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 (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 a second opportunity for public comment on the notice. Interested persons are invited to send comments regarding the burden estimate 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 on the collection(s) of information must be received by the OMB desk officer by July 23, 2025.

ADDRESSES: Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to *www.reginfo.gov/public/do/PRAMain*. Find this particular information collection by selecting ''Currently under 30-day Review—Open for Public Comments'' or by using the search function.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, please access the CMS PRA website by copying and pasting the following web address into your web browser: *https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing.*

FOR FURTHER INFORMATION CONTACT: William Parham at (410) 786–4669.

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (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 (44 U.S.C. 3506(c)(2)(A)) requires federal agencies to publish a 30-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 that summarizes the following proposed collection(s) of information for public comment:

1. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Medicare Advantage Model of Care Submission Requirements; *Use:* Section 1859(f)(7) of the Act and 42 CFR 422.101(f)(3) requires that all SNP MOCs be approved by NCQA. This approval is based on NCQA's evaluation of SNPs' MOC narratives using MOC scoring guidelines. Section 50311 of the BBA of 2018 modified the MOC requirements for C–SNPs in section 1859 (f)(5)(B)(i–v) of the Act, requiring them to submit on an annual basis. The BBA mandated additional changes for C–SNPs related to care management, HRAs, individualized care plans, a minimum benchmark for scoring, etc., for which CMS has applied these requirements to all SNP types.

SNPs will submit initial and renewal MOCs as well as summaries of any substantive off-cycle MOC changes to CMS through HPMS. This is the platform that CMS uses to coordinate communication and the collection of information from MAOs.

NCQA and CMS will use information collected in the SNP Application HPMS module to review and approve MOC narratives in order for an MAO to offer a new SNP in the upcoming calendar year(s). This information is used by CMS as part of the MA SNP application process. NCQA and CMS will use information collected in the Renewal Submission section of the HPMS MOC module to review and approve the MOC narrative for the SNP to receive a new approval period and operate in the upcoming calendar year(s). *Form Number:* CMS–10565 (OMB control number 0938–1296); *Frequency:* Occasionally; *Affected Public:* Private Sector, Business or other for-profits; *Number of Respondents:* 1,915; *Total Annual Responses:* 1,915; Total Annual Hours: 8,465. (For policy questions regarding this collection contact Daniel Lehman at 410–786–8929 or *daniel.lehman@cms.hhs.gov.*)

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Certification Statement for Electronic File Interchange Organizations (EFIOs) that submit National Provider Identifier (NPI) data to the National Plan and Provider Enumeration System (NPPES); *Use:* the EFI process allows organizations to submit NPI application information on large numbers of providers in a single file. Once it has obtained and formatted the necessary provider data, the EFIO can electronically submit the file to NPPES for processing. As each file can contain up to approximately 25,000 records, or provider applications, the EFI process greatly reduces the paperwork and overall administrative burden associated with enumerating providers. It is essential to collect this information from the EFIO to ensure that the EFIO understands its legal responsibilities as an EFIO and attests that it has the authority to act on behalf of the providers for whom it is submitting data. In short, the certification statement, which must be signed by an authorized official of the EFIO, serves as a safeguard against EFIOs attempting to obtain NPIs for illicit or inappropriate purposes. *Form Number:* CMS–10175 (OMB control number 0938–0984); *Frequency:* Once, Annually; *Affected Public:* Private Sector, State, Business, and Not-for Profits; *Number of Respondents:* 36; *Number of Responses:* 36; *Total Annual Hours:* 9. (For questions regarding this collection contact Katie Brooks at 667–414–0612.)

William N. Parham, III,

Director, Division of Information Collections and Regulatory Impacts, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2025–11408 Filed 6–20–25; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request; Health Resources and Services Administration Uniform Data System

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, HRSA submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for

review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period. OMB may act on HRSA's ICR only after the 30-day comment period for this notice has closed.

DATES: Comments on this ICR should be received no later than July 23, 2025.

ADDRESSES: Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to *www.reginfo.gov/public/do/PRAMain.* Find this particular information collection by selecting ''Currently under Review—Open for Public Comments'' or by using the search function.

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email Samantha Miller, the HRSA Information Collection Clearance Officer, at *paperwork@hrsa.gov* or call (301) 443–3983.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: HRSA Uniform Data System (UDS), OMB No. 0915–0193—Revision.

