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**RECORD ACCESS PROCEDURES:**

See § 4.13 of the FTC’s Rules of Practice, 16 CFR 4.13. For additional guidance, see also Appendix II (How To Make A Privacy Act Request), available on the FTC’s website at <https://www.ftc.gov/about-ftc/foia/foia-reading-rooms/privacy-act-systems> and at 73 FR 33592, 33634 (June 12, 2008).

**CONTESTING RECORD PROCEDURES:**

See § 4.13 of the FTC’s Rules of Practice, 16 CFR 4.13. For additional guidance, see also Appendix II (How To Make A Privacy Act Request), available on the FTC’s website at <https://www.ftc.gov/about-ftc/foia/foia-reading-rooms/privacy-act-systems> and at 73 FR 33592, 33634 (June 12, 2008).

**NOTIFICATION PROCEDURES:**

See § 4.13 of the FTC’s Rules of Practice, 16 CFR 4.13. For additional guidance, see also Appendix II (How To Make A Privacy Act Request), available on the FTC’s website at <https://www.ftc.gov/about-ftc/foia/foia-reading-rooms/privacy-act-systems> and at 73 FR 33592, 33634 (June 12, 2008).

**EXEMPTIONS PROMULGATED FOR THE SYSTEM:**

None.

**HISTORY:**

73 FR 33591–33634 (Jun 12, 2008).

\* \* \* \* \*

April J. Tabor,  
Secretary.

[FR Doc. 2025–18547 Filed 9–24–25; 8:45 am]

**BILLING CODE 6750–01–P**

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Agency for Healthcare Research and Quality**

**Agency Information Collection Activities: Proposed Collection; Comment Request**

**AGENCY:** Agency for Healthcare Research and Quality, HHS.

**ACTION:** Information collection notice.

**SUMMARY:** This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the extension, without change, of the currently approved information collection project “Agency for Healthcare Research and Quality’s (AHRQ) Child Hospital Consumer Assessment of Healthcare Providers and Systems (Child HCAHPS) Survey Database.”

**DATES:** Comments on this notice must be received by November 24, 2025.

**ADDRESSES:** Written comments should be submitted to:

*REPORTSCLEARANCEOFFICER@ahrq.hhs.gov.*

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

**FOR FURTHER INFORMATION CONTACT:**

Margie Shofer, AHRQ Reports Clearance Officer, 301–427–1696 or by email at *REPORTSCLEARANCEOFFICER@ahrq.hhs.gov.*

**SUPPLEMENTARY INFORMATION:**

**Proposed Project**

*Agency for Healthcare Research and Quality’s (AHRQ) Child Hospital Consumer Assessment of Healthcare Providers and Systems (Child HCAHPS) Survey Database*

The Child HCAHPS survey assesses the experiences of pediatric patients (less than 18 years old) and their parents or guardians with inpatient care. It complements the CAHPS Adult Hospital Survey (HCAHPS), which asks adult inpatients about their experiences. The Child HCAHPS Survey Database is a voluntary database available to all Child HCAHPS users to support both quality improvement and research to enhance the patient-centeredness of care delivered to pediatric hospital patients. AHRQ requests that OMB approve the extension, without change, of AHRQ’s collection of information for the Child HCAHPS Survey Database (OMB Control number 0935–0243, last approved on October 12, 2022).

**Rationale for the Information Collection**

Like the survey instrument itself and related toolkit materials to support survey implementation, aggregated Child HCAHPS Survey Database results will be made publicly available on AHRQ’s CAHPS website. Technical assistance will be provided by AHRQ through its contractor at no charge to hospitals to facilitate the access and use

of these materials for quality improvement and research. Technical assistance is also provided to support Child HCAHPS data submission.

The Child HCAHPS Survey Database supports AHRQ’s goals of promoting improvements in the quality and patient-centeredness of health care in pediatric hospital settings.

