

Board's public Web site at: <http://www.federalreserve.gov/boarddocs/reportforms/review.cfm> or may be requested from the agency clearance officer, whose name appears below.

Federal Reserve Board Clearance Officer — Cynthia Ayouch — Division of Research and Statistics, Board of Governors of the Federal Reserve System, Washington, DC 20551 (202) 452-3829. Telecommunications Device for the Deaf (TDD) users may contact (202) 263-4869, Board of Governors of the Federal Reserve System, Washington, DC 20551.

SUPPLEMENTARY INFORMATION:

Request for Comment on Information Collection Proposal

The following information collection, which is being handled under this delegated authority, has received initial Board approval and is hereby published for comment. At the end of the comment period, the proposed information collection, along with an analysis of comments and recommendations received, will be submitted to the Board for final approval under OMB delegated authority. Comments are invited on the following:

- Whether the proposed collection of information is necessary for the proper performance of the Federal Reserve's functions; including whether the information has practical utility;
- The accuracy of the Federal Reserve's estimate of the burden of the proposed information collection, including the validity of the methodology and assumptions used;
- Ways to enhance the quality, utility, and clarity of the information to be collected;
- Ways to minimize the burden of information collection on respondents, including through the use of automated collection techniques or other forms of information technology; and
- Estimates of capital or start up costs and costs of operation, maintenance, and purchase of services to provide information.

Proposal To Approve Under OMB Delegated Authority the Extension for Three Years, With Revision, of the Following Report

Report title: Bank Secrecy Act Suspicious Activity Report (BSA-SAR).
Agency form number: FR 2230.

OMB control number: 7100-0212.

Frequency: On occasion.

Reporters: State member banks, bank holding companies and their nonbank subsidiaries, Edge and agreement corporations, and the U.S. branches and agencies, representative offices, and

nonbank subsidiaries of foreign banks supervised by the Federal Reserve.

Estimated annual reporting hours: 139,515 hours.

Estimated average hours per response: 1.5 hours.

Number of respondents: 6,000.

General description of report: The BSA-SAR is mandatory, pursuant to authority contained in the following statutes: 12 U.S.C. 248(a)(1), 625, 1844(c), 3105(c)(2), 3106(a), and 1818(s). SARs are exempt from Freedom of Information Act (FOIA) disclosure by 31 U.S.C. 5319 and FIOA exemption 3 which incorporates into the FOIA certain nondisclosure provisions that are contained in other federal statutes, 5 U.S.C. 552(b)(3), and by FOIA exemption 7, which generally exempts from public disclosure "records or information compiled for law enforcement purposes," 5 U.S.C. 552(b)(7). Additionally, pursuant to 31 U.S.C. 5318(g), officers and employees of the Federal government are generally forbidden from disclosing the contents of a SAR, or even acknowledging that a SAR exists, to a party involved in a transaction that is the subject of a SAR. Finally, information contained in SARs may be exempt from certain disclosure and other requirements of the Privacy Act pursuant to 5 U.S.C. 552a(k)(2).

Abstract: Since 1996, the federal banking agencies (the Federal Reserve Board, the Office of the Comptroller of the Currency, the Federal Deposit Insurance Corporation, and the National Credit Union Administration) and the Department of the Treasury's Financial Crimes Enforcement Network (FinCEN) have required certain types of financial institutions to report known or suspected violations of law and suspicious transactions. To fulfill these requirements, supervised banking organizations file SARs. Law enforcement agencies use the information submitted on the reporting form to initiate investigations and the Federal Reserve uses the information in the examination and oversight of supervised institutions.

Current Actions: As BSA administrator, FinCEN is transitioning from industry specific paper forms to electronic submissions. Based on type, financial institutions (depository institutions, broker-dealers in securities, futures commission merchants and introducing brokers in commodities, insurance companies, mutual funds, money services businesses, and casinos) currently provide data on four separate forms. FinCEN has proposed to have one electronically-filed dynamic and interactive BSA-SAR that would be

used by all filing institutions to report suspicious activity as of April 1, 2013.

The BSA-SAR would integrate four institution-specific SARs into one data collection. The previous five parts of the SAR-DI remain with changes to their titles and order of completion. Fields from other industry SARs that may be new to depository institutions as well as specific data fields that are new to all types of industry filers have been identified. Please use the following link for a detailed listing of all the proposed revisions. <http://www.federalreserve.gov/reportforms/review.cfm>.

Board of Governors of the Federal Reserve System, November 29, 2012.

Robert deV. Frierson,

Secretary of the Board.

[FR Doc. 2012-29312 Filed 12-4-12; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Delegation of Authorities

Notice is hereby given that I have delegated to the Administrator, Health Resources and Services Administration (HRSA), the authorities vested in the Secretary under Section 1861(aa)(4)(B) (42 U.S.C. 1395x(aa)(4)(B)) of the Social Security Act (the Act), as amended, and Section 1905(l)(2)(B)(iii) (42 U.S.C. 1396d(l)(2)(B)(iii)) of the Act, as amended, to make determinations that entities meet the requirements for receiving a grant under section 330 of the Public Health Service Act, as amended, and to qualify to be federally qualified health centers (FQHCs).

