As such, the General Services Administration Acquisition Regulation (GSAR) 516.506, Solicitation provision and clauses, specifically directs contracting officers to insert 552.216–72, Placement of Orders, and 552.216–73, Ordering Information, when the contract authorizes FAS and other activities to issue delivery or task orders. These clauses include information reporting requirements for Offerors to receive electronic orders through computer-to-computer Electronic Data Interchange (EDI).

B. Annual Reporting Burden

Respondents: 18,590.
Responses per Respondent: 1.
Annual Responses: 18,590.
Hours Per Response: .25.
Total Burden Hours: 4,648.

C. Public Comments

Public comments are particularly important. Whether this collection of information is necessary and whether it will have practical utility; whether our estimate of the public burden of this collection of information is accurate and based on valid assumptions and methodology; and ways to enhance the quality, utility, and clarity of the information to be collected.

Obtaining Copies of Proposals:

Requesters may obtain a copy of the information collection documents from the Regulatory Secretariat Division by calling 202–501–4755 or emailing GSARRegSec@gsa.gov. Please cite OMB Control No. 3090–0248, Solicitation Provisions and Contract Clauses, Placement of Orders Clause, and Ordering Information Clause, in all correspondence.

Jeffrey A. Koses,
Senior Procurement Executive, Office of Acquisition Policy, Office of Governmentwide Policy.

[FR Doc. 2021–15738 Filed 7–22–21; 8:45 am]
BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award of a Single-Source Unsolicited Grant To Fund the Community Education Group

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 award of approximately $5,000,000 annually in COVID–19 funding for a three-year period in response to an unsolicited application that has been submitted by the Community Education Group to support vaccine coverage, in particular for COVID–19.

DATES: The period for this award will be July 31, 2021 through July 30, 2024.

FOR FURTHER INFORMATION CONTACT:
Stephanie Griswold, MPH, National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS–H24–8, Atlanta, GA 30329, Telephone: 800–232–6348, E-Mail: eocevent515@cdc.gov.

SUPPLEMENTARY INFORMATION: The proposed work being funded aims to build the evidence base of effective interventions to improve vaccination coverage and to identify and implement strategies to reduce disparities in vaccination coverage in rural populations, specifically in West Virginia. Community Education Group (CEG) works to eliminate disparities in health outcomes and improve public health in disadvantaged populations and under-served communities by conducting research, training community health workers, educating and testing people who are hard to reach or at risk, sharing its expertise through national networks and local capacity building efforts, and advocating for practical and effective health policies that lead to social change.

This award is being made non-competitively because there is no current, pending, or planned funding opportunity announcement under which this proposal could compete.

The National Center for Immunization and Respiratory Diseases performed an objective review of the unsolicited proposal and determined that the proposal has merit and CEG is in a unique position to perform the activities contained within their proposal. CEG works to eliminate disparities in health outcomes and improve public health in disadvantaged populations and under-served communities by conducting research, training community health workers, educating and testing people who are hard to reach or at risk.

Summary of the Award:

Recipient: Community Education Group (CEG)

Purpose of the Award: The purpose of the award is to build the evidence base of effective interventions to improve vaccination coverage and to identify and implement strategies to reduce disparities in vaccination coverage in rural populations. The proposal submitted was not solicited either formally or informally by any federal government official.

Amount of Award: $5,000,000 in Federal Fiscal Year (FY) 2021 funds, and an estimated $5,000,000 for each subsequent year budget period, subject to availability of funds.

Period of Performance: July 31, 2021 through July 30, 2024.

Dated: July 20, 2021.

Joseph I. Hungate, III,
Deputy Director, Office of Financial Resources, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2021–15738 Filed 7–22–21; 8:45 am]
BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10572 and CMS–10781]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, Health and Human 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 September 21, 2021.
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:


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–10387 Transparency in Coverage Reporting by Qualified Health Plan Issuers

CMS–10781 FOIA/Privacy Act

Requests for Medicare Claims Data via CMS FOIA Public Portal

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 of a currently approved collection; Title of Information Collection: Transparency in Coverage Reporting by Qualified Health Plan Issuers; Use: Section 1311(e)(3)(A)–(C) of the ACA, as implemented at 45 CFR 155.1040(a)–(c) and 156.220, establish standards for qualified health plan (QHP) issuers to submit specific information related to transparency in coverage. QHP issuers are required to post and make data related to transparency in coverage available to the public in plain language and submit this data to the Department of Health and Human Services (HHS), the Exchange, and the state insurance commissioner. Section 2715A of the Public Health Service (PHS) Act as added by the ACA largely extends the transparency provisions set forth in section 1311(e)(3) to non-grandfathered group health plans and health insurance issuers offering group and individual health insurance coverage. Form Number: CMS–10572 (OMB control number: 0938–1310); Frequency: Annually; Affected Public: Private sector (Business or Not-for-profit institutions); Number of Respondents: 360; Total Annual Responses: 360; Total Annual Hours: 17,160. (For policy questions regarding this collection contact Jack Reeves at 301–492–5152).

2. Type of Information Collection Request: New collection (Request for a new OMB control); Title of Information Collection: Use: This collection of information is dedicated to Medicare beneficiaries and third party requesters (law firms or others) acting on behalf of beneficiaries that are making requests for CMS to produce Medicare beneficiary records through 5 U.S.C. 552(b) (See also 42 CFR 401.136). Currently the requests are mailed/faxed/ emailed to CMS. The new online portal will allow for ease and efficiency to upload the request and required authorization, which will be quickly and securely sent directly to CMS. Additionally, with the new online portal, requesters will be able to securely submit requests electronically that contain PHI or PII; they will be advised that MyMedicare.gov/Blue Button is an online service available for beneficiaries to set up an account to access their own records and give authorization to share with third parties. This secure public online portal will be integrated with the agency’s current FOIA/Privacy Act case management system to ensure a centralized location for housing, securing, tracking and processing the incoming requests (See 45 CFR 5.22 and 5.24). Form Number: CMS–10781 (OMB control number: 0938–025); Frequency: Occasionally; Affected Public: Individuals or Households; Number of Respondents: 19,000; Total Annual Responses: 360; Total Annual Hours: 17,160. (For policy questions regarding this collection contact Hugh Gilmore at 410–786–5352).

Dated: July 20, 2021.

William N. Parham, III,
Director, Paperwork Reduction Staff, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2021–15756 Filed 7–22–21; 8:45 am]
BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–1764–N]

Medicare Program; Announcement of the Advisory Panel on Hospital Outpatient Payment Meeting

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice of meeting.

SUMMARY: This notice announces a virtual meeting of the Advisory Panel on Hospital Outpatient Payment (the Panel) for Calendar Year 2021. The purpose of the Panel is to advise the Secretary of the Department of Health and Human Services and the Administrator of the Centers for Medicare & Medicaid Services concerning the clinical integrity of the Ambulatory Payment Classification groups and their associated weights, and supervision of hospital outpatient therapeutic services. The advice provided by the Panel will be considered as we prepare the annual updates for the hospital outpatient prospective payment system.

DATES: Meeting date: The virtual meeting of the Panel is scheduled for Monday, August 23, 2021, from 9:30 a.m. to 5:00 p.m. Eastern Daylight Time (EDT). The times listed in this notice are EDT and are approximate times. Consequently, the meetings may last longer or be shorter than the times listed in this notice, but would not begin before the posted time.

Deadline for presentations and comment letters: Presentations or