

promulgated by Office of the National Coordinator for Health Information Technology;

(2) Shall have complied with all the requirements under this section;

(3) In the case of a private entity, shall be incorporated in and maintain a primary place of business in the United States, and in the case of an individual, whether participating singly or in a group, shall be a citizen or permanent resident of the United States; and

(4) May not be a Federal entity or Federal employee acting within the scope of their employment.

An individual or entity shall not be deemed ineligible because the individual or entity used Federal facilities or consulted with Federal employees during a competition if the facilities and employees are made available to all individuals and entities participating in the competition on an equitable basis.

Registered participants shall be required to agree to assume any and all risks and waive claims against the Federal Government and its related entities, except in the case of willful misconduct, for any injury, death, damage, or loss of property, revenue, or profits, whether direct, indirect, or consequential, arising from their participation in a competition, whether the injury, death, damage, or loss arises through negligence or otherwise.

Participants shall be required to obtain liability insurance or demonstrate financial responsibility, in amounts determined by the head of the Office of the National Coordinator for Health Information Technology, for claims by—

(1) A third party for death, bodily injury, or property damage, or loss resulting from an activity carried out in connection with participation in a competition, with the Federal Government named as an additional insured under the registered participant's insurance policy and registered participants agreeing to indemnify the Federal Government against third party claims for damages arising from or related to competition activities; and

(2) the Federal Government for damage or loss to Government property resulting from such an activity.

Participants must be teams of at least two people.

All participants are required to provide written consent to the rules upon or before submitting an entry.

Dates:

• Submission Period Begins: 12:01 a.m., E.D.T., September 12, 2011.

• Submission Period Ends: 11:59 p.m., E.D.T., December 2, 2011.

Registration Process for Participants:

To register for this challenge participants should:

- Access the <http://www.challenge.gov> Web site and search for the "Reporting Device Adverse Events Challenge".

- Access the ONC Investing in Innovation (i2) Challenge Web site at:

- <http://www.health2challenge.org/category/onc/>.

- A registration link for the challenge can be found on the landing page under the challenge description.

Amount of the Prize:

- First Prize: \$25,000.
- Second Prize: \$10,000.
- Third Prize: \$5,000.

Awards may be subject to Federal income taxes and HHS will comply with IRS withholding and reporting requirements, where applicable.

Basis Upon Which Winner Will Be Selected:

The judging panel will make selections based upon the following criteria:

1. Effectiveness in facilitating adverse event reporting.
2. Usability and design.
3. Ability to integrate with electronic health records and other data sources.
4. Creativity and Innovation.
5. Use of NwHIN standards and services.

Additional Information:

Ownership of intellectual property is determined by the following:

- Each entrant retains title and full ownership in and to their submission. Entrants expressly reserve all intellectual property rights not expressly granted under the challenge agreement.

- By participating in the challenge, each entrant hereby irrevocably grants to Sponsor and Administrator a limited, non-exclusive, royalty free, worldwide, license and right to reproduce, publically perform, publically display, and use the Submission to the extent necessary to administer the challenge, and to publically perform and publically display the Submission, including, without limitation, for advertising and promotional purposes relating to the challenge.

Dated: September 8, 2011.

Farzad Mostashari,

National Coordinator for Health Information Technology.

[FR Doc. 2011-23702 Filed 9-14-11; 8:45 am]

BILLING CODE 4150-45-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: "Health Literacy Item Set Supplemental to CAHPS Health Plan Survey—Pretest of Proposed Questions and Methodology." In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501-3521, AHRQ invites the public to comment on this proposed information collection.

This proposed information collection was previously published in the **Federal Register** on July 7th, 2011 and allowed 60 days for public comment. No comments were received. The purpose of this notice is to allow an additional 30 days for public comment.

DATES: Comments on this notice must be received by October 17, 2011.

ADDRESSES: Written comments should be submitted to: AHRQ's OMB Desk Officer by fax at (202) 395-6974 (attention: AHRQ's desk officer) or by e-mail at OIRA_submission@omb.eop.gov (attention: AHRQ's desk officer).

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

Health Literacy Item Set Supplemental to CAHPS Health Plan Survey—Pretest of Proposed Questions and Methodology

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) program is a multi-year initiative. AHRQ first launched the program in October 1995 in response to concerns about the lack of good information about the quality of health plans from the enrollees' perspective. Numerous public and private organizations collected information on

enrollee and patient satisfaction, but the surveys varied from sponsor to sponsor and often changed from year to year.

The CAHPS® program was designed to:

- Make it possible to compare survey results across sponsors and over time; and

- Generate tools and resources that sponsors can use to produce understandable and usable comparative information for consumers, health providers and for quality improvement purposes.

Over time, the program has expanded beyond its original focus on health plans to address a range of health care services and to meet the various needs of health care consumers, purchasers, health plans, providers, and policymakers. Based on a literature review and an assessment of currently available questionnaires, AHRQ identified the need to develop a health literacy module for the CAHPS® Health Plan Survey. The intent of the health literacy module is to examine health plan enrollees' perspectives on how well health information is communicated to them by health plans and by healthcare professionals in the health plan setting. The objective of the new module is to provide information to health plans, clinicians, group practices, and other interested parties regarding the quality of health information delivered to patients. The health literacy module will be pre-tested as a

supplement to the CAHPS® Health Plan Survey.

This pre-test has the following goals:

- (1) Analysis of item wording—Assess candidate wordings for items.

- (2) Analysis of participation rate—Evaluate the overall response rate and the proportion of that obtained from mail versus telephone modes of data collection.