I hereby amend the authorities delegated to CMS under Title XVIII of the Act (42 U.S.C. 1395 et seq.) and Title XIX of the Act (42 U.S.C. 1396 et seq.) that were published in the **Federal Register** notice on September 6, 1984 and contained in Section F.50.—Limitations of Authority, 2.—*Under Title XVIII of the Social Security Act (42 U.S.C. 1395 et. seq.)*, is amended by adding the following paragraph:

f. The Health Resources and Services Administration shall exercise the authority under section 1861(aa)(4)(B) (42 U.S.C. 1395x(aa)(4)(B)) of the Social Security Act to make determinations that entities meet the requirements for receiving a grant under section 330 of the Public Health Service Act, and to qualify as a federally qualified health center. This authority will not extend to issues of payment rates or provider enrollment under Title XVIII of the Act. Section F.50.—Limitations of Authority, 3.—*Under Title XIX of the Social*

Security Act (42 U.S.C. 1396 et. seq.), is amended by adding the following paragraph:

d. The Health Resources and Services Administration shall exercise the authority under section 1905(l)(2)(B)(iii) (42 U.S.C. 1396d(l)(2)(B)(iii)) of the Social Security Act to make determinations that entities meet the requirements for receiving a grant under section 330 of the Public Health Service Act, and to qualify as a federally qualified health center. This authority will not extend to issues of payment rates or provider enrollment under Title XIX of the Act.

I instruct HRSA to consult and collaborate with CMS, as appropriate. HRSA will notify the appropriate regional office of its determination that entities meet the requirements to qualify as an FQHC in order to ensure that CMS' provider enrollment process continues without interruption.

This delegation of authority excludes the authority to issue regulations, to establish advisory committees and councils, and appoint their members, and shall be exercised in accordance with the Department's applicable policies, procedures, and guidelines.

I hereby affirm and ratify any actions taken by the Administrator, HRSA, and Administrator, CMS, or other HRSA and CMS officials, which involve the exercise of the authorities prior to the effective date of this delegation of authority.

These authorities may be re-delegated.

This delegation of authority is effective upon date of signature.

Authority: 44 U.S.C. 3101.

Dated: November 15, 2012.

Kathleen Sebelius,

Secretary.

[FR Doc. 2012-29409 Filed 12-4-12; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifiers CMS-10305]

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.

Type of Information Collection Request: Revision of a currently approved collection; **Title:** Medicare Part C and Part D Data Validation (42 CFR 422.516g and 423.514g); **Use:** The Centers for Medicare and Medicaid Services (CMS) established reporting requirements for Medicare Part C and Part D sponsoring organizations (Medicare Advantage Organizations [MAOs], Cost Plans, and Medicare Part D sponsors) under the authority described in 42 CFR 422.516(a) and 423.514(a), respectively. Under these reporting requirements, each sponsoring organization must submit Medicare Part C, Medicare Part D, or Medicare Part C and Part D data (depending on the type of contracts they have in place with CMS).

In order for the reported data to be useful for monitoring and performance measurement, it must be reliable, valid, complete, and comparable among sponsoring organizations. In 2009, CMS developed the data validation program as a mechanism to verify the data reported are accurate, valid, and reliable. To maintain the independence of the validation process, sponsoring organizations do not use their own staff to conduct the data validation. Instead, sponsoring organizations are responsible for hiring external, independent data validation contractors (DVCs) who meet a minimum set of qualifications and credentials.

CMS developed standards and data validation criteria for specific Medicare Part C and Part D reporting requirements that the DVCs use in validating the sponsoring organizations' data. These standards and criteria are described in Appendix 1 "Data Validation Standards." The data validation standards for each reporting section include standard instructions relating to the types of information that should be reviewed, and reporting section criteria (MSC) that are aligned with the "Medicare Part C and Part D

Reporting Requirement Technical Specifications." Furthermore, the standards and criteria describe how the DVCs should validate the sponsoring organizations' compilations of reported data, taking into account appropriate data exclusions, and verifying calculations, source code, and algorithms. The data validation reviews are conducted at the contract level given that the Medicare Part C and Part D data are generally available at the contract level and the contract is the basis of any legal and accountability issues concerning the rendering of services.

The review is conducted over a three-month period following the final submission of data by the sponsoring organizations. In addition to the "Data Validation Standards" described in Appendix 1, the DVCs employ a set of information collection tools when performing their reviews, which are included in the appendices described below:

Appendix 2: "Organizational

Assessment Instrument"

Appendix 3: "Data Extraction and Sampling Instructions"

Appendix 4: "Instructions for the Findings Data Collection Form"

Appendix 5: "Findings Data Collection Form (FDCF)"

Data collected via "Medicare Part C and Part D Reporting Requirements Technical Specifications" is an integral resource for oversight, monitoring, compliance and auditing activities necessary to ensure quality provision of the Medicare benefits to beneficiaries. CMS uses the data collected through the Medicare Data Validation Program to substantiate the data collected via "Medicare Part C and Part D Reporting Requirements Technical Specifications." If CMS detects data anomalies, the CMS division with primary responsibility for the applicable reporting requirement assists with determining a resolution.

The hour burden on industry is estimated at 179,301 total hours, or 879 hours for one contract within one organization reporting both Part C and Part D reporting sections. The validation would require 378 hours from the sponsoring organization and 501 from the DVCs. The estimates are based on the total number of Part C and/or Part D reporting sections, the average number of sponsors, and the average number of contracts by type (Part C, Part D, Part C/D) being validated as well as a level of effort associated with the individual activities associated with the data validation process. **Form Number:** CMS-10305 (OMB#: 0938-1115); **Frequency:** Reporting—Annually;