

**FEDERAL RESERVE SYSTEM****Formations of, Acquisitions by, and Mergers of Bank Holding Companies**

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, if any, are available for immediate inspection at the Federal Reserve Bank indicated. The applications will also be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)).

Comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors, Ann E. Misback, Secretary of the Board, 20th Street and Constitution Avenue NW, Washington, DC 20551-0001, not later than March 17, 2020.

*A. Federal Reserve Bank of Boston* (Prabal Chakrabarti, Senior Vice President) 600 Atlantic Avenue, Boston, Massachusetts 02210-2204. Comments can also be sent electronically to [BOS.SRC.Applications.Comments@bos.frb.org](mailto:BOS.SRC.Applications.Comments@bos.frb.org):

1. *HB Holdings, MHC, Haverhill, Massachusetts*; to become a mutual bank holding company upon the conversion by Haverhill Bank, Haverhill, Massachusetts, from mutual to stock form.

Board of Governors of the Federal Reserve System, February 11, 2020.

**Yao-Chin Chao,**

*Assistant Secretary of the Board.*

[FR Doc. 2020-03029 Filed 2-13-20; 8:45 am]

**BILLING CODE P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Centers for Disease Control and Prevention****Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP)—DP20-002, Natural Experiments of the Impact of Population-Targeted Policies To Prevent Type 2 Diabetes and Diabetes Complications; Amended Notice of Meeting**

Notice is hereby given of a change in the meeting of the Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP)—DP20-002, Natural Experiments of the Impact of Population-Targeted Policies To Prevent Type 2 Diabetes and Diabetes Complications; April 7-9, 2020; 10:00 a.m.-6:00 p.m., (EDT), Teleconference, which was published in the **Federal Register** on Friday, January 10, 2020, Volume 85, Number 7, pages 1316-1317.

The meeting is being amended to change the date and time to April 7-8, 2020, from 11:00 a.m.-6:00 p.m., EDT.

The meeting is closed to the public.

*For Further Information Contact:* Jaya Raman Ph.D., Scientific Review Officer, CDC, 4770 Buford Highway, Mailstop F80, Atlanta, Georgia 30341, Telephone: (770) 488-6511, [kva5@cdc.gov](mailto:kva5@cdc.gov).

The Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

**Kalwant Smagh,**

*Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.*

[FR Doc. 2020-03018 Filed 2-13-20; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Centers for Disease Control and Prevention****Announcement of Requirements and Registration for the 2020 Million Hearts Hypertension Control Challenge**

**AGENCY:** Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** The Centers for Disease Control and Prevention (CDC) located within the Department of Health and Human Services (HHS) announces the launch of the 2020 Million Hearts Hypertension Control Challenge.

**DATES:** The Challenge will accept applications from February 21, 2020 through April 6, 2020.

**FOR FURTHER INFORMATION CONTACT:** Division for Heart Disease and Stroke Prevention, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 4770 Buford Hwy NE, Mailstop MS-S107-1, Chamblee, GA 30341, Telephone: 770-488-2424, Email: [millionhearts@cdc.gov](mailto:millionhearts@cdc.gov); subject line of email: Million Hearts Hypertension Control Challenge; Attention: Mary George.

**SUPPLEMENTARY INFORMATION:****Background**

Million Hearts is a national initiative to prevent one million heart attacks and strokes by 2022. In order to prevent one million cardiovascular events (e.g., heart attacks and strokes), we need to decrease smoking, sodium consumption and physical inactivity by 20%; improve performance on quality of care measures for appropriate aspirin use, blood pressure control, cholesterol management, and smoking cessation to 80%; and improve outcomes for priority populations disproportionately burdened by cardiovascular disease. Over the last six years, we have seen tremendous progress by providers and health care systems that focus on improving their performance in controlling patients' blood pressure. Getting to 80% blood pressure control would mean that 10 million more Americans with hypertension would have their blood pressure under control, and be at substantially lower risk for strokes, heart attacks, kidney failure, and other related cardiovascular events. For more information about the initiative, visit <https://millionhearts.hhs.gov/>. Million Hearts is a registered trademark of the Department of Health and Human Services.