- (3) Case mix adjustment analysis—Evaluate variables that need to be considered for case mix adjustment of scores.

- (4) Psychometric Analysis—Provide information for the revision of the health literacy item set based on the assessment of the reliability and validity.

- (5) Dissemination of the CAHPS Health Plan Health Literacy supplemental item set.

This study is being conducted by AHRQ through its contractor, the RAND Corporation, pursuant to AHRQ's statutory authority to conduct research and evaluations 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

To achieve the goals of this pre-test the CAHPS Health Plan Health Literacy Survey will be implemented with a sample of persons from the surveys'

target population, consumers of health care services offered by health plans. The data from this pre-test will be used to refine the health literacy module questions and will ensure that the future data collection yield high quality data and ensure a minimization of respondent burden, increase agency efficiency, and improve responsiveness to the public. The survey items will be added to currently available CAHPS surveys and will enhance the ability of health plans and health professionals working in a health plan primary care setting to assess the quality of their services.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated annualized burden for the respondents' time to participate in this data collection. About 1000 persons will complete the CAHPS Health Plan Survey Health Literacy Module. The estimated response time of 25 minutes is based on the written length of the survey and AHRQ's experience with previous CAHPS® surveys of comparable length that were fielded with similar samples. The total burden hours are estimated to be 417 hours.

Exhibit 2 shows the respondents' cost burden associated with their time to participate in this data collection. The total cost burden is estimated to be \$8,715.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

| Form name | Number of respondents | Number of responses per respondent | Hours per response | Total burden hours |
|--|-----------------------|------------------------------------|--------------------|--------------------|
| CAHPS Health Plan Health Literacy Module | 1000 | 1 | 25/60 | 417 |
| Total | 1000 | 1 | na | 417 |

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

| Form name | Number of respondents | Total burden hours | Average hourly wage rate* | Total cost burden |
|--|-----------------------|--------------------|---------------------------|-------------------|
| CAHPS Health Plan Health Literacy Survey | 1000 | 417 | \$20.90 | \$8,715 |
| Total | 1000 | 417 | na | 8,715 |

*Based upon the average wages, "National Compensation Survey: Occupational Wages in the United States, May 2009," U.S. Department of Labor, Bureau of Labor Statistics.

Estimated Annual Costs to the Federal Government

Exhibit 3 shows the total and annualized cost to conduct this

research. The total cost for this project is approximately \$299,000. Since the data collection period is less than one

year, the total and annualized costs are identical.

EXHIBIT 3—ESTIMATED ANNUALIZED COST

| Cost component | Total cost | Annualized cost |
|-------------------------------|------------|-----------------|
| Review of literature | \$20,000 | \$20,000 |
| Cognitive interviews | 60,000 | 60,000 |
| Field test | 90,000 | 90,000 |
| Data analyses | 40,000 | 40,000 |
| Finalize survey | 39,000 | 39,000 |
| AHRQ project management | 50,000 | 50,000 |
| Total | 299,000 | 299,000 |

Request for Comments

In accordance with the Paperwork Reduction Act, 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: Aug 31 2011.

Carolyn M. Clancy,
Director.

[FR Doc. 2011-23543 Filed 9-14-11; 8:45 am]

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**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: "Medical Expenditure Panel Survey—Insurance Component 2012–2013." In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3521, AHRQ invites the public to comment on this proposed information collection.

This proposed information collection was previously published in the **Federal Register** on June 30th, 2011 and allowed 60 days for public comment. No comments were received. The purpose of this notice is to allow an additional 30 days for public comment.

DATES: Comments on this notice must be received by October 17, 2011.

ADDRESSES: Written comments should be submitted to: AHRQ's OMB Desk Officer by fax at (202) 395-6974 (attention: AHRQ's desk officer) or by e-mail at OIRA_submission@omb.eop.gov (attention: AHRQ's desk officer).

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

*Medical Expenditure Panel Survey—
Insurance Component 2012–2013*

Employer-sponsored health insurance is the source of coverage for 85 million current and former workers, plus many of their family members, and is a cornerstone of the U.S. health care system. The Medical Expenditure Panel Survey—Insurance Component (MEPS-IC) measures the extent, cost, and coverage of employer-sponsored health insurance on an annual basis. These statistics are produced at the National, State, and sub-State (metropolitan area) level for private industry. Statistics are also produced for State and Local governments.

This research has the following goals:

- (1) To provide data for Federal policymakers evaluating the effects of National and State health care reforms;
- (2) to provide descriptive data on the current employer-sponsored health insurance system and data for modeling the differential impacts of proposed health policy initiatives; and
- (3) to supply critical State and National estimates of health insurance spending for the National Health Accounts and Gross Domestic Product.

This study is being conducted by AHRQ through an interagency agreement with the U.S. Census Bureau and pursuant to AHRQ's statutory authority to conduct surveys to collect data on the cost, use and quality of health care, including the types and costs of private health insurance. 42 U.S.C. 299b-2(a).

Method of Collection

To achieve the goals of this project the following data collections for both private sector and state and local government employers will be implemented:

- (1) Prescreener Questionnaire—The purpose of the Prescreener Questionnaire, which is collected via telephone, varies depending on the insurance status of the establishment contacted. (Establishment is defined as a single, physical location in the private sector and a governmental unit in state and local governments.) For establishments that do not offer health insurance to their employees, the prescreener is used to collect basic information such as number of employees. Collection is completed for these establishments through this telephone call. For establishments that do offer health insurance, contact name and address information is collected that is used for the mailout of the establishment and plan questionnaires. Obtaining this contact information helps ensure that the questionnaires are directed to the person in the establishment best equipped to complete them.