

capturing the experience of the consumer with a QHP offered through an Exchange. HHS is considering how the scope of the enrollee satisfaction survey may also include the experience of the consumer interacting with the health care system as well as the experience of the consumer interacting with the Exchange (for example, enrollment and customer service). CMS is soliciting the submission of publicly-available domains, instruments and measures for assessing this experience as well. On both issues, CMS is interested in instruments and items which can measure quality of care from the consumer's perspective and track changes over time.

The target population for the enrollee satisfaction survey is the Exchange enrollees (i.e., individuals enrolled in QHPs). Exchange enrollees may differ from the populations who are currently commercially-insured in their experience with health coverage and the health care system, health literacy, and knowledge of quality care. CMS is looking for items for which (1) the people who received care are the best or only judge and (2) consumers and patients identified the information as important to them; for example, enrollees can best acknowledge if the QHP/Exchange met their information needs or explained things in ways they can understand. Existing instruments that have been tested should have a high degree of reliability and validity; evidence of wide use will be helpful.

Section 1311(c)(4) of the Affordable Care Act directs that the enrollee satisfaction survey will "evaluate the level of enrollee satisfaction with qualified health plans offered through an Exchange, for each qualified health plan that had more than 500 enrollees in the previous year." CMS is developing this survey system and intends to submit it to the Agency for Healthcare Research and Quality (AHRQ) for recognition as a Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey. CAHPS® is a registered trademark of AHRQ. The survey will be developed in accordance with CAHPS® Survey Design Principles and implementation instructions will be based on those for CAHPS® instruments (<https://www.cahps.AHRQ.gov/About-CAHPS/Principles.aspx>). Using the CAHPS® mark is advantageous because it assures consumers and stakeholders that the survey data submitted meet the original validity and reliability

standards reported by the CAHPS® program and are comparable to data from other competing organizations. We intend for the enrollee satisfaction survey to be a trademarked CAHPS® survey to ensure efficacy of the enrollee satisfaction survey and to ultimately reduce issuer burden by streamlining potential Exchange and State reporting requirements. All CAHPS® surveys are available to users free of charge and are published on the CMS or AHRQ Web sites.

III. Submission Guidelines

When submitting domains, include, to the extent available:

- Detailed descriptions of question domain and specific purpose.
- Sample questions, in all available languages.
- Relevant peer-reviewed journal articles or full citations.

When submitting instruments, submitter shall include, to the extent available:

- Name of the instrument.
- Copies of the full instrument in all available languages.
- Domains included in the instrument.
- Measures derived from the instrument.
- Instrument reliability (internal consistency, test-retest, etc) and validity (content, construct, criterion-related).
- Results of cognitive testing.
- Results of field testing.
- Current use of the instrument (who is using it, what it is being used for, what population it is being used with, how instrument findings are reported, and by whom the findings are used).
- Relevant peer-reviewed journal articles or full citations.
- CAHPS® trademark status.
- Survey administration instructions.
- Data analysis instructions.
- Guidelines for reporting survey data.

When submitting measures, submitter shall include, to the extent available:

- Measure characteristics.
- Importance of the measure.
- Populations addressed by the measure.
- Measure reliability (internal consistency, test-retest, etc.) and validity (content, construct, criterion-related).
- Results of cognitive testing.
- Results of field testing.
- Current use of the measure (who is using it, what it is being used for, how measure findings are reported, and by whom the findings are used).
- Status of the National Quality Forum (NQF) endorsement and NQF number.

All submissions include:

- A brief cover letter summarizing the information requested above for submitted instruments and domains, respectively and how the submission will help fulfill the intent of the enrollee satisfaction survey;
- (Optional) Complete information about the person submitting the material for the purposes of follow up questions about the submission, including:
 - ++ Name
 - ++ Title
 - ++ Organization
 - ++ Mailing address
 - ++ Telephone number
 - ++ Email address
- Indication that the domain, instrument or measure is publicly-available.

Dated: May 15, 2012.

Marilyn Tavenner,

Acting Administrator, Centers for Medicare & Medicaid Services.

Approved: June 14, 2012.

Kathleen Sebelius,

Secretary.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Board of Scientific Counselors, Office of Public Health Preparedness and Response; Meeting

In accordance with section 10 (a) (2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC), announces the following meeting of the aforementioned committee:

Time and Date: 3:00 p.m.–4:00 p.m., July 10, 2012.

Place: This meeting is accessible by teleconference only. Please contact CDC (see Contact for More Information) to obtain further instructions on how to participate.

Status: Participation by teleconference is limited by the number of open ports available.

