

integrity and availability of the information and information systems and to prevent unauthorized access.

Access to records in the hospice database system will be limited to CMS personnel and contractors through password security, encryption, firewalls, and secured operating system. Any electronic or hard copies of financial-related records containing PII at CMS and contractor locations will be kept in secure electronic files or in file folders locked in secure file cabinets during non-duty hours.

#### RETENTION AND DISPOSAL:

Retention and disposal of these records are in accordance with published record schedules of the Centers for Medicare & Medicaid Services and as approved by the National Archives and Records Administration. Beneficiary claims records are currently subject to a document preservation order and will be preserved indefinitely pending further notice from the U.S. Department of Justice.

#### SYSTEM MANAGER AND ADDRESS:

Director, Division of Chronic & Post-Acute Care, Quality Measurement & Health Assessment Group, Center for Clinical Standards and Quality, Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Mail Stop S3-02-01, Baltimore, MD 21244-1850.

#### NOTIFICATION PROCEDURE:

An individual record subject who wishes to know if this system contains records about him or her should write to the system manager who will require the system name, HICN, and for verification purposes, the subject individual's name (woman's maiden name, if applicable), and SSN. Furnishing the SSN is voluntary, but it may make searching for a record easier and prevent delay.

#### RECORD ACCESS PROCEDURE:

An individual seeking access to records about him or her in this system should use the same procedures outlined in Notification Procedures above. The requestor should also reasonably specify the record contents being sought. (These procedures are in accordance with Department regulation 45 CFR 5b.5(a)(2).)

#### CONTESTING RECORD PROCEDURES:

To contest a record, the subject individual should contact the system manager named above, and reasonably identify the record and specify the information to be contested. The individual should state the corrective action sought and the reasons for the correction with supporting justification. (These procedures are in accordance with Department regulation 45 CFR 5b.7)

#### RECORD SOURCE CATEGORIES:

Information about individuals collected and maintained in this database is collected by means of the HIS. Hospices may transmit HIS data to CMS using free software that is provided by CMS. In the alternative, hospice providers may submit HIS data via customized computer programs which are created by private vendors in accordance with technical data specifications issued by CMS. Information transmitted about hospice patients is collected by hospice providers directly from the patients or from the patients' medical records. Any information about an individual provider or contact person for a provider that is included as the provider's business-identifying information on the collection instrument is provided by the provider or contact person.

#### EXEMPTIONS CLAIMED FOR THIS SYSTEM:

None.

Dated: March 26, 2014.

**Timothy P. Love,**  
Chief Operating Officer, Centers for Medicare & Medicaid Services.

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**BILLING CODE 4120-03-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Proposed Information Collection Activity; Comment Request

##### Proposed Projects

*Title:* Income Withholding for Support Order (IWO).

*OMB No.:* 0970-0154.

*Description:* All individuals and entities must use a standard form the

Secretary of HHS developed to notify employers to withhold child support for all IV-D and non-IV-D orders. This clearance is for one-time changes to the IWO form by state child support agencies and entities that do not have child support automated systems.

The Office of Child Support Enforcement (OCSE) requires child support automated systems to be able to automatically generate and download data to the Office of Management and Budget (OMB) approved IWO form. The collection of information required by state child support agencies and courts to populate IWOs in automated systems is contained in OMB #0970-0417 and is not addressed in this clearance. If the state child support agency established the child support orders, necessary information is already contained in the automated system for populating income withholding orders. If a court or other tribunal issued a child support order, then IV-D agency staff enter the terms of the order into the automated system to issue IWOs. Copies of the IWO are made for all necessary parties and state child support agencies transmit IWOs to the employer/income withholder by mail or through the OCSE electronic income withholding order (e-IWO) portal. Employers are required to inform state child support agencies when employees with child support IWOs terminate their employment; notification occurs by sending the IWO form or by the e-IWO process. Employer responses to IWOs are covered by this clearance.

Custodial parties (CPs) may send the IWO form to an employer directly or may engage an attorney or private collection agency to do so on their behalf. This clearance addresses custodial parties as they do not have access to automated systems for non-IV-D orders.

