

**Prize**

- Total: \$25,000 in prizes
- First Place: \$15,000
- Second Place: \$7,000
- Third Place: \$3,000

**Payment of the Prize**

Prize will be paid by contractor.

**Basis upon Which Winner Will be Selected**

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

- Accurate use of model NPP content
- Use of best practices in presenting web content for consumption, including use of plain/understandable writing in any additional framing language
- Visual appeal
- Capacity to link to other relevant covered entity content
- Results from public voting period

In order for an entry to be eligible to win this Challenge, it must meet the following requirements:

1. **General**—Contestants must provide continuous access to the tool, a detailed description of the tool, instructions on how to install and operate the tool, and system requirements required to run the tool (collectively, “Submission”)

2. **Acceptable platforms**—The tool must be designed for use with existing web, mobile web, electronic health record, or other platform for supporting interactions of the content provided with other capabilities.

3. **Section 508 Compliance**—Contestants must acknowledge that they understand that, as a pre-requisite to any subsequent acquisition by FAR contract or other method, they are required to make their proposed solution compliant with Section 508 accessibility and usability requirements at their own expense. Any electronic information technology that is ultimately obtained by HHS for its use, development, or maintenance must meet Section 508 accessibility and usability standards. Past experience has demonstrated that it can be costly for solution-providers to “retrofit” solutions if remediation is later needed. The HHS Section 508 Evaluation Product Assessment Template, available at <http://www.hhs.gov/od/vendors/index.html>, provides a useful roadmap for developers to review. It is a simple, web-based checklist utilized by HHS officials to allow vendors to document how their products do or do not meet the various Section 508 requirements.

4. **No HHS or ONC logo**—The app must not use HHS’, ONC’s, or OCR’s logos or official seals in the Submission, and must not claim endorsement.

5. **Functionality/Accuracy**—A Submission may be disqualified if it fails to function as expressed in the description provided by the user, or if it provides inaccurate or incomplete information.

6. **Security**—Submissions must be free of malware. Contestant agrees that ONC may conduct testing on the app to determine whether malware or other security threats may be present. ONC may disqualify the Submission if, in ONC’s judgment, the app may damage government or others’ equipment or operating environment.

**Additional Information**

**General Conditions:** ONC reserves the right to cancel, suspend, and/or modify the Contest, or any part of it, for any reason, at ONC’s sole discretion.

**Intellectual Property:** Winning entries as determined by ONC will be licensed to all under the *Apache License 2.0*.

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

Dated: February 3, 2014.

**Karen DeSalvo,**

*National Coordinator for Health Information Technology.*

[FR Doc. 2014–02785 Filed 2–7–14; 8:45 am]

**BILLING CODE 4150–45–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Meeting of the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health**

**AGENCY:** Office of the Surgeon General of the United States Public Health Service, Office of the Assistant Secretary for Health, Office of the Secretary, Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** In accordance with Section 10(a) of the Federal Advisory Committee Act, Public Law 92–463, as amended (5 U.S.C. App.), notice is hereby given that a meeting is scheduled to be held for the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health (the “Advisory Group”). The meeting will be open to the public. Information about the Advisory Group and the agenda for this meeting can be obtained by accessing the following Web site: <http://www.surgeongeneral.gov/initiatives/prevention/advisorygrp/index.html>

**DATES:** The meeting will be held on February 26, 2014 from 3:00–5:00 p.m. EST via teleconference. More information about the meeting can be found at: <http://www.surgeongeneral.gov/initiatives/prevention/advisorygrp/index.html>

[gov/initiatives/prevention/advisorygrp/index.html](http://www.surgeongeneral.gov/initiatives/prevention/advisorygrp/index.html)

**FOR FURTHER INFORMATION CONTACT:**

Office of the Surgeon General, 200 Independence Ave. SW.; Washington, DC 20201; 202–205–9517; [prevention.council@hhs.gov](mailto:prevention.council@hhs.gov).

