

1. Creativity (Includes elements such as the creativity and coherence of the script/story)

2. Potential Impact (Includes whether the video is compelling, inspiring, instructive, and share-able.)

3. Video and Audio Quality (All types of videos will be accepted into the Challenge. However, effort to show quality of the video content, narrative and visual appearance will be assessed.)

4. Video Plays (Includes the number of plays on either YouTube or Vimeo—whichever service was linked to in the submission. The more plays the video has the better it will score in this category.)

There will be one Popular Choice award for the video that receives the most number of verified votes during the voting period.

Additional information

Submission Rights

By participating in this Challenge, each Contestant grants to the ONC, the Administrator and others acting on behalf of ONC, an irrevocable, paid-up, royalty-free nonexclusive worldwide license to post, link to, share, and display publicly on the Web. This license includes posting or linking to the Submission on the official ONC Web sites and Web sites of other who have agreed to promote the Challenge, making it available for use by the public. By entering the challenge, contestants agree to make the original digital file of their Video available to ONC and/or the Administrator or others acting on behalf of ONC upon request.

Compliance With Rules and Contacting Contest Winners

Finalists and the Contest Winners must comply with all terms and conditions of these Official Rules, and winning is contingent upon fulfilling all requirements herein. The initial finalists will be notified by email, telephone, or mail after the date of the judging.

Awards may be subject to Federal income taxes, and the Department of Health and Human Services will comply with the Internal Revenue Service withholding and reporting requirements, where applicable.

General Conditions

Participation in this Contest constitutes a contestant's full and unconditional agreement to abide by the Contest's Official Rules found at www.Challenge.gov.

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

Authority: 15 U.S.C. 3719.

Dated: October 11, 2012.

Farzad Mostashari,

National Coordinator for Health Information Technology.

[FR Doc. 2012–25699 Filed 10–18–12; 8:45 am]

BILLING CODE 4150–45–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Availability: Test Tools and Test Procedures Approved for the Office of the National Coordinator for Health Information Technology (ONC) HIT Certification Program

AGENCY: Office of the National Coordinator for Health Information Technology, Office of the Secretary, Department of Health and Human Services.

Authority: 42 U.S.C. 300jj–11.

ACTION: Notice.

SUMMARY: This notice announces the availability of test tools and test procedures approved by the National Coordinator for Health Information Technology (the National Coordinator) for the testing of EHR technology under the ONC HIT Certification Program to the 2011 Edition EHR certification criteria. The approved test tools and test procedures are identified on the ONC Web site at: <http://www.healthit.gov/policy-researchers-implementers/2011-edition-approved-test-methods>.

FOR FURTHER INFORMATION CONTACT:

Carol Bean, Director, Office of Certification, Office of the National Coordinator for Health Information Technology, 202–690–7151.

SUPPLEMENTARY INFORMATION: On January 7, 2011, the Department of Health and Human Services issued a final rule establishing a permanent certification program for the purposes of testing and certifying health information technology (“Establishment of the Permanent Certification Program for Health Information Technology,” 76 FR 1262) (Permanent Certification Program final rule).¹ The permanent certification program was renamed the “ONC HIT Certification Program” in a final rule published on September 4, 2012 (77 FR 54163). The preamble of the Permanent Certification Program final rule stated that when the National Coordinator had

¹ The Department issued a proposed rule entitled “Proposed Establishment of Certification Programs for Health Information Technology” (75 FR 11328, March 10, 2010) that proposed the establishment of a temporary certification program and a permanent certification program and stated the Department's intentions to issue separate final rules for each program.

approved test tools and/or test procedures ONC would publish a notice of availability in the **Federal Register** and identify the approved test tools and test procedures on the ONC Web site. As discussed in the Permanent Certification Program final rule, we anticipated that many of the test tools and test procedures that were developed by the National Institute of Standards and Technology (NIST) and approved for use in the temporary certification program would be approved for use in performing the testing of EHR technology under the ONC HIT Certification Program, particularly when the adopted certification criteria to which the test tools and test procedures applied had not been revised.

The National Coordinator has approved for use under the ONC HIT Certification Program the test tools and test procedures developed by NIST for testing EHR technology to the 2011 Edition EHR certification criteria. These approved test tools and test procedures are identified on the ONC Web site at: <http://www.healthit.gov/policy-researchers-implementers/2011-edition-approved-test-methods>.

Dated: October 11, 2012.

Farzad Mostashari,

National Coordinator for Health Information Technology.

[FR Doc. 2012–25830 Filed 10–18–12; 8:45 am]

BILLING CODE 4150–45–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10444 and CMS–R–284]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. 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 function;

(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.

