DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10451]

Agency Information Collection Activities: Proposed Collection; 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) 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 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.

1. *Type of Information Collection Request:* New collection; *Title of Information Collection:* Evaluation and Development of Outcome Measures for Quality Assessment in Medicare Advantage and Special Needs Plans; *Use:* Quality improvement is a major initiative for the Centers for Medicare and Medicaid Services (CMS). With the passing of the Patient Protection and Affordable Care Act in March 2010, there is a focused interest in providing quality and value-based healthcare for Medicare beneficiaries. In addition, it is critical to develop criteria not only for quality improvement but also as a means for beneficiaries to compare healthcare plans to make the choice that is right for them.

It is critical to the CMS mission to expand its quality improvement efforts from collection of structure and process measures to include outcome measures. However, the development of outcome measures appropriate for the programs serving older and/or disabled patients has been somewhat limited. The development and subsequent implementation of outcome measures as part of the overall quality improvement program for CMS is crucial to ensuring that beneficiaries obtain high quality healthcare. In addition, process of care measures are needed that focus on the care needs of Medicare beneficiaries, such as factors affecting continuity of care and transitions.

This request is for data collection to test the use of new tools available to CMS to measure care pertinent to vulnerable beneficiaries where quality of care provided by Medicare Advantage Organizations (MAOs) should be closely monitored. The measures to be evaluated and developed upon approval of this request relate to (1) Continuity of information and care from hospital discharge to the outpatient setting, (2) continuity between mental health provider and primary care provider (PCP), and (3) items that may be added to the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey addressing language-centered care, cultural competence, physical activity, healthy eating, and caregiver strain. *Form Number:* CMS–10451 (OCN: 0938-New); *Frequency:* Yearly, occasionally; *Affected Public:* Individuals or Households, Private sector—Business or other for-profits; *Number of Respondents:* 2,012; *Total Annual Responses:* 2,360; *Total Annual Hours:* 4,630. (For policy questions regarding this collection contact Susan Radke at 410–786–4450. For all other issues call 410–786–1326.)

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS' Web Site address at *http://www.cms.hhs.gov/PaperworkReductionActof1995,* or Email your request, including your address, phone number, OMB number, and CMS document identifier, to *Paperwork@cms.hhs.gov,* or call the Reports Clearance Office on (410) 786–1326.

In commenting on the proposed information collections please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in one of the following ways by December 26, 2012:

1. *Electronically.* You may submit 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) 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.

Dated: October 23, 2012.

Martique Jones,

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

[FR Doc. 2012–26380 Filed 10–25–12; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration For Children And Families

[CFDA Number: 93.605]

Announcement of the Award of a Noncompetitive Single Source Replacement Grant to the Larimer County (CO) Department of Human Services in Fort Collins, CO

AGENCY: Children's Bureau, ACF, HHS.

ACTION: Announcement of the award of a noncompetitive single source replacement grant to the Larimer County (CO) Department of Human Services in Fort Collins, CO.

SUMMARY: The Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau (CB) awarded a 36-month demonstration grant to the American Humane Association (AHA) on September 29, 2011. On April 27, 2012, AHA submitted a letter requesting a relinquishment, effective June 30, 2012. The Larimer County Department of Human Services, an eligible organization, submitted its letter, along with its grant application, requesting approval to complete all of the remaining grant activities from July 1, 2012, through September 29, 2014. The Larimer County Department of Human Services will continue to provide all program activities. No changes to the grant activities will occur. All existing key personnel for the grant will remain to ensure continuity in accomplishing all of the program activities, as described in the original proposal. For the remainder of the project period listed below, this organization has been awarded funds in the amount of $1,189,750 as the permanent replacement grantee.

DATES: July 1, 2012, through September 29, 2014.

FOR FURTHER INFORMATION CONTACT: Cathy Overbagh, Child Welfare Program Specialist, Division of Program Innovation, Children's Bureau, 1250 Maryland Avenue SW., Washington, DC 20024. Telephone: 202–205–7273; Email: *cathy.overbagh@acf.hhs.gov.*

SUPPLEMENTARY INFORMATION: The Family Connection Grant Program was

established for the purpose of helping children who are in, or at risk of entering, foster care reconnect with family members through the implementation of programs of kinship navigator programs, programs using intensive family finding efforts, programs using family group decision-making meetings, and residential family treatment programs. In September 2011, the Children's Bureau awarded a cluster of 36-month demonstration grants, including the grant relinquished by AHA, to focus on using family group decision-making meetings to build protective factors for children and families.

Statutory Authority: Section 427 of the Social Security Act (42 U.S.C. Sections 620–629) as amended by the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Pub. L. 110–351, Section 102(a)).

Bryan Samuels,

Commissioner, Administration on Children, Youth and Families.

[FR Doc. 2012–26349 Filed 10–25–12; 8:45 am]

BILLING CODE 4184–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities; Proposed Collection; Comment Request

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104–13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email *paperwork@hrsa.gov* or call the HRSA Reports Clearance Officer at (301) 443–1984.

HRSA requests comments on: (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.

Information Collection Request Title: Drug Pricing Program Reporting Requirements (OMB No. 0915–0176)—[Extension]

Abstract: Section 602 of Public Law 102–585, the Veterans Health Care Act of 1992, enacted section 340B of the Public Health Service Act (PHS Act), ''Limitation on Prices of Drugs Purchased by Covered Entities.'' Section 340B provides that a manufacturer who participates in Medicaid must sign a Pharmaceutical Pricing Agreement with the Secretary of Health and Human Services in which the manufacturer agrees to charge enrolled covered entities a price for covered outpatient drugs that will not exceed an amount determined under a statutory formula. Covered entities which choose to participate in the section 340B Drug Pricing Program must comply with the requirements of 340B(a)(5) of the PHS Act. Section 340B(a)(5)(A) prohibits a covered entity from accepting a discount for a drug that would also generate a Medicaid rebate. Further, section 340B(a)(5)(B) prohibits a covered entity from reselling or otherwise transferring a discounted drug to a person who is not a patient of the entity.

In response to the statutory mandate of section 340B(a)(5)(C) to permit the Secretary or manufacturers to conduct audits of covered entities and because of the potential for disputes involving covered entities and participating drug manufacturers, the HRSA Office of Pharmacy Affairs (OPA) developed a dispute resolution process for manufacturers and covered entities, as well as manufacturer guidelines for audit of covered entities (Federal Register Final Notice, December 12, 1996 (Vol. 61, No. 240, pp. 65406–65413)).

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 Information Collection Request are summarized in the table below.

The annual estimate of burden is as follows:

Reporting/notification requirement	Number of respondents	Responses per respondent	Total responses	Hours/ response	Total burden hours
AUDITS					
Audit Notification to Entity [1]	10	1	10	4	40
Audit Workplan [1]	8	1	8	8	64
Audit Report [1]	6	1	6	8	48
Entity Response	6	1	6	8	48
DISPUTE RESOLUTION					
Mediation Request	10	4	40	10	400
Rebuttal	10	1	10	16	160
Total	50		80		760

[1] Prepared by the manufacturer.

Recordkeeping Burden: