

Likely Respondents: Lesbian and bisexual women forty years of age and older.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information requested. This includes the time

needed to review instructions, to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information, to train personnel and to be able to respond to

a collection of information, to search data sources, to complete and review the collection of information, and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN-HOURS

Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Enrollment Survey	160	1	37/60	99
Baseline Survey	150	1	60/60	150
4-month Follow-up Assessment Survey	140	1	46/60	107
Post Intervention Focus Group	20	1	90/60	30
12-month Follow-up Assessment Survey	120	1	42/60	84
Total				470

OS specifically requests comments on (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.

Keith A. Tucker,
Information Collection Clearance Officer.
 [FR Doc. 2013-06552 Filed 3-21-13; 8:45 am]
BILLING CODE 4150-33-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

[Document Identifier HHS-OS-19133-60D]

Agency Information Collection Activities; Proposed Collection; Public Comment Request

AGENCY: Office of the Secretary, HHS.
ACTION: Notice.

SUMMARY: In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary(OS), Department of Health and Human Services, announces plans to submit a new Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting that ICR to OMB, OS seeks comments from the

public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on the ICR must be received on or before May 21, 2013.

ADDRESSES: Submit your comments to *Information.CollectionClearance@hhs.gov* or by calling (202) 690-6162.

FOR FURTHER INFORMATION CONTACT: Information Collection Clearance staff, *Information.CollectionClearance@hhs.gov* or (202) 690-6162.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the document identifier HHS-OS-19133-60D for reference.

Information Collection Request Title: MOVE: Making Our Vitality Evident.

Abstract: The Office of Women's Health (OWH) and the Department of Health and Human Services (HHS) Coordinating Committee on Lesbian, Gay, Bi-sexual and Transgender (LGBT) Issues have prioritized the collection of health data on LGBT populations. In response, OWH funded an initiative to identify and test effective and innovative ways of reducing obesity in lesbian and bisexual women. The Healthy Weight in Lesbian and Bisexual Women Program was established in Washington, DC The purpose of the program is to evaluate interventions that promote healthy weight in LB women through a 16-week group support program, including physical activity and nutrition, tailored to sexual minority women. Both doctors and nurses will be recruited and trained to assist with evaluation the outcomes of the program.

Need and Proposed Use of the Information: Addresses barriers to health for the LB community, and promotes overall health and wellbeing. The intervention will incorporate community-identified weight loss/risk reduction needs of this population. Following the completion of the surveys and interventions, collected data will be used to develop, deliver and evaluate a curriculum for medical professionals, which will emphasize working with LB women's particular needs and expectations. And emphasize skills in motivational interviewing for helping patients to undertake new and difficult lifestyle adjustments.

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TOTAL ESTIMATED ANNUALIZED BURDEN-HOURS

Form name	Number of respondents	Number of responses per respondent	Average Burden per response (in hours)	Total burden hours
Pre-Test Women's Survey	40	1	23/60	15
Post-Test Women's Survey	40	1	23/60	15
Pre-Test Physician's Survey	150	1	5/60	13
Post-Test Physician's Survey	150	1	5/60	13
Total				56

OS specifically requests comments on (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.

Keith A. Tucker,
Information Collection Clearance Officer.
 [FR Doc. 2013-06551 Filed 3-21-13; 8:45 am]
BILLING CODE 4150-33-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting Notice for the President's Advisory Council on Faith-Based and Neighborhood Partnerships

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the President's Advisory Council on Faith-based and Neighborhood Partnerships announces the following meeting:

Name: President's Advisory Council on Faith-based and Neighborhood Partnerships Council Meeting.
Time and Date: Wednesday, April 10th, 2013 9:30 a.m.-11:30 a.m. (EDT).
Place: Meeting will be held at a location to be determined in the White House complex, 1600 Pennsylvania Ave NW., Washington, DC. Space is extremely limited. Photo ID and RSVP are required to attend the event. Please RSVP to Ben O'Dell at partnerships@hhs.gov.
 The meeting will be available to the public through a conference call line. The call-in line is: 1-866-823-5144; Passcode: 1375705.
Status: Open to the public, limited only by space available. Conference call limited only by lines available.
Purpose: The Council brings together leaders and experts in fields related to the work of faith-based and neighborhood organizations in order to: Identify best practices and successful modes of delivering social services; evaluate the need for improvements in the implementation and coordination of public policies relating to faith-based and other neighborhood

organizations; and make recommendations for changes in policies, programs, and practices.
Contact Person for Additional Information: Please contact Ben O'Dell for any additional information about the President's Advisory Council meeting at partnerships@hhs.gov.
Agenda: Please visit <http://www.whitehouse.gov/partnerships> for further updates on the Agenda for the meeting.
Public Comment: There will be an opportunity for public comment at the end of the meeting. Comments and questions can be sent in advance to partnerships@hhs.gov.

Dated: March 19, 2013.
Ben O'Dell,
Designated Federal Officer and Associate Director, HHS Center for Faith-based and Neighborhood Partnerships.
 [FR Doc. 2013-06666 Filed 3-21-13; 8:45 am]
BILLING CODE 4154-07-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10450, CMS-10078]

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.

1. *Type of Information Collection Request:* New collection; *Title:* Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey for Physician Quality Reporting; *Use:* The Physician Quality Reporting System (PQRS) was established in 2006 as a voluntary "pay-for-reporting" program that allows physicians and other eligible healthcare professionals to report information to Medicare about the quality of care provided to beneficiaries who have certain medical conditions. The PQRS provides incentive payments to physicians who report quality data. Since the program's inception, these results have not been publicly available for use by consumers.

The Physician Compare Web site was launched December 30, 2010, to meet requirements set forth by Section 10331 of the Affordable Care Act (ACA). The ACA requires CMS to establish a Physician Compare Web site by January 1, 2011, containing information on physicians enrolled in the Medicare program and other eligible professionals who participate in the Physician Quality Reporting Initiative. By no later than January 1, 2013 (and for reporting periods beginning no earlier than January 1, 2012), CMS is required to implement a plan to make information on physician performance publicly available through Physician Compare. A key component of the reporting requirements under the ACA is public reporting on physician performance that includes patient experience measures. The collection and reporting of a Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey for Physician Quality Reporting will fulfill this requirement.

The U.S. Department of Health and Human Services (HHS) has developed the National Quality Strategy that was called for under the ACA to create national aims and priorities to guide local, state, and national efforts to