The IWO form and instructions were updated for consistency and clarity in light of numerous comments suggesting changes received during the 60-day comment period of the 1st **Federal Register** Notice publication.

The information collection is authorized by 42 U.S.C. 666(a)(8)(B)(iii) and (b)(6)(A)(ii) which requires the use of a standard format for income withholding.

*Respondents:* Employers, non-IV-D custodial parties, and e-IWO employers.

## ANNUAL BURDEN ESTIMATES

Type of respondents	Number of respondents	Number of responses per respondent	Annual number of responses	Average burden hours per response	Total burden hours
Non-IV-D CPs .....	2,436,312	1	2,436,312	5 minutes .....	203,026
Employers .....	1,283,228	7.38	9,470,223	2 minutes .....	315,674
e-IWO Employers .....	5,500	131	720,500	3 seconds ....	600

Estimated Total Annual Burden Hours: 519,300.

**Additional Information:** Copies of the proposed collection may be obtained by writing to The Administration for Children and Families, Office of Information Services, 370 L'Enfant Promenade SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer.

**OMB Comment:** OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, 725 17th Street NW., Washington, DC 20503, Attn: Desk Officer for ACF.

**Bob Sargis,**

*Reports Clearance Officer.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Indian Health Service

#### Reimbursement Rates for Calendar Year 2014

**AGENCY:** Indian Health Service, HHS.

**ACTION:** Notice.

**SUMMARY:** Notice is given that the Director of the Indian Health Service (IHS), under the authority of sections 321(a) and 322(b) of the Public Health Service Act (42 U.S.C. 248 and 249(b)), Public Law 83-568 (42 U.S.C. 2001(a)), and the Indian Health Care Improvement Act (25 U.S.C. 1601 *et seq.*), has approved the following rates for inpatient and outpatient medical care provided by IHS facilities for Calendar Year 2014 for Medicare and Medicaid beneficiaries, and beneficiaries of other Federal programs, and for recoveries under the Federal Medical Care Recovery Act (42 U.S.C. 2651-2653). The Medicare Part A

inpatient rates are excluded from the table below as they are paid based on the prospective payment system. Since the inpatient rates set forth below do not include all physician services and practitioner services, additional payment shall be available to the extent that those services are provided.

	Calendar Year 2014
Inpatient Hospital Per Diem Rate (Excludes Physician/Practitioner Services)	
Lower 48 States .....	\$2,413
Alaska .....	\$2,675
Outpatient Per Visit Rate (Excluding Medicare)	
Lower 48 States .....	\$342
Alaska .....	\$564
Outpatient Per Visit Rate (Medicare)	
Lower 48 States .....	\$297
Alaska .....	\$516
Medicare Part B Inpatient Ancillary Per Diem Rate	
Lower 48 States .....	\$502
Alaska .....	\$862
Outpatient Surgery Rate (Medicare):	
Established Medicare rates for freestanding Ambulatory Surgery Centers..	
Effective Date for Calendar Year 2014 Rates:	
Consistent with previous annual rate revisions, the Calendar Year 2014 rates will be effective for services provided on or after January 1, 2014 to the extent consistent with payment authorities including the applicable Medicaid State plan..	

Dated: December 2, 2013.

**Yvette Roubideaux,**

*Acting Director, Indian Health Service.*

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**BILLING CODE 4165-16-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### Proposed Collection; 60-Day Comment Request; Specimen Resource Locator (National Cancer Institute)

**SUMMARY:** In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the National Cancer Institute (NCI), National Institutes of Health (NIH), will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

**To Submit Comments and for Further Information:** To obtain a copy of the data collection plans and instruments, submit comments in writing, or request more information on the proposed project, contact: Joanne Demchok, Program Director, Cancer Diagnosis Program, Division of Cancer Treatment and Diagnosis, 9609 Medical Center Drive, Rockville, Md. 20892 or call non-toll-free number 240-276-5959 or Email your request, including your address to: [peterjo@mail.nih.gov](mailto:peterjo@mail.nih.gov). Formal requests for additional plans and instruments must be requested in writing.

**DATES:** *Comment Due Date:* Comments regarding this information collection are