, § 1173(d) (Security Standards for Health Information) requires CMS to protect Personally Identifiable Information (PII). Additionally, the Federal Information Security Management Act (FISMA) of 2002, § 3544(b) (Federal Agency Responsibilities—Agency Program) also requires CMS to develop policies and procedures for the protection and destruction of sensitive data to include PII. The information collected by the DUA form is used by CMS to track disclosures, conditions for disclosure, accounting of disclosures and agency requirements dictated by the Privacy Act, HIPAA and FISMA. *Form Number:* CMS–R–235 (OMB control number: 0938–0734); *Frequency:* Annually; *Affected Public:* Private Sector—Business or other for-profits and Not-for-profit institutions; *Number of Respondents:* 9220; *Total Annual Responses:* 9220; *Total Annual Hours:* 2740. (For policy questions regarding this collection contact Sharon Kavanagh at 410–786–5441.)

6. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Survey Tool for *www.medicare.gov* and *www.cms.hhs.gov*; *Use:* The Balanced Budget Act of 1997 states that the Secretary of Health and Human Services shall maintain a Web site to provide information about CMS activities, programs and topics related to its services. The submission is for OMB authorization to collect data on the reactions of users of the Web sites through the survey tool. We will use the data to improve the Web sites so that they can best serve the needs of their users. Information collected from the survey will be used to make improvements to the sites to make them more user-friendly. *Form Number:* CMS–R–268 (OMB control number: 0938–0756); *Frequency:* Annual; *Affected Public:* Individuals or households; *Number of Respondents:* 7,000; *Total Annual Responses:* 4,900; *Total Annual Hours:* 817. (For policy questions regarding this collection contact Kymeiria Ingram at 410–786–8431.)

7. *Type of Information Collection Request:* New collection (Request for a new OMB control number); *Title of Information Collection:* Physician Quality Reporting System (PQRS) and the Electronic Prescribing Incentive (eRx) Program Data Assessment, Accuracy and Improper Payments Identification Support; Use: The incentive and reporting programs have data integrity issues, such as rejected and improper payments. This four year project will evaluate incentive payment information for accuracy and identify improper payments, with the goal of recovering these payments. Additionally, based on the project's results, recommendations will be made so that we can avoid future data integrity issues.

Data submission, processing, and reporting will be analyzed for potential errors, inconsistencies, and gaps that are related to data handling, program requirements, and clinical quality measure specifications of PQRS and eRx program. Surveys of Group Practices, Registries, and Data Submission Vendors (DSVs) will be conducted in order to evaluate the PQRS and eRx Incentive Program. Follow-up interviews will occur with a small number of respondents. *Form Number:* CMS–10519 (OMB control number: 0938–NEW); *Frequency:* Annually; *Affected Public:* Business or other for-profits; *Number of Respondents:* 115; *Total Annual Responses:* 115; *Total Annual Hours:* 201. (For policy questions regarding this collection contact Sungsoo Oh at 410–786–7611.)

Dated: September 2, 2014.

Martique Jones,

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

[FR Doc. 2014–21179 Filed 9–4–14; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifiers: CMS–10329, CMS–10422, CMS–10532 and CMS–10394]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, HHS.

ACTION: Notice.

SUMMARY: The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (the PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information (including each proposed extension or reinstatement of an existing collection of information) and to allow 60 days for public comment on the proposed action. Interested persons are invited to send comments regarding our burden estimates 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.

DATES: Comments must be received by November 4, 2014.

ADDRESSES: When commenting, please reference the document identifier or OMB control number (OCN). To be assured consideration, comments and

recommendations must be submitted in any one of the following ways:

1. *Electronically.* You may send 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) that are 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.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, you may make your request using one of following:

1. Access CMS' Web site address at *http://www.cms.hhs.gov/PaperworkReductionActof1995*.

2. Email your request, including your address, phone number, OMB number, and CMS document identifier, to *Paperwork@cms.hhs.gov*.

3. Call the Reports Clearance Office at (410) 786–1326.

FOR FURTHER INFORMATION CONTACT: Reports Clearance Office at (410) 786–1326.