The challenge is an important way to call attention to the need for improved hypertension control, provides a powerful motivation and target for clinicians, and will improve understanding of successful implementation strategies at the health system level. It will identify clinicians, clinical practices, and health systems that have exceptional rates of

hypertension control and recognize them as 2020 Million Hearts Hypertension Control Champions. To support improved quality of care delivered to patients with hypertension, Million Hearts will document the systems, strategies, processes, and staffing that contribute to the exceptional blood pressure control rates achieved by Champions.

**Subject of Challenge Competition:** The challenge is authorized by Public Law 111–358, the America Creating Opportunities to Meaningfully Promote Excellence in Technology, Education and Science Reauthorization Act of 2010 (COMPETES Act).

Applicants for the 2020 Million Hearts Hypertension Control Challenge will be asked to provide two hypertension control rates for the practice's or health system's hypertensive population: a current rate for the most recent 12-month reporting period (e.g., 1/1/2019–12/31/2019) and a previous rate for the 12-month period immediately preceding the most recent reporting period (e.g., 1/1/2018–12/31/2018). Applicants will also be asked to provide the prevalence of hypertension in their population (more details provided below), describe some population characteristics (such as urban/rural location, percent minority, percent enrolled in Medicaid, percent with no health insurance, and percent whose primary language is not English) and strategies used by the practice or health system that support improvements in blood pressure control. A copy of the application form will be available on the Challenge website for the duration of the Challenge.

#### **Eligibility Rules for Participating in the Competition**

To be eligible for recognition as a Million Hearts Hypertension Control Champion under this challenge, an individual or entity —

(1) Shall have completed the application form in its entirety to participate in the competition under the rules developed by HHS/CDC;

(2) Shall have complied with all eligibility requirements and satisfy the requirements in one of the following subparts:

a. Be a U.S. licensed clinician (*i.e.*, MD, DO, nurse practitioner, or physician assistant), practicing in any U.S. setting, who provides ongoing care for adult patients with hypertension. The individual must be a citizen or permanent resident of the U.S.;

b. Be a U.S. incorporated clinical practice, defined as any practice with two or more U.S. licensed clinicians

who by formal arrangement share responsibility for a common panel of patients, practice at the same physical location or street address, and provide continuing medical care for adult patients with hypertension;

c. Be a health system, incorporated in and maintaining a primary place of business in the U.S., that provides continuing medical care for adult patients with hypertension. We encourage large health systems (those that are comprised of a large number of geographically dispersed clinics and/or have multiple hospital locations) to consider having one or a few of the highest performing clinics or regional affiliates apply individually instead of the health system applying as a whole;

(3) Must treat all adult patients with hypertension in the practice, not a selected subgroup of patients;

(4) Must have a data management system (electronic or paper) that allows HHS/CDC or their contractor to verify data submitted;

(5) Must treat a minimum of 500 adult patients annually and have a hypertension control rate (blood pressure <140 mm Hg systolic and <90 mm Hg diastolic) of at least 80%;

(6) May not be a Federal entity or Federal employee acting within the scope of their employment;

(7) An HHS employee must not work on their application(s) during assigned duty hours;

(8) Shall not be an employee of or contractor at CDC;

(9) Must agree to participate in a data validation process to be conducted by a reputable independent contractor. Data will be kept confidential by the contractor to the extent applicable law allows and will be shared with the CDC, in aggregate form only (e.g., the hypertension control rate for the practice not individual patients' hypertension values);

(10) Must agree to sign, without revisions, a Business Associate Agreement with the contractor conducting the data validation.

(11) Must have a written policy in place about conducting periodic background checks on all providers and taking appropriate action based on the results of the check. CDC's contractor may also request to review the policy and any supporting information deemed necessary. In addition, a health system background check will be conducted by CDC or a CDC contractor that includes a search for The Joint Commission sanctions and current investigations for serious institutional misconduct (e.g., attorney general investigation). Eligibility status, based upon the above-referenced written policy, appropriate

action, and background check, will be determined at the discretion of the CDC consistent with CDC's public health mission.

(12) Must agree to be recognized if selected and agree to participate in an interview to develop a success story that describes the systems and processes that support hypertension control among patients. Champions will be recognized on the Million Hearts website. Strategies used by Champions that support hypertension control may be written into a success story, placed on the Million Hearts website, used in press releases, publications, and attributed to Champions.

In addition to meeting the requirements listed in parts 1–12 above, to be eligible for recognition in the challenge, an individual or entity also must comply with the conditions or requirements set forth in each of the following paragraphs in this section.