**SUPPLEMENTARY INFORMATION:** The Advisory Group is a non-discretionary federal advisory committee that was initially established under Executive Order 13544, dated June 10, 2010, to comply with the statutes under Section 4001 of the Patient Protection and Affordable Care Act, Public Law 111–148. The Advisory Group was terminated on September 30, 2012, by Executive Order 13591, dated November 23, 2011. Authority for the Advisory Group to be re-established was given under Executive Order 13631, dated December 7, 2012. Authority for the Advisory Group to continue to operate until September 30, 2015 was given under Executive Order 13652, dated September 30, 2013.

The Advisory Group was established to assist in carrying out the mission of the National Prevention, Health Promotion, and Public Health Council (the Council). The Advisory Group provides recommendations and advice to the Council.

It is authorized for the Advisory Group to consist of not more than 25 non-federal members. The Advisory Group currently has 22 members who were appointed by the President. The membership includes a diverse group of licensed health professionals, including integrative health practitioners who have expertise in (1) worksite health promotion; (2) community services, including community health centers; (3) preventive medicine; (4) health coaching; (5) public health education; (6) geriatrics; and (7) rehabilitation medicine. During this meeting, the Advisory Group will review recommendations they have developed to be submitted to the next Surgeon General.

Members of the public who wish to attend must register by 12:00 p.m. EST on February 21, 2014. Individuals should register for public attendance at [prevention.council@hhs.gov](mailto:prevention.council@hhs.gov) by providing your full name and affiliation. The public will have the opportunity to provide comments to the Advisory Group; public comment will be limited to 3 minutes per speaker. Registration via email ([prevention.council@hhs.gov](mailto:prevention.council@hhs.gov)) is also required for the public comment session. Any member of the public who wishes to have printed materials distributed to the Advisory Group for this scheduled meeting should submit

material to [prevention.council@hhs.gov](mailto:prevention.council@hhs.gov) no later than 12:00 p.m. EST on February 21, 2014.

Dated: January 23, 2014.

**Corinne M. Graffunder,**

*Designated Federal Officer, Advisory Group on Prevention, Health Promotion, and Integrative and Public Health, Office of the Surgeon General.*

[FR Doc. 2014-02784 Filed 2-7-14; 8:45 am]

**BILLING CODE 4163-18-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10433]

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

**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 (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 a second opportunity for public comment on the notice. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including any of the following subjects: the necessity and utility of the proposed information collection for the proper performance of the agency's functions; the accuracy of the estimated burden; ways to enhance the quality, utility, and clarity of the information to be collected; and the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

**DATES:** Comments on the collection(s) of information must be received by the OMB desk officer by March 12, 2014.

**ADDRESSES:** When commenting on the proposed information collections, please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be received by the OMB desk officer via one of the following transmissions: OMB, Office of Information and Regulatory Affairs; Attention: CMS Desk Officer; Fax

Number: (202) 395-5806 or; Email: [OIRA\\_submission@omb.eop.gov](mailto:OIRA_submission@omb.eop.gov)

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](mailto: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:** Under the Paperwork Reduction Act of 1995 (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 (44 U.S.C. 3506(c)(2)(A)) requires federal agencies to publish a 30-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 that summarizes the following proposed collection(s) of information for public comment:

1. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Initial Plan Data Collection to Support Qualifies Health Plan (QHP) Certification and Other Financial Management and Exchange Operations; *Use:* The purpose of this collection is to ensure that Qualified Health Plans must meet certain minimum certification standards, such as those pertaining to essential health 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. 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:* Once; *Affected Public:* Individuals or Households; *Number of Respondents:* 27,225; *Total Annual Responses:* 27,225; *Total Annual Hours:* 217,225 hours. (For questions regarding this collection contact Danielle Chestang at 410-786-7815).

Dated: February 5, 2014.

**Martique Jones,**

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

[FR Doc. 2014-02787 Filed 2-7-14; 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:* OCSE-75 Tribal Child Support Enforcement Program Annual Data Report.

*OMB No.:* 0970-0320.

*Description:* The data collected by form OCSE-75 are used to prepare the OCSE preliminary and annual data reports. In addition, Tribes administering CSE programs under Title IV-D of the Social Security Act are required to report program status and accomplishments in an annual narrative report and submit the OCSE-75 report annually.