1. *Type of Information Collection Request:* New collection; *Title of Information Collection:* Minimum Data Set for Medicaid Incentives for Prevention of Chronic Diseases Program Grantees; *Use:* The Medicaid Incentives for Prevention of Chronic Diseases (MIPCD) demonstration program provides grants to states to implement programs that provide incentives to Medicaid beneficiaries of all ages who participate in prevention programs and demonstrate changes in health risk and outcomes, including the adoption of healthy behaviors. The prevention programs address at least one of the following prevention goals: tobacco cessation, controlling or reducing weight, lowering cholesterol, lowering blood pressure, and avoiding the onset of diabetes or in the case of a diabetic, improving the management of the condition. The programs are also comprehensive, widely available, easily accessible, and based on relevant evidence-based research and resources, including: the Guide to Community Preventive Services; the Guide to Clinical Preventive Services; and the National Registry of Evidence-Based Programs.

The proposed information collection, the MIPCD Minimum Data Set (MDS), is intended to collect data for program performance monitoring and evaluation. The MDS is a secondary data collection that assembles information already collected by grantees in the course of tracking beneficiary participation and outcomes and performing their own evaluation activities. Data collected through the MDS will be used to report on program implementation and evaluation to CMS and the Congress. *Form Number:* CMS-10444 (OCN: 0938-New); *Frequency:* Quarterly; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 10; *Total Annual Responses:* 40; *Total Annual Hours:* 3,467. (For policy questions regarding this collection contact Sherrie Fried at 410-786-6619. For all other issues call 410-786-1326.)

2. *Type of Information Collection Request:* Extension without change of a currently approved collection. *Title of Information Collection:* Medicaid Statistical Information System (MSIS). *Use:* The Balanced Budget Act of 1997 mandated that states report their Medicaid data via MSIS. MSIS is used

by states and other jurisdictions to report fundamental statistical data on the operation of their Medicaid program. Data provided on eligibles, beneficiaries, payments and services are vital to those studying and assessing Medicaid policies and costs. Medicaid statistical data are routinely requested by CMS, Department agencies, the Congress and their research offices, state Medicaid agencies, research organizations, social service interest groups, universities and colleges, and the health care industry. The data provides the only national level information available on enrollees, beneficiaries, and expenditures. It also provides the only national level information available on Medicaid utilization. This information is the basis for analyses and for cost savings estimates for the Department's cost sharing legislative initiatives to the Congress. The data is also crucial to CMS and HHS actuarial forecasts. *Form Number:* CMS-R-284 (OCN 0938-0345). *Frequency:* Quarterly. *Affected Public:* State, Local, or Tribal Governments. *Number of Respondents:* 51. *Total Annual Responses:* 204. *Total Annual Hours:* 2,040. (For policy questions regarding this collection contact Kay Spence at 410-786-1617. For all other issues call 410-786-1326.)

To be assured consideration, comments and recommendations for the proposed information collections must be received by the OMB desk officer at the address below, no later than 5 p.m. on November 19, 2012.

OMB, Office of Information and Regulatory Affairs, Attention: CMS Desk Officer, Fax Number: (202) 395-6974, Email: OIRA_submission@omb.eop.gov.

Dated: October 16, 2012.

Martique Jones,

Director, Regulations Development Group, Division B, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2012-25772 Filed 10-18-12; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-3266-FN]

Medicare and Medicaid Programs; Approval of the Community Health Accreditation Program for Continued Deeming Authority for Hospices

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

ACTION: Final notice.

SUMMARY: This notice announces our decision to approve the Community Health Accreditation Program (CHAP) for continued recognition as a national accrediting organization for hospices that wish to participate in the Medicare or Medicaid programs. A hospice that participates in Medicaid must also meet the Medicare conditions of participation (CoPs) as referenced in our regulations.

DATES: *Effective Date:* This final notice is effective November 20, 2012 through November 20, 2018.

FOR FURTHER INFORMATION CONTACT:

Lillian Williams, (410) 786-8636.

Cindy Melanson, (410) 786-0310.

Patricia Chmielewski, (410) 786-6899.

SUPPLEMENTARY INFORMATION:

I. Background

Under the Medicare program, eligible beneficiaries may receive covered services in a hospice, provided certain requirements are met. Section 1861(dd)(1) of the Social Security Act (the Act) establishes distinct criteria for entities seeking designation as a hospice program. Regulations concerning provider agreements are at 42 CFR part 489 and those pertaining to activities relating to the survey and certification of facilities are at 42 CFR part 488. The regulations at 42 CFR part 418 specify the conditions that a hospice must meet in order to participate in the Medicare program, the scope of covered services, and the conditions for Medicare payment for hospice care.

Generally, to enter into an agreement, a hospice must first be certified by a State survey agency as complying with conditions or requirements set forth in part 418. Thereafter, the hospice is subject to regular surveys by a State survey agency to determine whether it continues to meet these requirements. However, there is an alternative to surveys by State agencies.

Section 1865(a)(1) of the Act provides that, if a provider entity demonstrates through accreditation by an approved national accrediting organization that all applicable Medicare conditions are met or exceeded, we will deem those provider entities as having met the requirements. Accreditation by an accrediting organization is voluntary and is not required for Medicare participation.

If an accrediting organization is recognized by the Secretary as having standards for accreditation that meet or exceed Medicare requirements, any provider entity accredited by the national accrediting body's approved program would be deemed to meet the