SUPPLEMENTARY INFORMATION:

Contents

This notice sets out a summary of the use and burden associated with the following information collections. More detailed information can be found in each collection's supporting statement and associated materials (see **ADDRESSES**).

CMS–10329 Consumer Operated and Oriented (CO–OP) Program

CMS–10422 Payments for Services Furnished by Certain Primary Care Providers and Supporting Regulations in 42 CFR 438.804, 447.400, and 447.410

CMS–10532 Risk Corridors Transitional Policy

CMS–10394 Application to Be a Qualified Entity to Receive Medicare Data for Performance Measurement

Under the PRA (44 U.S.C. 3501–3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. The term ''collection of information'' is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA requires federal agencies to publish a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice.

Information Collection

1. *Type of Information Collection Request:* Revision of a currently approved information collection; *Title of Information Collection:* Consumer Operated and Oriented (CO–OP) Program; *Use:* The Consumer Operated and Oriented Plan (CO–OP) program was established by Section 1322 of the Affordable Care Act. This program provides for loans to establish at least one consumer-operated, qualified nonprofit health insurance issuer in each State. Issuers supported by the CO–OP program will offer at least one qualified health plan at the silver level of benefits and one at the gold level of benefits in the individual market State Health Benefit Exchanges (Exchanges). At least two-thirds of policies or contracts offered by a CO–OP will be open to individuals and small employers. Profits generated by the nonprofit CO–OPs will be used to lower premiums, improve benefits, improve the quality of health care delivered to their members, expand enrollment, or otherwise contribute to the stability of coverage offered by the CO–OP. By increasing competition in the health insurance market and operating with a strong consumer focus, the CO–OP program will provide consumers more choices, greater plan accountability, increased competition to lower prices, and better models of care, benefiting all consumers, not just CO–OP members.

The CO–OP program will provide nonprofits with loans to fund start-up costs and State reserve requirements, in the form of Start-up Loans and Solvency Loans. An applicant may apply for (1) joint Start-up and Solvency Loans; or (3) only a Solvency Loan. Planning Loans are intended to help loan recipients determine the feasibility of operating a CO–OP in a target market. Start-up Loans are intended to assist loan recipients with the many start-up costs associated with establishing a new health insurance issuer. Solvency Loans are intended to assist loan recipients with meeting the solvency requirements of States in which the applicant seeks to be licensed to issue qualified health plans. *Form Number:* CMS–10392 (OMB control number: 0938–1139); *Frequency:* Occasionally; *Affected Public:* Private sector—Not-for-profit institutions; *Number of Respondents:* 23; *Total Annual Responses:* 583; *Total Annual Hours:* 11,621. (For policy questions regarding this collection contact Deepti Loharikar (301–492–4126).

2. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Payments for Services Furnished by Certain Primary Care Providers and Supporting Regulations in 42 CFR 438.804, 447.400, and 447.410; *Use:* The information will be used to document expenditures for the specified primary care services in the baseline period for the purpose of then calculating the expenditure eligible for 100 federal matching funds in calendar years 2015 and 2016, should Congress extend the availability of such funding and make no additional changes in statutory language necessitating programmatic alterations. *Form Number:* CMS–10422 (OMB control number: 0938–1170); *Frequency:* Yearly, once, and occasionally; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 51; *Total Annual Responses:* 126,021; *Total Annual Hours:* 63,240. (For policy questions regarding this collection contact Linda Tavener at 410–786–3838).

3. *Type of Information Collection Request:* New collection (Request for a new OMB Control Number); *Title of Information Collection:* Risk Corridors Transitional Policy; *Use:* Section 1342 of the Patient Protection and Affordable Care Act of 2010 (the Affordable Care Act) provides for the establishment of a temporary risk corridors program that will apply to qualified health plans in the individual and small group markets for the first three years of Exchange operation. The implementing regulations for this provision are located in Part 153 Title 45 of the Code of Federal Regulations. A final rule was published on March 11, 2014 (79 FR 13834, CMS–9954–F) and is effective May 12, 2014. Under 45 CFR 153.530(e), each issuer conducting business in the individual and small group markets in states that adopted the transitional policy is required to submit enrollment data, including enrollment in transitional policies (i.e. individual or small group health insurance coverage in states that adopted the transitional policy announced in the Centers for Medicare and Medicaid (CMS) letter dated November 14, 2013), on the ''Transitional Adjustment Reporting Form'' prescribed by CMS, for each state in which the issuer conducts business.