Purpose: The Board of Scientific Counselors (BSC) is charged with providing advice and guidance to the Secretary, Department of Health and Human Services (HHS), the Assistant Secretary for Health (ASH), the Director, Centers for Disease Control and Prevention (CDC), and the Director, Office of Public Health Preparedness and Response (OPHPR), concerning strategies and goals for the programs and research within OPHPR, monitoring the overall strategic direction and focus of the OPHPR Divisions and Offices, and administration and oversight of peer review of OPHPR scientific programs. For

Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey as "broad functional areas." See <https://www.cahps.ahrq.gov/About-CAHPS/Glossary.aspx> (last accessed May 18, 2012).

additional information about the Board, please visit: <http://www.cdc.gov/phpr/science/counselors.htm>.

Matters to be Discussed: The agenda item for this meeting: a motion and vote to establish a joint working group with the National Biodefense Science Board, Federal Advisory Committee to the Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services. This joint BSC–NBSB working group will be charged with conducting a review of CDC’s Division of Strategic National Stockpile. Membership of the joint working group will also be discussed.

Additional Information for Public Participants: Members of the public that wish to attend this meeting should pre-register by submitting the following information by email, facsimile, or phone (see Contact Person for More Information) no later than 12:00 noon (EDT) on Tuesday, July 3, 2012:

- Full Name,
- Organizational Affiliation,
- Complete Mailing Address,
- Citizenship, and
- Phone Number or Email Address

Contact Person for More Information: Marquita Black, OPHPR, Administrative Assistant, Centers for Disease Control and Prevention, 1600 Clifton Road NE., Mailstop D–44, Atlanta, Georgia 30333, Telephone: (404) 639–7325; Facsimile: (404) 639–7977; Email: OPHPR.BSC.Questions@cdc.gov.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: June 14, 2012.

Elaine L. Baker,
Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 2012–15185 Filed 6–20–12; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Personal Responsibility Education Program (PREP) Multi-Component Evaluation—Performance Measure and Baseline Data Collection.

OMB No.: 0970–0398.

Description: The Family and Youth Services Bureau (FYSB) and the Office of Planning, Research, and Evaluation (OPRE), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), are proposing data collection activity as part of the PREP Multi-Component Evaluation. The goals of the PREP Multi-Component Evaluation are to document how PREP programs are operationalized in the field, collect performance measure data for PREP programs, and assess the effectiveness of selected PREP-funded programs. The PREP Multi-Component Evaluation will make a significant contribution to the teen pregnancy prevention literature and will produce useful findings for state and federal policymakers, researchers, and program administrators.

The evaluation will include three primary, interconnected components or “studies”:

1. The Impact and In-depth Implementation Study (IS);
2. The Design and Implementation Study (DIS); and
3. The Performance Analysis Study (PAS).

Description on all three studies was provided in a 60-Day **Federal Register** Notice posted in Vol. 76, No. 239, p. 77538 on December 13, 2011.

This 30 Day Notice covers (a) the baseline instrument for the Impact and In-depth Implementation Study; (b) all instruments for the Performance Analysis Study; and (c) a request for OMB to waive subsequent 60-day **Federal Register** notices pertaining to the PREP Multi-Component Evaluation.

Impact and In-depth Implementation Study Respondents: Respondents to the baseline survey will be participants in PREP-funded programs, including students and other youth.

Performance Analysis Study Respondents: Performance measurement data collection instruments will be administered to individuals representing states (i.e. PREP state-level coordinators), as well as sub-awardees (i.e. program directors), program facilitators, other program staff, and program participants.

Annual Burden Estimates

The following table provides burden estimates for the previously-approved information collection requests, as well as the currently requested information collection requests. Burden for all components have been annualized over three years for this request.

Data collection instrument	Type of respondent	Annual number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Collection of Field Data (Approved November 6, 2011)					
Discussion Guide for use with Macro-Level Coordinators.	Macro-Level Coordinators	10	1	1	10
Discussion Guide for use with Program Directors.	Program Directors	20	2	2	80
Discussion Guide for use with Program Staff.	Program Staff	40	1	2	80
Discussion Guide for use with School Administrators.	School Administrators	70	1	1	70
Design Survey Data Collection (Approved March 7, 2012)					
Design Survey: Discussion Guide for Use with PREP State-Level Coordinators and State-Level Staff.	State-Level Coordinators and State-Level Staff.	30	1	1	30
Performance Measures and Baseline Data (Currently Requested)					
Instrument 1: Participant entry survey.	Participant	90,250	1	0.08333	7521
Instrument 2: Participant exit survey	Participant	2,200	1	0.16667	12,034