

vehicles or related services must include: (1) Two copies of the agency authorization; (2) The number of vehicles and related services required and period of use; (3) A list of employees who are authorized to request the vehicles or related services; (4) A listing of equipment authorized to be serviced; and (5) Billing instructions and address.

Public comments are particularly invited on: Whether this collection of information is necessary for the proper performance of functions of the Federal Acquisition Regulations (FAR), 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; ways to enhance the quality, utility, and clarity of the information to be collected; and ways in which we can minimize the burden of the collection of information on those who are to respond, through the use of appropriate technological collection techniques or other forms of information technology.

B. Annual Reporting Burden

The time required to read and prepare information is estimated at 1 hour. Per a data search in the Federal Procurement Data System, approximately 120 contracting agencies awarded cost reimbursable contracts in Fiscal Year 2012. Of these agencies, it is estimated that approximately fifty percent, or 60, contracting agencies may utilize the IFMS to provide vehicles to contractors for official purposes only. We are not aware of a centralized database which captures information on agencies' use of the IFMS for this information collection; however, agencies annually report motor vehicle fleet data using the GSA Federal Automotive Statistical Tool (FAST), a web-based reporting tool cosponsored by GSA and the Department of Energy. Based on information in the Fiscal Year 2011 report, the estimate of 60 contracting agencies that may utilize the IFMS to provide vehicles to contractors is reasonable. It is estimated that an average of 3 contractors per agency may request to use the IFMS for a total of approximately 180 requests per year. The requests should be limited because certain travel costs are allowable under cost-reimbursement contracts, including the costs of contractor-owned or -leased automobiles. FAR 31.205-46(d) provides that these costs are allowable, if reasonable, to the extent that the automobiles are used for company business.

Estimated respondents/yr: 180.

Number of Responses annually: 1.

Total annual responses: 180.

Estimated hrs/response: 1.

Estimated total burden/hrs: 180.

Obtaining Copies of Proposals:

Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat (MVCB), 1275 First Street NE., Washington, DC 20417, telephone (202) 501-4755.

Please cite OMB Control No. 9000-0032, Contractor Use of Interagency Fleet Management System Vehicles, in all correspondence.

Dated: April 17, 2013.

William Clark,

Acting Director, Federal Acquisition Policy Division, Office of Governmentwide Acquisition Policy, Office of Acquisition Policy, Office of Governmentwide Policy.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Notice of Interest Rate on Overdue Debts

Section 30.18 of the Department of Health and Human Services' claims collection regulations (45 CFR part 30) provides that the Secretary shall charge an annual rate of interest, which is determined and fixed by the Secretary of the Treasury after considering private consumer rates of interest on the date that the Department of Health and Human Services becomes entitled to recovery. The rate cannot be lower than the Department of Treasury's current value of funds rate or the applicable rate determined from the "Schedule of Certified Interest Rates with Range of Maturities" unless the Secretary waives interest in whole or part, or a different rate is prescribed by statute, contract, or repayment agreement. The Secretary of the Treasury may revise this rate quarterly. The Department of Health and Human Services publishes this rate in the **Federal Register**.

The current rate of 10¹/₈%, as fixed by the Secretary of the Treasury, is certified for the quarter ended March 31, 2013. This rate is based on the Interest Rates for Specific Legislation, "National Health Services Corps Scholarship Program (42 U.S.C. 250(B)(1)(A))" and "National Research Service Award Program (42 U.S.C. 288(c)(4)(B))." This interest rate will be applied to overdue debt until the Department of Health and Human Services publishes a revision.

Dated: April 17, 2013.

Margie Yanchuk,

Director, Office of Financial Policy and Reporting.

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BILLING CODE 4150-04-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-9996-N4]

Early Retiree Reinsurance Program

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

ACTION: Notice.

SUMMARY: This notice sets forth termination dates for several processes under the Early Retiree Reinsurance Program (ERRP) in preparation for the January 1, 2014 program sunset date. These operational processes, which involve plan sponsors and other parties, include: the submission of changes to information in a plan sponsor's ERRP application; the reporting of plan sponsor change of ownership; the submission of reimbursement requests; the reporting and correction of data inaccuracies; and the request for reopenings of reimbursement determinations.

DATES: *Effective Date:* This notice is effective April 19, 2013.

FOR FURTHER INFORMATION CONTACT: David Mlawsky, (410) 786-6851.