Abstract: The Health Center Program, administered by HRSA, is authorized under section 330 of the Public Health Service (PHS) Act (42 U.S.C. § 254b). Health centers are community-based and patient-directed organizations that deliver affordable, accessible, quality, and cost-effective primary health care services to patients regardless of their ability to pay. Nearly 1,400 health centers operate approximately 15,500 service delivery sites that provide primary health care to more than 31 million people in every U.S. state, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Basin.

HRSA uses the UDS for required annual reporting of program-specific data by Health Center Program awardees (those funded under section 330 of the PHS Act); Health Center Program look-alikes (entities meeting requirements of, but not funded under, section 330 of the PHS Act); and Nurse Education, Practice, Quality and Retention (NEPQR) and Advanced Nursing Education (ANE) Program awardees (specifically those funded under the practice priority areas of sections 831(b) and 811 of the PHS Act). Some NEPQR and ANE Program awardees establish and expand nursing practice arrangements in noninstitutional settings to demonstrate methods to improve access to primary health care in areas with unmet primary health care needs. Such grantees implementing nursing practice arrangements have historically used the same data collection system as the Health Center Program for their required annual reporting of program-specific data.

A 60-day notice was published in the **Federal Register** on November 22, 2024 (89 FR 92692–94). There were 18 public comments. Below is a summary of key themes raised in the comments and HRSA's response:

- Many stakeholders expressed strong support for the proposed addition of UDS measures and collection, acknowledging their potential to enhance care quality and patient outcomes;
- Stakeholders sought clarification on how to accurately report on the proposed measures;
- Others leveraged the **Federal Register** notice comment period as an opportunity to propose new measures in the UDS instrument;
- Some commenters expressed concerns about the potential increase in reporting burden associated with the proposed changes, particularly for health centers without designated Health Informaticists; and
- Several commenters recommended expanding upon 2025 UDS proposed measures in a future ICR to include mechanisms for assessing the outcomes of proposed interventions.

HRSA directly responded to each stakeholder who submitted comments, acknowledging the considerations raised and committed to the continued evaluation and exploration of downstream implications for the proposed 2025 UDS changes. There will be opportunities for stakeholders to propose new measures for consideration in future instruments. HRSA did not make any changes to the ICR in response to comments received.

Need and Proposed Use of the Information: HRSA requires the collection of information through UDS to monitor and evaluate the performance of health centers under section 330 and select NEPQR and ANE recipients under sections 831(b) and 811. These data aid in program compliance, guide quality improvement initiatives, and inform federal health policy decisions. HRSA also leverages UDS data to assess the impact of health centers and NEPQR and ANE recipients on patient health outcomes and to allocate funding and resources effectively across the Health Center Program. To keep this instrument relevant and responsive to the Health Center Program's needs and the evolving primary healthcare and clinical measurement landscape, periodic updates are essential. Updates for the performance year 2025 UDS data collection include:

Table 3B (Demographic Characteristics) Updates

- *Removal of Patients by Sexual Orientation and Gender Identity:* Data elements related to sexual orientation and gender identity will be removed to align with Administration priorities.

Table 6A (Selected Diagnoses and Services Rendered) Additions

- *Tobacco Use Cessation Pharmacotherapies:* A new measure is being added to line 26c2 to identify the number of visits where patients received tobacco cessation pharmacotherapies as an intervention and the number of patients who received this pharmacologic treatment. While the Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention electronic-specified clinical quality measure (CMS138v12) (Table 6B, Line 14a) that is currently reported in the UDS assesses for cessation, the way the measure is specified for reporting by its measure steward does not allow the disaggregation for the percentage of patients receiving counseling or recommendation to cessation pharmacotherapies. Adding a unique UDS line for reporting tobacco use cessation pharmacotherapies will promote greater understanding of the breadth of tobacco cessation interventions provided at health centers, specifically allowing HRSA to see differences in tobacco use cessation approaches.
- *Medications for Opioid Use Disorder (MOUD):* A new measure for MOUD services will be reported on line 26c3 for the number of visits where MOUD was administered and the number of patients who received this medication-based intervention. This new measure will complement and enhance the existing MOUD-related measures currently reported in Appendix E: Other Data Elements (*e.g.,* number of providers who treat opioid use disorder with MOUD). The inclusion of this measure is critical for enhancing efforts to address the ongoing opioid epidemic. Additional examination of the use of MOUD in health centers is necessary to better understand existing services and identify potential healthcare gaps.
- *Alzheimer's Disease and Related Dementias (ADRD) Screening:* A new measure is being added to line 26f to capture the number of visits where patients received ADRD screenings and

the number of patients who received the screenings. This measure will encompass assessments representing standardized tools used for the evaluation of cognition and mental status of older adults. The addition of this measure to capture screening of ADRD will be valuable in understanding the level of need and resources required to continue to support the growing aging population served by the Health Center Program and will foster early detection of ADRD.

