Register notice (June 13, 2014; 79 FR 33927). *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).

3. *Type of Information Collection Request:* Reinstatement with change of a previously approved collection; *Title of Information Collection:* Medicare Ombudsman Customer Service Feedback Survey; *Use:* The Centers for Medicare and Medicaid Services stresses a continuing need for setting customer service goals that include providing accurate, timely, and relevant information to its customers. With these goals in mind, we periodically survey our customers to ensure that the needs of Medicare beneficiaries are being met. This survey will be used to measure overall satisfaction of the customer service that the Medicare Ombudsman Group (MOG) within CMS provides to Medicare beneficiaries and their representatives. The information provided will be used by management and staff to measure and improve the quality and timeliness of responses to written and verbal correspondence. *Form Numbers:* CMS–10068 (OMB control number: 0938–0894); *Frequency:* Annually, occasionally; *Affected Public:* Private Sector; Business or other for-profit and not-for-profit institutions; *Number of Respondents:* 2,380; *Total Annual Responses*: 2,380; *Total Annual Hours:* 317. (For policy questions regarding this collection contact Nancy Conn at 410–786–8374.)

4. *Type of Information Collection Request:* Reinstatement without change of a previously approved collection; *Title of Information Collection:* State Plan Preprint for Medicaid Recovery Audit Contractors (RACs); *Use:* Under section 1902(a)(42)(B)(i) of the Social Security Act, States are required to establish programs to contract with one or more Medicaid Recovery Audit Contractors (RACs) for the purpose of identifying underpayments and recouping overpayments under the State plan and any waiver of the State plan with respect to all services for which payment is made to any entity under such plan or waiver. Further, the statute requires States to establish programs to contract with Medicaid RACs in a manner consistent with State law, and generally in the same manner as the Secretary contracts with Medicare RACs. State programs contracted with Medicaid RACs are not required to be fully operational until after December 31, 2010. States may submit, to CMS, a State Plan Amendment (SPA) attesting that they will establish a Medicaid RAC program. States have broad discretion regarding the Medicaid RAC program design and the number of entities with which they elect to contract. Many States already have experience utilizing contingency-fee-based Third Party Liability recovery contractors. *Form Number:* CMS–10343 (OMB control number: 0938–1126); *Frequency:* Once; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 56; *Total Annual Responses:* 56; *Total Annual Hours:* 56. (For policy questions regarding this collection contact Yolanda Green at 410–786–0798.)

Dated: September 16, 2014.

Martique Jones,

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

[FR Doc. 2014–22379 Filed 9–18–14; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; 30-Day Comment Request, Process Assessment Review of the Division of Acquired Immunodeficiency Syndrome (DAIDS) Critical Events, Policy Implementation (CEPI) Program (NIAID)

SUMMARY: Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Institutes of Health, has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below. This proposed information collection was previously published in the **Federal Register** on April 9, 2013, page 19633 and allowed 60-days for public comment. No comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The National Institute of Allergy and Infectious Diseases (NIAID), National Institutes of Health, may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

Direct Comments to OMB: Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the: Office of Management and Budget, Office of Regulatory Affairs, *OIRA_submission@omb.eop.gov* or by fax to 202–395–6974, Attention: NIH Desk Officer.

Comment Due Date: Comments regarding this information collection are best assured of having their full effect if received within 30 days of the date of this publication.

FOR FURTHER INFORMATION CONTACT: To obtain a copy of the data collection plans and instruments, or request more information on the proposed project, contact: Lynda Lahl, RN, MS, Office for Policy in Clinical Research Operations, DAIDS, NIAID, 5601 Fishers Lane, 9B25, Rockville, MD 20852, or call non-toll-free number 240–292–4887, or Email your request, including your address to: *Lynda.Lahl@nih.gov*. Formal requests for additional plans and instruments must be requested in writing.

Proposed Collection: Process Assessment Review of the Division Of Acquired Immunodeficiency Syndrome (DAIDS) Critical Events Policy Implementation (CEPI) Program, 0925-New, National Institute of Allergy and Infectious Diseases (NIAID), National Institutes of Health (NIH).

Need and Use of Information Collection: This is a new data collection to assess the CEPI program's progression to fulfillment of its program goals and will assess whether the CEPI program is implemented and functioning as intended. The program goals for CEPI are: 1) Awareness & Accessibility—The target populations (DAIDS Staff, extramural researchers, external stakeholders) are aware of the DAIDS Critical Events (CE) policy and manual and associated documents and whether the policy and associated documents are readily accessible.; 2) Understandability—The Critical Events policy and manual clearly articulate DAIDS expectations for CE policy implementation by the target populations. The CE policy and manual should establish a common base of understanding and promote positive attitudes towards event reporting; and 3) Applicability—Target populations are able to correctly identify which Critical Events have occurred at their sites and are able to apply the CE policy and manual to their events.