This (*research/project/database/etc.*) seeks to answer the following research questions:

1. What are the key drivers of patient experience in pediatric settings?

2. How do pediatric patients experience of care vary across the West, Midwest, South, and Northeast regions?

3. What are the highest and lowest scoring measures in specific areas of care for pediatric hospitals?

This research has the following goals:

1. Improve care provided by individual hospitals and hospital systems.

2. Offer several products and services, including providing survey results presented through summary chartbooks, custom analyses, private reports and data for research purposes.

3. Provides information to help identify strengths and areas with potential for improvement in patient care.

Survey data from the Child HCAHPS Survey Database will be used to produce two types of reporting products:

• Hospital Feedback Reports.

Hospitals that submit data will have access to a customized report that presents findings for their individual submission along with results from the database overall. These “private” hospital feedback reports will display sortable results for each of the Child HCAHPS core composite measures and for each individual survey item that forms the composite measure.

• Child HCAHPS Chartbook. A summary-level Chartbook will be compiled to display top box and other proportional scores for the Child HCAHPS items and composite measures broken out by selected hospital characteristics (e.g., region, hospital size, ownership and affiliation, etc.).

This study is being conducted by AHRQ through its contractor, Westat, pursuant to AHRQ’s statutory authority to conduct and support research on health care and on systems for the delivery of such care, including activities with respect to the quality, effectiveness, efficiency, appropriateness and value of healthcare services; to quality measurement and improvement; and health surveys and database development [42 U.S.C 299a(a)(1), (2), and (8)].

**Method of Collection**

To achieve the goals of this project, the following data collections will be implemented:

- Registration with the submission website to obtain an account with a secure username and password: The point-of-contact (POC), often the hospital, completes a number of data submission steps and forms, beginning with the completion of the online registration form. The purpose of this form is to collect basic contact information about the organization and initiate the registration process;
- Submission of signed Data Use Agreements (DUAs) and survey questionnaires: The purpose of the data use agreement, completed by the participating hospital, is to state how data submitted by or on behalf of hospitals will be used and provide confidentiality assurances;
- Submission of hospital information form: The purpose of this form, completed by the participating

organization, is to collect background characteristics of the hospital;

- Submission of survey data files: POCs upload their data file using the Hospital data file specifications to ensure that users submit standardized and consistent data in the way variables are named, coded, and formatted.

**Estimated Annual Respondent Burden**

Exhibit 1 shows the estimated burden hours for the respondent to participate in the database. The 54 POCs in Exhibit 1 are a combination of an estimated 50 hospitals that currently administer the Child HCAHPS survey and the four survey vendors assisting them.

Each hospital will register online for submission. The online Registration form will require about five minutes to complete. Each submitter will also complete a hospital information form. The online hospital information form takes on average five minutes to complete. The DUA will be completed by each of the 50 participating hospitals. Survey vendors do not sign or submit

DUAs. The DUA are submitted by the participating hospitals and requires about three minutes to sign and upload to the online submission system. Each submitter, which in most cases will be the survey vendor performing the data collection, will provide a copy of their questionnaire and the survey data file in the required file format. Survey data files must conform to the data file layout specifications provided by the Child HCAHPS Survey Database. Since the unit of analysis is at the hospital level, submitters will upload one data file per hospital. Once a data file is uploaded, the file will be automatically checked to ensure it conforms to the specifications, and a data file status report will be produced and made available to the submitter. Submitters will review each report and will be expected to correct any errors in their data file and resubmit if necessary. It will take about one hour to submit the data for each hospital. The total burden is estimated to be 61 hours annually.

**EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS**

Form name	Number of respondents/POCs	Number of responses per POC	Hours per response	Total burden hours
Registration Form .....	50	1	5/60	4
Hospital Information Form .....	50	1	5/60	4
Data Use Agreement .....	50	1	3/60	3
Data Files Submission .....	4	12.5	1	50
<b>Total .....</b>		<b>NA</b>	<b>NA</b>	<b>61</b>

Exhibit 2 shows the estimated annualized cost burden based on the respondents' time to complete one

submission process. The cost burden is estimated to be \$6,801 annually.

**EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN**

Form name	Total burden hours	Average hourly wage rate *	Adjusted hourly wage rate **	Total cost burden
Registration Form .....	4	<sup>a</sup> \$66.22	\$132.44	\$530
Hospital Information Form .....	4	<sup>a</sup> 66.22	132.44	530
Data Use Agreement .....	3	<sup>b</sup> 126.41	252.82	758
Data Files Submission .....	50	<sup>c</sup> 49.83	99.66	4,983
<b>Total .....</b>	<b>61</b>	<b>NA</b>	<b>NA</b>	<b>6,801</b>

\* National Compensation Survey: Occupational wages in the United States May 2024, “U.S. Department of Labor, Bureau of Labor Statistics.”

\*\* The Adjusted Hourly Rate was estimated at 200% of the hourly wage.

<sup>a</sup> Based on the mean hourly wage for Medical and Health Services Managers (11-9111).

<sup>b</sup> Based on the mean hourly wage for Chief Executives (11-1011).

<sup>c</sup> Based on the mean hourly wages for Computer Programmer (15-1251).

**Request for Comments**

In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3520, comments on AHRQ's information collection are requested with regard to any of the following: (a) whether the

proposed collection of information is necessary for the proper performance of AHRQ's health care research and health care information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of

burden (including hours and costs) of the proposed collection(s) of information; (c) ways to enhance the quality, utility and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information upon the

respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: September 23, 2025.

**Mamatha Pancholi,**  
*Deputy Director.*

[FR Doc. 2025-18658 Filed 9-24-25; 8:45 am]

**BILLING CODE 4160-90-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10779]

### 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 (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 November 24, 2025.

**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, 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 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-10779** Complaints Submission Process under the No Surprises Act 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 Collections

1. *Type of Information Collection Request:* Reinstatement without change of a previously approved information

collection; *Title of Information Collection:* Complaints Submission

*Process under the No Surprises Act; Use:* Enacted on December 27, 2020, the No Surprises Act, which was enacted as part of the Consolidated Appropriations Act (CAA), amended the Employee Retirement Income Security Act of 1974 (ERISA), the Public Health Service Act (PHS Act), and the Internal Revenue Code of 1986 (Code). The No Surprise Act implements provisions that protect individuals from surprise medical bills for emergency services, air ambulance services furnished by nonparticipating providers, and non-emergency services furnished by nonparticipating providers at participating facilities in certain circumstances. Additionally, the No Surprises Act sets forth a complaints processes with respect to potential violations of balance billing requirements set forth in the No Surprises Act.

The No Surprises Act directs the Departments to establish a process to receive complaints regarding violations of the application of QPA requirements by group health plans and health insurance issuers offering group or individual health coverage. The No Surprises Act also directs HHS to establish a process to receive consumer complaints regarding violations by health care providers, facilities, and providers of air ambulance services regarding balance billing requirements and to respond to such complaints within 60 days.

CMS will request information from non-federal governmental plans and issuers, health care providers, facilities, providers of air ambulance services, and individuals to review and process a complaint for potential violations of balance billing requirements. *Form Number:* CMS-10779 (OMB control number 0938-1406); *Frequency:* Annually; *Affected Public:* Private sector and Business or other for-profits; *Number of Respondents:* 39,000; *Number of Responses:* 39,000; *Total Annual Hours:* 19,500. (For questions regarding this collection, contact: Patrick Edwards at [patrick.edwards@cms.hhs.gov](mailto:patrick.edwards@cms.hhs.gov).)

**William N. Parham, III,**  
*Director, Division of Information Collections and Regulatory Impacts, Office of Strategic Operations and Regulatory Affairs.*

[FR Doc. 2025-18533 Filed 9-24-25; 8:45 am]

**BILLING CODE 4120-01-P**