We will use the data collection to amend the risk corridors program provisions in 45 CFR Part 153 to mitigate any unexpected losses for issuers of plans subject to risk corridors that are attributable to the effects of this transitional policy. Specifically, we will use the data to calculate the risk corridors adjustment percentage, if any, in transitional states. *Form Number:* CMS–10532 (OMB control number: 0938—New); *Frequency:* Once; *Affected Public:* Private Sector, Business or other for-profits and not-for-profit institutions; *Number of Respondents:* 400; *Total Annual Responses:* 400; *Total Annual Hours:* 400. (For policy questions regarding this collection contact Jaya Ghildiyal at (301) 492–5149).

4. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Application to Be a Qualified Entity to Receive Medicare Data for Performance Measurement; *Use:* Section 10332 of the Patient Protection and Affordable Care Act (ACA) requires the Secretary to make standardized extracts of Medicare claims data under Parts A, B, and D available to ''qualified entities'' for the evaluation of the performance of providers of services and suppliers. The statute provides the Secretary with discretion to establish criteria to determine whether an entity is qualified to use claims data to evaluate the performance of providers of services and suppliers. We are proposing at section 42 CFR 401.703 to evaluate an organization's eligibility across three areas: Organizational and governance capabilities, addition of claims data from other sources (as required in the statute), and data privacy and security. This is the application through which organizations will provide information to CMS to determine whether they will be approved as a qualified entity. *Form Number:* CMS–10394 (OMB control number: 0938–1144); *Frequency:* Occasionally; *Affected Public:* Private sector—Business or other for-profits and Not-for-profit institutions; *Number of Respondents:* 35; *Total Annual Responses:* 35; *Total Annual Hours:* 6,833. (For policy questions regarding this collection contact Kari Gaare at 410–786–8612).

Dated: September 2, 2014.

Martique Jones,

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

[FR Doc. 2014–21180 Filed 9–4–14; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects:

Title: Office of Head Start (OHS) Information Collection Form.

OMB No.: New Collection.

Description: The Head Start Program Performance Standards (45 CFR parts 1304.22(a)(3) and 1306.35(a)(4)(b)(1)) mandate that Head Start programs develop emergency preparedness plans and conduct periodic drills to ensure they have protocols in place, supported by policies and procedures, to ensure they can evacuate Head Start centers in an orderly fashion in the event of a disaster or public health emergency. OHS must ensure that contingency plans are in place prior, during and after a nationally declared disaster; and, that Head Start programs have arrangements (memorandums of understanding) with other community based organizations for shelter in place at alternative locations. The Presidential Policy Directive–8 (PPD–8), which President Obama signed in 2011, provides Federal guidance and planning procedures under established phases—Protection, Preparedness, Response, Recovery, and Mitigation. The data collected in the Information Collection Form addresses the areas of Response and Recovery.

Respondents: Head Start and Early Head Start program grant recipients.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response (minutes)	Total burden hours (minutes)
OHS Information Collection Form	*1	1	30	30

*The estimate above is based on a single disaster. The estimate is for a Head Start program with 1 center when all questions are applicable, depending on the type of disaster all questions may not be applicable; therefore the burden hours may be shorter. For Head Start programs with more than 1 center the burden hours may be longer. The number of respondents may increase based on the size of the disaster area.

Estimated Total Annual Burden Hours: 30 Minutes.

An estimate of the number of disasters that would warrant data collection is unavailable due to unpredictable nature of disasters. For example, in 2012, there were 95 disasters nationwide but ACF's Office of Human Services Emergency Preparedness Response did not collect data on all of them because they had minimal effects on ACF programs.

In compliance with the requirements of Section 506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370 L'Enfant Promenade SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. Email address: *infocollection@acf.hhs.gov*. All requests should be identified by the title of the information collection.

The Department specifically requests comments 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) 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. Consideration will be given to