

group. The day to day operations of the State Buy-in program is accomplished through an automated data exchange process. The automated data exchange process is used to exchange Medicare and Buy-in entitlement information between the Social Security District Offices, State Medicaid Agencies and the Centers for Medicare & Medicaid Services (CMS). When problems arise that cannot be resolved through the normal data exchange process, clerical actions are required. The CMS-1957, "SSO Report of State Buy-In Problem" is used to report Buy-in problems cases. The CMS-1957 is the only standardized form available for communications between the aforementioned agencies for the resolution of beneficiary complaints and inquiries regarding State Buy-in eligibility. *Form Number:* CMS-1957 (OMB control number: 0938-0035); *Frequency:* Yearly; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 5,854; *Total Annual Responses:* 5,854; *Total Annual Hours:* 1,951. (For policy questions regarding this collection contact Keith Johnson at 410-786-1148.)

2. *Type of Information Collection Request:* Reinstatement without change of a currently approved collection; *Title of Information Collection:* Summary of Benefits and Coverage and Uniform Glossary; *Use:* This information collection will ensure that consumers shopping for or enrolled in private, individually purchased, or non-federal governmental group health plan coverage receive the consumer protections of the Affordable Care Act. Employers, employees, and individuals will use this information to compare coverage options prior to selecting coverage and to understand the terms of, and extent of medical benefits offered by, their coverage (or exceptions to such coverage or benefits) once they have coverage. *Form Number:* CMS-10407 (OMB control number: 0938-1146); *Frequency:* Yearly; *Affected Public:* Private Sector—Business or other for-profits and not-for-profit institutions; *Number of Respondents:* 128,511; *Total Annual Responses:* 24,433,233; *Total Annual Hours:* 41,551. (For policy questions regarding this collection contact Jessica Weinberg at 301-492-4404.)

Dated: August 15, 2019.

William N. Parham, III

Director, Paperwork Reduction Staff, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2019-17939 Filed 8-19-19; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier CMS-R-131]

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 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 must be received by October 21, 2019.

ADDRESSES: When commenting, please reference the document identifier or OMB control number. 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' website address at website address at <https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing.html>

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: William N. Parham at (410) 786-4669.

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-R-131 Advance Beneficiary Notice of Noncoverage (ABN)

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 Collection

1. *Type of Information Collection Request:* Extension without change of a currently approved collection; *Title of Information Collection:* Advance Beneficiary Notice of Noncoverage (ABN); *Use:* The use of the written Advance Beneficiary Notice of Noncoverage (ABN) is to inform Medicare beneficiaries of their liability under specific conditions. This has been available since the "limitation on liability" provisions in section 1879 of the Social Security Act (the Act) were enacted in 1972 (Pub. L. 92-603). ABNs are not given every time items and services are delivered. Rather, ABNs are

given only when a physician, provider, practitioner, or supplier anticipates that Medicare will not provide payment in specific cases.

An ABN may be given, and the beneficiary may subsequently choose not to receive the item or service. An ABN may also be issued because of other applicable statutory requirements other than § 1862(a)(1) such as when a beneficiary wants to obtain an item from a supplier who has not met Medicare supplier number requirements, as listed in section 1834(j)(1) of the Act or when statutory requirements for issuance specific to HHAs are applicable.

ABNs are usually given as hard copy notices during in-person patient encounters. In some cases, notification may be done by telephone with a follow-up notice mailed. Electronic issuance of ABNs is permitted as long as the beneficiary is offered the option to receive a paper copy of the notice if this is preferred. Regardless of the mode of delivery, the beneficiary must receive a copy of the signed ABN for his/her own records. Incorporation of ABNs into other automated business processes is permitted, and some limited flexibility in formatting the notice in such cases is allowed, as discussed in the form instructions. Notifiers may choose to store the required signed copy of the ABN electronically. *Form Number:* CMS-R-131 (OMB control number: 0938-0566); *Frequency:* Yearly; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 1,589,060; *Total Annual Responses:* 382,216,385; *Total Annual Hours:* 44,593,186. (For policy questions

regarding this collection contact Jennifer McCormick at 410-786-2852.)

Dated: August 15, 2019.

William N. Parham, III,

Director, Paperwork Reduction Staff, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2019-17945 Filed 8-19-19; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Head Start Program Performance Standards (OMB #0970-0148)

AGENCY: Office of Head Start; Administration for Children and Families; HHS.

ACTION: Request for Public Comment.

SUMMARY: The Office Head Start (OHS), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), is requesting a three-year extension of the Head Start Program Performance Standards (HSPPS) information collection (OMB #0970-0148, expiration 1/31/2020). There are no changes requested to these record keeping requirements.

DATES: *Comments due within 30 days of publication.* 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.

ADDRESSES: Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Email: OIRA_SUBMISSION@OMB.EOP.GOV, Attn: Desk Officer for the Administration for Children and Families.

Copies of the proposed collection may be obtained by emailing infocollection@acf.hhs.gov. Alternatively, copies can also be obtained by writing to the Administration for Children and Families, Office of Planning, Research, and Evaluation, 330 C Street SW, Washington, DC 20201, Attn: OPRE Reports Clearance Officer. All requests, emailed or written, should be identified by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: This information collection was approved alongside the final rule for the revised HSPPS on September 1, 2016. This information collection is entirely record keeping and does not contain any standardized instruments or instructions. For example, this includes the requirement that programs maintain a waiting list of eligible families. There are no changes to the record keeping requirements contained in this information collection. Only minor adjustments were made to the estimated burden based on updated enrollment and staff data.

Respondents: Head Start grantees.

ANNUAL BURDEN ESTIMATES

Recordkeeping requirement	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Total burden hours
1301.6(a)	3,020	1	0.70	2,114
1302.12(k)	1,054,720	1	.166	175,084
1302.14(c)	3,020	1	2.00	6,040
1302.16(b)	3,020	1	5.00	15,100
1302.33(a) and (b)	1,054,720	1	1.00	1,054,720
1302.33(c)(2)	294,632	1	2.00	589,264
1302.42(a) and (b)	1,054,720	1	0.66	696,115
1302.42(e)	3,020	1	0.50	1,510
1302.47(b)(7)(iv)	3,020	1	0.50	1,510
1302.53(b) & (d)	3,020	1	0.166	501
1302.90(a)	3,020	1	0.50	1,510
1302.90(b)(1)(i)-(iv), (b)(4)	79,509	1	0.33	26,238
1302.93(a)	26,503	1	0.25	6,626
1302.94(a)	3,020	1	0.166	501
1302.101(a)(4) and 1302.102(b)-(c)	3,020	1	79.00	238,580
1302.102(d)(3)	110	1	10.00	1,100
1303.12	3,020	1	0.166	501
1303.22-24	956,120	1	0.33	315,520
1303.42-53	260	1	40.00	10,400
1303.70(c)	200	1	1	200
1303.72(a)(3)	3,020	1	2	6,040