Federal funds may not be used to develop COMPETES Act challenge applications or to fund efforts in support of a COMPETES Act challenge.

Individual applicants and individuals in a group practice must be free from convictions for or pending investigations of criminal and health care fraud offenses such as felony health care fraud, patient abuse or neglect; felony convictions for other health care-related fraud, theft, or other financial misconduct; and felony convictions relating to unlawful manufacture, distribution, prescribing, or dispensing of controlled substances as verified through the Office of the Inspector General List of Excluded Individuals and Organizations at <http://oig.hhs.gov/exclusions/background.asp>.

Individual applicants must be free from serious sanctions, such as those for misuse or mis-prescribing of prescription medications. Eligibility status of individual applicants with serious sanctions will be determined at the discretion of CDC. CDC or CDC's contractor may perform background checks on individual clinicians and medical practices.

Champions previously recognized through the 2013, 2014, 2015, 2017, 2018, and 2019 Million Hearts Hypertension Control Challenges retain their designation as a "Champion" and are not eligible to be named a Champion in the 2020 challenge.

An individual or organization shall not be disqualified from the 2020 Million Hearts Hypertension Control Challenge for utilizing Federal facilities or consulting with Federal employees during a competition so long as the facilities and Federal employees are made available to all individuals and

organizations participating in the competition on an equal basis.

By participating in this challenge, an individual or organization agrees to assume any and all risks related to participating in the challenge. Individuals or organizations also agree to waive claims against the Federal Government and its related entities, except in the case of willful misconduct, when participating in the challenge, including claims for injury; death; damage; or loss of property, money, or profits, and including those risks caused by negligence or other causes.

By participating in this challenge, individuals and organizations agree to protect the Federal Government against third party claims for damages arising from or related to challenge activities.

Individuals or organizations are not required to hold liability insurance related to participation in this challenge.

No cash prize will be awarded. Champions will receive national recognition.

### Registration Process for Participants

To participate and submit an application, interested parties should go to <https://millionhearts.hhs.gov> or <https://www.challenge.gov>. On this site, applicants will find the application form and the rules and guidelines for participating. Information required of the applicants on the application form includes:

- The size of the applicant's adult primary care patient population, a summary of known patient demographics (e.g., age distribution), and any noteworthy patient population characteristics (such as urban/rural location, percent minority, percent enrolled in Medicaid, percent with no health insurance, and percent whose primary language is not English).
- The number of the applicant's adult primary care patients, ages 18–85, who were seen during the measurement year and had a hypertension diagnosis (i.e. hypertension prevalence).
- The applicant's current hypertension control rate for their hypertensive population ages 18–85 during the measurement year is required. In determining the hypertension control rate for the 2020 Million Hearts Hypertension Control Challenge, CDC defines "hypertension control" as a blood pressure reading <140 mmHg systolic and <90 mmHg diastolic among patients ages 18–85 with a diagnosis of hypertension.
- The hypertension control rate should be for the provider's or health system's entire adult hypertensive patient population ages 18–85, and not

limited to a sample. The provider's or health system's hypertensive population ages 18–85 should include only patients in primary care or in cardiology care in the case of a cardiology clinic. Patients seen only in dental care or behavioral health care should not be included. Examples of ineligible data submissions include hypertension control rates that are limited to treatment cohorts from research studies or pilot studies, patients limited to a specific age range (such as 18–35 only), or patients enrolled in limited scale quality improvement projects.

- Completion of a checklist of sustainable clinic systems or processes that support hypertension control. These may include provider or patient incentives, dashboards, staffing characteristics, electronic record keeping systems, reminder or alert systems, clinician reporting, service modifications, etc.

The estimated burden for completing the application form is 30 minutes.

### Amount of the Prize

Up to 35 of the highest scoring clinical practices or health systems will be recognized as Million Hearts Hypertension Control Champions. No cash prize will be awarded. Champions will receive national recognition through the Million Hearts initiative.

### Basis Upon Which Champions Will Be Selected

The application will be scored based on two hypertension control rates: one for your most recent 12-month reporting period ending not earlier than December 31, 2019, and consistency with a previous rate for the 12-month period beginning 1 year before the current period.

