

will be more widely disseminated to coal mine operators so they can

implement similar discussion groups at their mines.

There is no cost to respondents other than their time. The total estimated annualized burden hours are 798.

ESTIMATED ANNUALIZED BURDEN HOURS

| Type of respondents | Form name | Number of respondents | Number of responses per respondent | Average burden per response (in hours) |
|---|--|--|------------------------------------|--|
| Mine Safety Operators | Script for Phone and/or Email Mine Recruitment Script. | 5 | 1 | 5/60 |
| Individual Miners from Experimental and Control Groups. | Recruitment Script for Individual Miners | 209 | 1 | 3/60 |
| Experimental Groups (from five different mines). | Week 1 PDM Pre-Survey | 109 | 1 | 15/60 |
| | Week 2 Participant Worksheet | 109 | 1 | 15/60 |
| | Week 3–5 Participant Worksheets | 327 | 3 | 15/60 |
| | Week 6 PDM Post-Survey | 109 | 1 | 15/60 |
| | Facilitator Weekly Meeting Manual | 109 | 6 | 30/60 |
| | Interview Guide for Miners' Utilization of PDM Feedback. | 29 | 1 | 1 |
| | Mine Safety Operators for Experimental Groups (from five different mines). | Daily respirable coal mine dust exposure data. | 5 | 45 |
| Mine Safety Operators for Control Groups (from four different mines). | | 4 | 45 | 5/60 |
| Control Groups (from four different mines) | Week 1 PDM Pre-Survey | 100 | 1 | 15/60 |
| | Week 6 PDM Post-Survey | 100 | 1 | 15/60 |
| | Interview Guide for Miners' Utilization of PDM Feedback. | 20 | 1 | 1 |

LeRoy Richardson,

Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifiers: CMS-1561, CMS-417, CMS-10433, and CMS-R-262]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, HHS.

ACTION: Notice.

SUMMARY: The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (the PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information (including each proposed extension or reinstatement of an existing collection of information) and to allow 60 days for public comment on the

proposed action. Interested persons are invited to send comments regarding our burden estimates 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 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.

DATES: Comments must be received by December 31, 2013.

ADDRESSES: When commenting, please reference the document identifier or OMB control number (OCN). To be assured consideration, comments and recommendations must be submitted in any one of the following ways:

1. *Electronically.* You may send your comments electronically to <http://www.regulations.gov>. Follow the instructions for "Comment or Submission" or "More Search Options" to find the information collection document(s) that are accepting comments.

2. *By regular mail.* You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs; Division of Regulations Development; Attention: Document Identifier/OMB

Control Number __; Room C4-26-05 7500 Security Boulevard; Baltimore, Maryland 21244-1850.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, you may make your request using one of following:

1. Access CMS' Web site address at <http://www.cms.hhs.gov/PaperworkReductionActof1995>.

2. Email your request, including your address, phone number, OMB number, and CMS document identifier, to Paperwork@cms.hhs.gov.

3. Call the Reports Clearance Office at (410) 786-1326.

FOR FURTHER INFORMATION CONTACT: Reports Clearance Office at (410) 786-1326

SUPPLEMENTARY INFORMATION:

Contents

This notice sets out a summary of the use and burden associated with the following information collections. More detailed information can be found in each collection's supporting statement and associated materials (see **ADDRESSES**).

- CMS-1561 Provider Agreement—CMS Form 1561 and 1561A and Supporting Regulations
- CMS-417 Hospice Request for Certification and Supporting Regulations
- CMS-10433 Initial Plan Data Collection to Support Qualified

Health Plan (QHP) Certification and Other Financial Management and Exchange Operations
CMS–R–262 CY 2015 Plan Benefit Package (PBP), Formulary, and Supporting Regulations

Under the PRA (44 U.S.C. 3501–3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. The term “collection of information” is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA requires federal agencies to publish a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice.

Information Collections

1. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Health Insurance Benefit Agreement; *Use:* Applicants to the Medicare program are required to agree to provide services in accordance with Federal requirements. The CMS–1561 is essential in that it allows us to ensure that applicants are in compliance with the requirements. Applicants will be required to sign the completed form and provide operational information to us to assure that they continue to meet the requirements after approval. *Form Number:* CMS–1561 (OCN: 0938–0832); *Frequency:* Yearly; *Affected Public:* Private Sector—Business or other for-profits and Not-for-profit institutions; *Number of Respondents:* 3,000; *Total Annual Responses:* 3,000; *Total Annual Hours:* 500. (For policy questions regarding this collection contact Shonte Carter at 410–786–3532).

2. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Hospice Request for Certification and Supporting Regulations; *Use:* The Hospice Request for Certification Form is the identification and screening form used to initiate the certification process and to determine if the provider has sufficient personnel to participate in the Medicare program. *Form Number:* CMS–417 (OCN: 0938–0313); *Frequency:* Annually; *Affected Public:*

Private Sector—Business or other for-profits; *Number of Respondents:* 3,807; *Total Annual Responses:* 3,807; *Total Annual Hours:* 952. (For policy questions regarding this collection contact Patricia Sevast at 410–786–8135).

3. *Title of Information Collection:* Initial Plan Data Collection to Support Qualified Health Plan (QHP) Certification and Other Financial Management and Exchange Operations; *Type of Information Collection Request:* Revision of a currently approved collection; *Use:* As required by the CMS–9989–F, Patient Protection and Affordable Care Act; Establishment of Exchanges and Qualified Health Plans; Exchange Standards for Employers (77 FR 18310) (Exchange Establishment Rule), published on March 27, 2012, each Exchange must assume responsibilities related to the certification and offering of Qualified Health Plans (QHPs). To offer insurance through an Exchange, a health insurance issuer must have its health plans certified as QHPs by the Exchange. A QHP must meet certain minimum certification standards, such as those pertaining to essential community providers, essential health benefits, and actuarial value. In order to meet those standards, the Exchange is responsible for collecting data and validating that QHPs meet these minimum requirements as described in the Exchange rule under 45 CFR parts 155 and 156, based on the Affordable Care Act, as well as other requirements determined by the Exchange. In addition to data collection for the certification of QHPs, the reinsurance and risk adjustment programs outlined by the Affordable Care Act, detailed in 45 CFR part 153, as established by CMS–9975–F, Patient Protection and Affordable Care Act; Standards for Reinsurance, Risk Corridors, and Risk Adjustment (77 FR 17220), published in March 23, 2012, have general information reporting requirements that apply to issuers, group health plans, third party administrators, and plan offerings outside of the Exchanges. Subsequent regulations for these programs including the final HHS Notice of Benefit and Payment Parameters for 2014 and the Program Integrity: Exchange, Premium Stabilization Programs, and Market Standards; Amendments to the HHS Notice of Benefit and Payment Parameters for 2014 provide further reporting requirements. The Office of Management and Budget (OMB) issued OMB Control Number 0938–1187 for this Paperwork Reduction Act (PRA)

package on March 13, 2013. Based on experience with the first year of data collection, we propose revisions to data elements being collected and the burden estimates for years two and three. *Form Number:* CMS–10433 (OCN: 0938–1187); *Frequency:* Annually; *Affected Public:* States and Private Sector—Business or other for-profits and Not-for-profit institutions; *Number of Respondents:* 27,225; *Number of Responses:* 27,225; *Total Annual Hours:* 216,028. (For questions regarding the collection contact Danielle Chestang at (410) 786–7815.)

4. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* CY 2015 Plan Benefit Package (PBP), Formulary, and Supporting Regulations; *Use:* We require Medicare Advantage and Prescription Drug Plan organizations submit a completed plan benefit package (PBP) and formulary as part of the annual bidding process. During this process, organizations prepare their proposed plan benefit packages for the upcoming contract year and submit them to us for review and approval. We publish beneficiary education information using a variety of formats. Specific education initiatives that utilize PBP and formulary data include web application tools on medicare.gov and the plan benefit insert in the Medicare & You handbook. In addition, organizations utilize the PBP data to generate their Summary of Benefits marketing information. *Form Number:* CMS–R–262 (OCN: 0938–0763); *Frequency:* Yearly; *Affected Public:* Private sector—Business or other for-profits and Not-for-profit institutions; *Number of Respondents:* 652; *Total Annual Responses:* 6,265; *Total Annual Hours:* 57,477. (For policy questions regarding this collection contact Kristy Holtje at 410–786–2209).

Dated: October 29, 2013.

Martique Jones,

Deputy Director, Regulations Development Group Office of Strategic Operations and Regulatory Affairs.

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