

drove to work alone. The amount of time taken up by commuters in the U.S. is significant as workers took an average of 25.1 minutes to get to work; more than 3.2 million U.S. workers commute for more than 90 minutes. While commuting has been studied with regards to differences in gender, social status, ethnicity, and geographic location, relatively little is known about the health of workers during commutes beyond population studies on general health impact. Commuting has been shown to correlate with a variety of health factors, as long commutes are associated with health problems such as high cholesterol, recurring neck and back pain, and higher stress levels. The “Health Innovations in Commuting Challenge” is the first of a series of challenges dedicated to encouraging innovations that support improving the health of American commuters.

*Eligibility Rules for Participating in the Competition:*

To be eligible to win a prize under this challenge, an individual or entity:

(1) Shall have registered to participate in the competition under the rules 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.

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

*Dates:*

- Submission Period Begins: 12:01a.m., EDT, January 23, 2012.
- Submission Period Ends: 11:59 p.m., EDT, March 5, 2012.

*Registration Process for Participants:*

To register for this challenge participants should:

- Access the [www.challenge.gov](http://www.challenge.gov) Web site and search for the “Health Innovations in Commuting 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:*

- Winner will present the submission on an ONC-hosted webinar and will have opportunities for future collaboration with industry leaders.

*Basis upon Which Winner Will be Selected:*

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

1. Novelty of proposals for commuter health data collection, dissemination, and analysis to drive improvement in health outcomes.
2. Identification and utility of potential future partnerships to further innovative development.
3. Understanding of effects of automobile commutes on health outcomes.

*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, publicly perform, publicly display, and use the Submission to the extent necessary to administer the challenge, and to publicly perform and publicly display the Submission, including, without limitation, for advertising and promotional purposes relating to the challenge.

*Authority:* 15 U.S.C. 3719.

Dated: January 23, 2012.

**Farzad Mostashari,**

*National Coordinator for Health Information Technology.*

[FR Doc. 2012-1846 Filed 1-26-12; 8:45 am]

**BILLING CODE 4150-45-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10142 and CMS-R-262]

### Agency Information Collection Activities: Submission for OMB Review; Comment Request; Extension of Comment Period

**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. Title of Information Collection:** Bid Pricing Tool (BPT) for Medicare Advantage (MA) Plans and Prescription Drug Plans (PDP). **Form Number:** CMS-10142 (OCN: 0938-0944). For policy questions regarding this collection contact Diane Spitalnic at (410) 786-5745. For all other issues call (410) 786-1326.

**2. Title of Information Collection:** Plan Benefit Package (PBP) and Formulary Submission for Medicare Advantage (MA) Plans and Prescription Drug Plans (PDP). **Form Number:** CMS-R-262 (OCN: 0938-0763). For policy questions regarding this collection contact Kristy Holtje at (410) 786-2209. For all other issues call (410) 786-1326.

### Extension of Comment Period

The Type of Information Collection Request, Use, Frequency, Affected Public, Number of Respondents, Total Annual Responses, and Total Annual Hours are described in the 30-day notice that published on January 4, 2012 (77 FR 292) and are not repeated here. While no changes have been made to the requirements or burden estimates, the supporting materials have been

revised. This information was inadvertently omitted from the 30-day notice. In the interest of ensuring that the public is aware of the revised supporting materials and has additional time to review and comment on those materials, we are publishing this notice and extending the public comment period for 10 days.

To be assured consideration, comments and recommendations for the proposed information collections must be received by the OMB desk officer at the address below, no later than 5 p.m. on February 13, 2012:

OMB, Office of Information and Regulatory Affairs, Attention: CMS Desk Officer, Fax Number: (202) 395-6974, Email:  
*OIRA\_submission@omb.eop.gov.*

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS Web Site address at <http://www.cms.hhs.gov/PaperworkReductionActof1995>, or email 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.

Dated: January 23, 2012.

**Martique Jones,**

*Director, Regulations Development Group, Division-B, Office of Strategic Operations and Regulatory Affairs.*

[FR Doc. 2012-1773 Filed 1-26-12; 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:** Child Care Quarterly Case Record Report—ACF–801.

**OMB No.:** 0970–0167.

This notice replaces a prior **Federal Register** notice soliciting comments published Friday, December 16, 2011 (regarding the Child Care Quarterly Case Record Report—ACF–801, OMB No.: 0970–0167), which has been withdrawn.

**Description:** Section 658K of the Child Care and Development Block Grant Act of 1990 (Pub. L. 101–508, 42 U.S.C. 9858) requires that States and Territories submit monthly case-level data on the children and families receiving direct services under the Child Care and Development Fund. The

implementing regulations for the statutorily required reporting are at 45 CFR 98.70. Case-level reports, submitted quarterly or monthly (at grantee option), include monthly sample or full population case-level data. The data elements to be included in these reports are represented in the ACF–801. ACF uses disaggregate data to determine program and participant characteristics as well as costs and levels of child care services provided. This provides ACF with the information necessary to make reports to Congress, address national child care needs, offer technical assistance to grantees, meet performance measures, and conduct research.

Consistent with the statute and regulations, ACF requests extension of the ACF–801. With this extension, ACF is proposing to add several new data elements as well as some minor changes and clarifications to the existing reporting requirements and instructions. These proposed revisions to the ACF–801 would allow OCC to capture child-level data on provider quality for each child receiving a child care subsidy.

**Respondents:** States, the District of Columbia, and Territories including Puerto Rico, Guam, the Virgin Islands, American Samoa, and the Northern Marianna Islands.

## ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Child Care Case Level Report .....	56	4	25	5,600

### Estimated Total Annual Burden Hours: 5,600.

**Additional Information:** Copies of the proposed collection may be obtained 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. All requests should be identified by the title of the information collection. Email address: *infocollect@acaahs.gov*.

**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, Fax: (202) 395-7285, Email:

*OIRA\_SUBMISSION@OMB.EOP.GOV.* Attn: Desk Officer for the Administration for Children and Families.

Dated: January 20, 2012.

**Steven Hamner,**

*Reports Clearance Officer.*

[FR Doc. 2012-1570 Filed 1-26-12; 8:45 am]

**BILLING CODE 4184-01-MY**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Submission for OMB Review; Comment Request

**Title:** Parents and Children Together—Discussion Guide.

**OMB No.:** New Collection.

**Description:** The Administration for Children and Families (ACF), U.S. Department of Health and Human Services is proposing an information collection activity as part of an evaluation of healthy marriage and responsible fatherhood grant programs. The evaluation study title is Parents and Children Together (PACT). This phase of information collection will involve discussion of a range of topics with key informants in grantee and partner organizations such as their organizational structure, program services, populations served and specific approaches for the grant programs. The information will be used by ACF for the identification and selection of grantee programs to be included in the evaluation.

**Respondents:** Semi-structured discussions will be held with administrators and managers of healthy