Phase 1 includes verification of the hypertension prevalence and blood pressure control rate data submitted and a background check. For applicants whose Phase 1 data is verified as accurate and who pass the background check without concerns, phase 2 consists of a medical chart review. The medical chart review will verify the diagnosis of hypertension during the reporting year as well as blood pressure being controlled to <140 mmHg systolic and <90 mmHg diastolic. The estimated time for the data verification and validation is two hours.

A CDC-sponsored panel of three to five experts consisting of CDC staff will review the applications that pass phase 2 to select Champions. Final selection of Champions will consider all the information from the application form, the background check, data verification and medical chart validation, and final

verified hypertension control rate. In the event of tied scores based on the hypertension control rate at any point in the selection process, geographic location may be considered to ensure a broad distribution of champions. Selected Champions will be notified by phone or email.

Some Champions may participate in a post-challenge telephone interview. The interview will include questions about the strategies employed by the individual practice or organization to achieve high rates of hypertension control, including barriers and facilitators for those strategies. The interview will focus on systems and processes and should not require preparation time by the Champion. The estimated time for the interview is one hour, which includes time to review the interview protocol with the interviewer, respond to the interview questions, and review a summary about the Champion's practices. The summary may be written as a success story and will be posted on the Million Hearts website.

### Additional Information

Applications received from applicants will be stored in a password protected file on a secure server. The Challenge website will not include confidential or proprietary information about individual applicants, as described further below. The database of information submitted by applicants will not be posted on the website. Information collected from applicants will include general details, such as the business name, address, and contact information of the applicant. This type of information is generally publicly available. The application will collect and store only aggregate clinical data through the application process; no individually identifiable patient data will be collected or stored. Confidential or propriety data, clearly marked as such, will be secured to the full extent allowable by law.

Information for selected Champions, such as the provider, practice, or health system's name, location, hypertension control rate, and clinic practices that support hypertension control may be shared through press releases, publications, the challenge website, and Million Hearts and CDC resources.

Summary data on the types of systems and processes that all applicants use to control hypertension may be shared in documents or other communication products that describe generally used practices for successful hypertension control. HHS/CDC will use the summary data only as described.

## Compliance With Rules and Contacting Contest Winners

Finalists and the Champions must comply with all terms and conditions of these Official Rules and being designated as a Million Hearts Hypertension Control Champion is contingent upon fulfilling all requirements herein. The initial finalists will be notified by email or telephone after the date of the judging.

## Privacy

If Contestants choose to provide CDC with personal information by registering or filling out the application form through the Challenge.gov website, that information is used to respond to Contestants in matters regarding their application, announcements of applicants, finalists, and winners of the Challenge.

## General Conditions

CDC reserves the right to cancel, suspend, and/or modify the Challenge, or any part of it, for any reason, at HHS/CDC's sole discretion.

*Award Approving Official:* Robert R. Redfield, MD, Director, Centers for Disease Control and Prevention, and Administrator, Agency for Toxic Substances and Disease Registry.

Participation in this Contest constitutes a contestants' full and unconditional agreement to abide by the Contest's Official Rules found at <https://www.Challenge.gov> and <https://millionhearts.hhs.gov/>.

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

Dated: February 11, 2020.

**Sandra Cashman,**

*Executive Secretary, Centers for Disease Control and Prevention.*

[FR Doc. 2020-02987 Filed 2-13-20; 8:45 am]

**BILLING CODE 4163-18-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10710]

### 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 April 14, 2020.

**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](mailto: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-10710 Generic Clearance for Improving Customer Experience (OMB Circular A-11, Section 280 Implementation)

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:* New collection (Request for a new OMB control number) collection; *Title of Information Collection:* Generic Clearance for Improving Customer Experience (OMB Circular A-11, Section 280 Implementation); *Use:* Whether seeking a loan, Social Security benefits, veterans benefits, or other services provided by the Federal Government, individuals and businesses expect Government customer services to be efficient and intuitive, just like services from leading private-sector organizations. Yet the 2016 American Consumer Satisfaction Index and the 2017 Forrester Federal Customer Experience Index show that, on average, Government services lag nine percentage points behind the private sector.

A modern, streamlined and responsive customer experience means: Raising government-wide customer experience to the average of the private sector service industry; developing indicators for high-impact Federal programs to monitor progress towards excellent customer experience and mature digital services; and providing the structure (including increasing