

approved collection; *Title of Information Collection:* Data Use Agreement (DUA) Certificate of Disposition (COD) for Data Acquired from the Centers for Medicare & Medicaid Services; *Use:* The Data Use Agreement (DUA) Certificate of Disposition (COD) is required to close out the release of the data under the DUA and to ensure the data are destroyed and not used for another purpose without written authorization from CMS. The Health Insurance Portability and Accountability Act (HIPAA) of 1996, § 1173(d) (Security Standards for Health Information) requires CMS to protect Personally Identifiable Information (PII). Additionally, the Federal Information Security Management Act (FISMA) of 2002, § 3544(b) (Federal Agency Responsibilities—Agency Program) also requires CMS to develop policies and procedures for the protection and destruction of sensitive data to include PII.

Form Number: CMS–10252 (OMB control number: 0938–1046); *Frequency:* Biennial; *Affected Public:* Private Sector—Business or other for-profits and Not-for-profit institutions; *Number of Respondents:* 500; *Total Annual Responses:* 1,000; *Total Annual Hours:* 84. (For policy questions regarding this collection contact Sharon Kavanagh at 410–786–5441.)

4. Type of Information Collection Request: Revision of a currently approved collection; *Title of Information Collection:* Medicare Part C and Part D Data Validation; *Use:* Organizations contracted to offer Medicare Part C and Part D benefits are required to report data to us on a variety of measures. For the data to be useful for monitoring and performance measurement, the data must be reliable, valid, complete, and comparable among sponsoring organizations. To meet this goal, we have developed reporting standards and data validation specifications with respect to the Part C and Part D reporting requirements. These standards provide a review process for Medicare Advantage Organizations, Cost Plans, and Part D sponsors to use to conduct data validation checks on their reported Part C and Part D data. The currently approved information collection is being revised to reflect decreases in the number of reporting sections being validated and an increase in the average number of data elements per reporting section for 2015–2017.

Form Number: CMS–10305 (OMB control number: 0938–1115); *Frequency:* Yearly; *Affected Public:* Private sector—Business or other for-profits; *Number of*

Respondents: 706; *Total Annual Responses:* 706; *Total Annual Hours:* 202,578. (For policy questions regarding this collection contact Terry Lied at 410–786–8973.)

5. Type of Information Collection Request: Extension of a currently approved collection; *Title of Information Collection:* Survey Tool for www.medicare.gov and www.cms.hhs.gov; *Use:* The Balanced Budget Act of 1997 states that the Secretary of Health and Human Services shall maintain a Web site to provide information about CMS activities, programs and topics related to its services. The present request is for OMB authorization to collect data on the reactions of users of the Web sites through the survey tool. We will use the data to improve the Web sites so that they can best serve the needs of their users. Information collected from the survey will be used to make improvements to the sites to make them more user friendly.

Form Number: CMS–R–268 (OMB control number: 0938–0756); *Frequency:* Annual; *Affected Public:* Individuals or households; *Number of Respondents:* 7,000; *Total Annual Responses:* 4,900; *Total Annual Hours:* 817. (For policy questions regarding this collection contact Kymeiria Ingram at 410–786–8431.)

Dated: June 10, 2014.

Martique Jones,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier CMS–10332]

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: (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 on the collection(s) of information must be received by the OMB desk officer by July 14, 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.

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: 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: Extension of a currently approved collection; *Title of Information Collection:* Disclosure for the In-Office Ancillary Services Exception; *Use:* Physicians who provide certain imaging services (magnetic resonance imaging, computed tomography, and positron emission tomography) under the in-office ancillary services exception to the physician self-referral prohibition are required to create the disclosure notice as well as the list of other imaging suppliers to be provided to the patient. The patient can use the disclosure notice and list of suppliers in making an informed-decision about his or her course of care for the imaging service. The physician must maintain a record of the disclosure in the patient's medical record. If we were investigating the referrals of a physician providing advanced imaging services under the in-office ancillary services exception, we would review the written disclosure to determine whether the physician satisfied the requirement.

Form Number: CMS-10332 (OMB control number: 0938-1133); *Frequency:* Occasionally; *Affected Public:* Private sector—Business or other for-profits; *Number of Respondents:* 71,000; *Total Annual Responses:* 71,106; *Total Annual Hours:* 125,383. (For policy questions regarding this collection contact Jacqueline Proctor at 410-786-8852.)

Dated: June 10, 2014.
Martique Jones,
Deputy Director, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Title: Evaluation of Tribal Health Profession Opportunity Grants (HPOG).
OMB No.: 0970-0395.

Description: The Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), is proposing to continue information collection activities as part of the Evaluation of the Tribal Health Profession Opportunity Grants (HPOG). These information collection activities were approved by OMB in October 2011 for a three-year period (OMB clearance number 0970-0395). ACF is requesting a one-year extension of these activities. Through the extension of the information collection, ACF seeks to continue a comprehensive process and outcome evaluation to provide documentation and lessons learned about diverse programmatic approaches to health professions trainings for Tribal populations.

The goals of the Tribal HPOG evaluation are to: (1) Provide an in-depth, systematic analysis of program structure, implementation, and outcomes of the sites served by the five Tribal HPOG grantees funded in FY 2010, and (2) compare these data within and across grantees to generate hypotheses about the effectiveness of different program approaches for Tribal populations. These goals require

collecting information from Tribal HPOG grantees and other program stakeholders on an annual basis. The information collection activities include in-person and telephone interviews and focus groups. A one-year extension of these activities will allow the evaluation to gather data from the grantees through the end of their grant period. Program operations data related to this effort will continue to be collected through a web-based performance management system under a separate information collection (OMB clearance number 0970-0394).

This **Federal Register** Notice provides the opportunity to comment on a proposed information collection activity for the evaluation of Tribal HPOG. All instruments included in this request have been previously approved. The burden represents continuing data collection into this period.

Respondents: Grantee and Partner Administrative Staff interview: Administrators of the Tribal HPOG program, workforce development, and TANF agencies; public and private university-based partners; and not-for profit organizations.

Program Implementation Staff interview: Instructors, trainers, and providers of program or supportive services.

Program Participant focus groups: Current program participants.

Employers interview: Local or regional employers at public or private companies or organizations that are partnering with the Tribal HPOG program or have employed program participants.

Program Completers interview: Program completers.

Program Non-completers interview: Individuals who did not complete the programs.

Annual Burden Estimates

The current information collection request is for a one-year period.

Instrument	Annual number of respondents	Number of responses per respondent	Average burden hours per response	Annual burden hours
New Burden for Previously Approved Instruments				
Grantee and partner administrative staff interview	35	1	1	35
Program implementation staff interview	120	1	1.5	180
Program participant focus groups	108	1	1.5	162
Employer interview	60	1	.75	45
Program completers interview	67	1	1	67
Program non-completers interview	20	1	.30	6

Estimated Total Annual Burden Hours: 495.

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the

Administration for Children and Families is soliciting public comment on the specific aspects of the