

**Sherrette A. Funn,**  
*Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.*  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

[Document Identifier OS-0990-0459]

**Agency Father Generic Information Collection Request; 60-Day Public Comment Request**

**AGENCY:** Office of the Secretary, HHS.  
**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment.

**DATES:** Comments on the ICR must be received on or before June 19, 2020.

**ADDRESSES:** Submit your comments to *Sherrette.Funn@hhs.gov* or by calling (202) 795-7714.

**FOR FURTHER INFORMATION CONTACT:** When submitting comments or requesting information, please include the document identifier 0990-New-60D, and project title for reference, to Sherrette Funn, the Reports Clearance Officer, *Sherrette.funn@hhs.gov*, or call 202-795-7714.

**SUPPLEMENTARY INFORMATION:** Interested persons are invited to send comments regarding this 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.

*Title of the Collection:* Fast-Track Generic Clearance for the Collection of Routine Customer Feedback on HHS Communications.

*Type of Collection:* Father Generic ICR.

OMB No. 0990-0459—Office within OS—Specific program collecting the data (is applicable).

*Abstract:* This collection of information is necessary to enable HHS to garner customer and stakeholder feedback. Information will be collected from our customers and stakeholders from the concept phase to the end of the product life cycle. This will help ensure that users have an effective, efficient, and satisfying experience with HHS communications products. If this information is not collected, vital feedback on HHS communications will be unavailable, preventing programs from developing communications products that meets the needs of the audience and demonstrating impact of the communications products developed.

*Type of respondent;* frequency (annual, quarterly, monthly, etc.); and the affected public (individuals, public or private businesses, state or local governments, etc.)

**ANNUALIZED BURDEN HOUR TABLE**

Forms (if necessary)	Number of respondents	Number of responses per respondents	Average burden per response	Total burden hours
HHS communications products .....	1,000,000	1	30/60	500,000

**Sherrette A. Funn,**  
*Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.*  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Indian Health Service**

**RIN 0917-AA16**

**Reimbursement Rates for Calendar Year 2020**

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

**SUMMARY:** Notice is given that the Principal Deputy Director of the Indian Health Service (IHS), under the authority of the Public Health Service Act, and the Indian Health Care Improvement Act, has approved the following rates for inpatient and outpatient medical care provided by IHS facilities for Calendar Year 2020 for Medicare and Medicaid beneficiaries, beneficiaries of other federal programs,

and for recoveries under the Federal Medical Care Recovery Act. The inpatient rates for Medicare Part A are excluded from the table below, as Medicare inpatient payments for IHS hospital facilities are made based on the prospective payment system or reasonable costs when IHS facilities are designated as Medicare Critical Access Hospitals. Since the inpatient per diem 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.

**Inpatient Hospital Per Diem Rate (Excludes Physician/Practitioner Services)**

*Calendar Year 2020*  
 Lower 48 States \$3,675  
 Alaska \$3,529

**Outpatient Per Visit Rate (Excluding Medicare)**

*Calendar Year 2020*  
 Lower 48 States \$479  
 Alaska \$710

**Outpatient Per Visit Rate (Medicare)**

*Calendar Year 2020*  
 Lower 48 States \$427  
 Alaska \$683

**Medicare Part B Inpatient Ancillary Per Diem Rate**

*Calendar Year 2020*  
 Lower 48 States \$838  
 Alaska \$1,186

**Outpatient Surgery Rate (Medicare)**

Established Medicare rates for freestanding Ambulatory Surgery Centers.

**Effective Date for Calendar Year 2020 Rates**

Consistent with previous annual rate revisions, the Calendar Year 2020 rates will be effective for services provided on/or after January 1, 2020, to the extent consistent with payment authorities,