Table 6B (Quality of Care Measures) Addition

• *Initiation and Engagement of Substance Use Disorder Treatment:* A new measure with two distinct rates is being added to Lines 23a and b to capture the initiation and engagement of substance use disorder treatment, in alignment with electronic-specified clinical quality measure CMS137v13. This measure will report on the percentage of patients 13 years and older with a new substance use disorder episode who received treatment, including (a) those who initiated treatment within 14 days and (b) those who engaged in ongoing treatment within 34 days of the initiation. By incorporating this measure, HRSA strengthens its alignment with national performance standards and gains greater insight into health centers' effectiveness in initiating and engaging patients in substance use disorder treatment.

Table 6B (Quality of Care Measures) and Table 7 (Health Outcomes) Updates

• Tables 6B and 7 collect UDS clinical quality measures,[1] and where applicable, clinical quality measures will be updated in alignment with specifications of the issued performance year 2025 electronic-specified clinical quality measures. These specifications were released by the Centers for Medicare & Medicaid Services on May 2, 2024, for use by eligible providers.[2] Clinical performance measure alignment across national programs promotes data standardization, quality, and transparency, and decreases reporting burden for providers and organizations participating in multiple federal programs.

Likely Respondents: Respondents will include Health Center Program award recipients and Health Center Program look-alikes carrying out programs under section 330 of the PHS Act and NEPQR and ANE award recipients funded under the practice priority areas of section 831(b) and 811 of the PHS Act.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents *	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Universal Report	1,538.00	1.00	1,538.00	238	366,044.00
Grant Report	420.00	1.22	512.40	22	11,272.80
Total	1,958.00		2,050.40		377,316.80

*The estimated number of respondents for the Universal Report consists of 1,363 Health Center Program awardees, 133 Health Center Look-alikes, and 42 NEPQR and ANE respondents. The estimated number of respondents for the ''Grant Report'' is based on the number of reports submitted by health centers in 2024: 339 (1 report), 70 (2 reports), 11 (3 reports).

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2025–11444 Filed 6–20–25; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HOMELAND SECURITY

Coast Guard

[Docket No. USCG–2025–0145]

Great Lakes Pilotage Advisory Committee Meeting; July 2025 Meeting

AGENCY: U.S. Coast Guard, Department of Homeland Security.

ACTION: Notice of open Federal advisory committee meeting.

SUMMARY: The Great Lakes Pilotage Advisory Committee (Committee) will meet in Port Huron, Michigan to discuss matters relating to Great Lakes Pilotage, including the review of proposed Great Lakes Pilotage regulations and policies. The meeting will be open to the public.

DATES:

Meeting: The Committee will meet on Wednesday, July 23, 2025, from 9 a.m. to 5:30 p.m. Eastern Daylight Time (EDT). Please note that this meeting may adjourn early if the Committee has completed its business.

Comments and supporting documentations: To ensure your comments are received by Committee members before the meeting, submit your written comments no later than 1 p.m., July 16, 2025.

ADDRESSES: The meeting will be held in the conference room at the DoubleTree Hotel, 800 Harker Street, Port Huron, MI 48060. *DoubleTree Hotels in Port Huron, MI—Find Hotels—Hilton.*

Pre-registration Information: Pre-registration is not required for access to the meeting.

The Great Lakes Pilotage Advisory Committee is committed to ensuring all participants have equal access regardless of disability status. If you require reasonable accommodation due to a disability to fully participate, please email Mr. Francis Levesque at *Francis.R.Levesque@uscg.mil.* or call (571) 308–4941 as soon as possible.

Instructions: You are free to submit comments at any time, including orally at the meeting, but if you want Committee members to review your comment before the meeting, please submit your comments no later than 1 p.m., July 16, 2025. We are particularly interested in comments on the topics in

[1] *https://www.cms.gov/medicare/quality/measures.*

[2] *https://ecqi.healthit.gov/now-available-updated-ecqm-specifications-and-implementation-resources-2025-performance/reporting-period.*