SUPPLEMENTARY INFORMATION:

I. Background

The Patient Protection and Affordable Care Act (Pub. L. 111-148) was enacted on March 23, 2010, and the Health Care and Education Reconciliation Act of 2010 (Reconciliation Act) (Pub. L. 111-152) was enacted on March 30, 2010. These laws are collectively referred to as "Affordable Care Act." Section 1102 of the Affordable Care Act directs the Secretary of Health and Human Services (HHS) to establish the temporary Early Retiree Reinsurance Program (ERRP) to provide reimbursement to eligible sponsors of employment-based plans for a portion of the costs of providing health coverage to early retirees (and eligible spouses, surviving spouses, and dependents of such retirees), during the period beginning on the date on which the program is established, and ending on January 1, 2014 (the ERRP sunset date). Section 1102(a)(1) of the Affordable Care Act required the Secretary to establish the program

within 90 days of enactment of the law (by June 21, 2010). Section 1102(e) of the Affordable Care Act appropriates funding of \$5 billion for the temporary program.

In the May 5, 2010 **Federal Register** (75 FR 24450), we published an interim final regulation with comment period, implementing the program as of June 1, 2010. Subsequently, we published several guidance documents that further detailed program requirements and operations in various sections of the rule (see the Regulations and Guidance section and the Common Questions section on the ERRP public Web site at www.errp.gov). Collectively, the regulations and guidance set forth various requirements and processes associated with participation in the ERRP. These requirements and processes include mandatory activities, such as how to report and correct previously submitted data inaccuracies, as well as elective activities, such as requesting a reopening of a reimbursement determination.

Several of these requirements and processes require access to the ERRP Secure Web site. The ERRP Secure Web site is used by plan sponsors to complete several important operations, such as submitting corrections to data inaccuracies and requesting reimbursement. As part of ending the program, we are planning for the ERRP Secure Web site to eventually be taken offline and archived and to conclude the remaining operational processes.

This notice sets forth the termination dates for several operational processes, including those that involve plan sponsors' reporting and submitting of information, in preparation for implementing the January 1, 2014 sunset date.

However, this notice does not limit the requirements in the ERRP regulations at 45 CFR 149.350, which require plan sponsors (and subcontractors, if applicable) to maintain and furnish to the HHS Secretary upon request, certain records enumerated in those regulations. Such records must be maintained for 6 years after the expiration of the plan year in which the costs were incurred, or longer if otherwise required by law. These timeframes set forth in 45 CFR 149.350 continue to apply, notwithstanding the ERRP sunset date or any other dates set forth in this notice.

II. Provisions of This Notice

This notice describes how five operational processes will be impacted by the January 1, 2014 sunset date: (1) Reporting changes to information in ERRP applications; (2) reporting change

of ownership; (3) submitting reimbursement requests; (4) reporting and submitting corrections to data inaccuracies; and (5) requesting the Secretary to reopen and revise an adverse reimbursement determination. Presented below are the specifics of how these operational processes will be impacted.

A. Date After Which Plan Sponsors No Longer Must Report Changes to Information in Their ERRP Applications

The ERRP regulations at 45 CFR 149.35 require a plan sponsor that wishes to participate in the ERRP to submit an application to the Secretary, in the manner and at the time required by the Secretary, as specified in 45 CFR 149.40. The application must contain all the information specified in 45 CFR 149.40 to be approved. Currently, a plan sponsor with an approved application is required to report updates to information contained in its application.¹ CMS expects plan sponsors to update by December 31, 2013, all information that they know is inaccurate. Contact and banking information should be updated in the ERRP Secure Web site.

All other application information should be updated by amendment of the paper ERRP application. After December 31, 2013, plan sponsors will no longer be required to update information contained in either their paper application or the ERRP Secure Web site. Any plan sponsor that is the subject of an active audit as of December 31, 2013, still will be required to keep both CMS and the ERRP Program Integrity Contractor informed of the most current contact information for their Authorized Representative, Account Manager, and any other critical points of contact, until such time that the audit is completed. The plan sponsor must communicate changes to contact information by phone call or email to the ERRP Contact Center and ERRP Program Integrity Contractor.

B. Date After Which Plan Sponsors No Longer Must Report Change of Ownership

The ERRP regulations at 45 CFR 149.700 define change of ownership, and require plan sponsors that are considering or negotiating a change of ownership to notify the Secretary at least 60 days before the anticipated effective date of the change. In preparation for the ERRP sunset date, a plan sponsor need not notify the

Secretary of any such change of ownership in instances where the anticipated effective date of the change would occur after December 31, 2013.