Findings will provide data to inform DAIDS and Protection of Participants, Evaluation and Policy (ProPEP) leadership regarding further policy deployment decisions. Information collected will be used to determine how effectively the CEPI Program meets extramural researchers' needs. By assessing the CEPI Program, DAIDS will

determine how successfully it is reaching its goals—to facilitate and improve the quality of clinical research conducted within the division. In addition, the CEPI Program assessment will determine whether previously recommended improvements included in the DPIP assessment were successfully incorporated into the policy rollout process. The results may be used as a model for policy development to facilitate compliance in reporting certain incidents and implementation in other National Institutes of Health (NIH) Institutes and Centers (ICs) and will be shared with all interested divisions and institutes within the NIH. There are no plans to share this information with the public.

OMB approval is requested for 3 years. There are no costs to respondents other than their time. The total estimated annualized burden hours are 470.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Frequency of response	Average time per response	Annual hour burden
DAIDS staff surveys IC review	Webpage Study Details and Informed Consent DAIDS Staff screenshots.	100	1	5/60	8
DAIDS staff surveys	DAIDS Staff Survey screenshots	100	1	30/60	50
ER/ES—web surveys IC review	Webpage Study Details and Informed Consent for Extramural Researchers and External Stakeholders screenshots.	400	1	5/60	33
ER/ES—web surveys	Extramural Researcher External Stakeholder Survey screenshots.	400	1	30/60	200
DAIDS staff—web survey reminder	Reminder email to T2 web-survey participants.	100	1	5/60	8
ER/ES—web survey reminder	Reminder email to T2 web-survey participants.	400	1	5/60	33
DAIDS staff focus group IC review	DAIDS staff focus group consent form.	18	1	10/60	3
ER/ES—focus group IC review	Extramural researcher external stakeholders focus group consent form.	63	1	10/60	11
ER/ES—focus group	Incentive distribution log for focus group participants.	63	1	2/60	2
DAIDS staff focus groups	Focus group opening script and questions.	18	1	90/60	27
ER/ES—focus groups	Focus group opening script and questions.	63	1	90/60	95
Totals		1162			470

Dated: September 12, 2014.

Dione Washington,

Project Clearance Liaison, NIAID, NIH.

[FR Doc. 2014–22306 Filed 9–18–14; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Call for Participation for Computational Photography Project for Pill Identification (C3PI)

ACTION: Notice.

SUMMARY: The National Library of Medicine (NLM) invites pharmaceutical manufacturers, re-packagers, wholesalers, and retail and institutional pharmacies to submit prescription drug products for imaging as part of its Computational Photography Project for Pill Identification (C3PI). The NLM is developing the C3PI oral solid dosage formulations (OSDFs) collection as part of an initiative to build a reliable and high-quality image catalog of all OSDF prescription products marketed in the United States. Such a resource can support a number of public safety initiatives, such as in poison control, emergency response, and reduction of medication errors.

FOR FURTHER INFORMATION CONTACT: Any question regarding this process or the Computational Photography Project for Pill Identification (C3PI) should be sent to: *splimage@nlm.nih.gov*.

SUPPLEMENTARY INFORMATION: The Computational Photography Project for Pill Identification (C3PI) aims to develop information infrastructure and computational tools for identifying pills from digital photographs and associated data. As part of C3PI, the NLM has imaged and currently hosts a growing collection of more than 2,000 validated images of pharmaceutical OSDFs. High quality images of these products, photographed using visible spectrum macrophotography techniques, are available for public access through an Applications Programming Interface (API) [*http://RxImage.nlm.nih.gov/*]. These images are also displayed in several NLM drug applications, including RxNav [*http://rxnav.nlm.nih.gov/*] and Pillbox [*http://pillbox.nlm.nih.gov/*].

NLM assisted the FDA in the development the current SPLIMAGE file specification [*http://dailymed.nlm.nih.gov/dailymed/splimagesspec.cfm*], which was published in 2012 for submitting image files of oral solid dosage forms to the Food and Drug Administration (FDA) with Structured Product Label (SPL) documents. As part of the ongoing initiative to improve access to quality drug information, the NLM has worked closely with FDA's Center for Drug Evaluation and Research and Office of the Commissioner to increase the number of SPLIMAGE files included in SPL submissions. C3PI has successfully produced more than 2,000 SPLIMAGE files and these SPLIMAGE files have been made available through an NLM portal: *http://SPLimage.nlm.nih.gov.*

NLM is seeking the collaboration of pharmaceutical manufacturers, re-