C. Last Date Plan Sponsors May Submit Reimbursement Requests

The ERRP regulations at 45 CFR 149.300 state: "Reimbursement under this program is conditioned upon the provision of accurate information by the plan sponsor or its designee. The information must be submitted, in a form and manner and at the times provided in this subpart and other guidance specified by the Secretary." In various guidance documents published on www.errp.gov, CMS specified the form, manner, and times for submitting reimbursement requests. As part of ending the program, we are planning for the ERRP Secure Web site to eventually be taken offline and archived, and to conclude the remaining operational processes. In preparation for the ERRP sunset date, the last day upon which a plan sponsor may submit an ERRP reimbursement request is July 31, 2013.² This termination date will allow for a phase down of ERRP operational processes related to the ERRP Secure Web site.

D. Date After Which Plan Sponsors Are No Longer Required To Submit Corrections to Data Inaccuracies

The ERRP regulations at 45 CFR 149.600 state: "A sponsor is required to disclose any data inaccuracies upon which a reimbursement determination is made, including inaccurate claims data and negotiated price concessions, in a manner and at a time specified by the Secretary in guidance." CMS specified the form, manner, and times for submitting corrections to data inaccuracies in various guidance documents published on www.errp.gov. The primary guidance document setting forth how plan sponsors must correct data inaccuracies states that plan sponsors must submit a reimbursement request that includes corrected data, no later than the end of the next calendar quarter after the plan sponsor knows, or should know, of the data inaccuracy.³

² To meet this deadline, a plan sponsor must take into account the timeframe it may take to submit a new Early Retiree List (if its most recent one has expired), an error-free Claim List, and a Reimbursement Request. A plan sponsor must also take into account the timeframes for CMS to make available to the plan sponsor an Early Retiree List Response File (up to 7 business days), and a Claim List Response File (2–4 calendar days). See all relevant training and guidance materials at www.errp.gov.

³ See *Explanation of the Processes for Reporting Early Retiree and Claims Data Inaccuracies, and for*

¹ See Common Question 100–8, under the Application tab in the Common Questions section of www.errp.gov.

Because the process for submitting corrections to data inaccuracies leverages the process for submitting reimbursement requests, we have concluded that plan sponsors will no longer be required to submit corrections to data inaccuracies after July 31, 2013, that is, the last day upon which a plan sponsor may submit an ERRP reimbursement request. This means that plan sponsors that know or should know, before or on April 30, 2013, of any data inaccuracy contained in a reimbursement request for a plan year for which a reimbursement determination was made, must submit corrections to the data inaccuracy in a manner consistent with the ERRP regulations and guidance.⁴ A plan sponsor that does not know with certainty its final amount of price concessions for a given plan year, but knows or should know, as of April 30, 2013, of estimates that vary from previously reported price concession amounts for that plan year, must consider those previous amounts to constitute data inaccuracies, and therefore is required to report and correct that data by July 31, 2013.

E. Last Day Plan Sponsors May Submit a Request To Reopen and Revise an Adverse Reimbursement Determination

The ERRP regulations at 45 CFR 149.610 permit the Secretary to reopen and revise a reimbursement determination upon the Secretary's own motion or upon the request of a plan sponsor. The regulations, as well as guidance published on www.errp.gov,⁵ set forth the process by which a plan sponsor may request a reopening, as well as other information related to reopenings. In preparation for the ERRP sunset date, the last day upon which a plan sponsor may submit an ERRP reopening request is December 31, 2013.

III. Collection of Information Requirements

Under the Paperwork Reduction Act of 1995, we are required to provide 60-day notice in the **Federal Register** and solicit public comment before a collection of information requirement is submitted to the Office of Management

Reopening, under the Regulations and Guidance section at www.errp.gov.

⁴ See footnotes 2 and 3. However, as discussed above, a sponsor that knows or should know, before or on April 30, 2013, of any data inaccuracy contained in a reimbursement request for a plan year for which a reimbursement determination was made, must submit a reimbursement request with corrected data by July 31, 2013, rather than by no later than the end of the next calendar quarter after the sponsor knows or should know of the data inaccuracy.

⁵ See footnote 3.

and Budget (OMB) for review and approval. The information collection requirements associated with the ERRP are currently approved under OMB control number 0938-1087, with an expiration date of September 30, 2014. This document does not impose any new information collection and recordkeeping requirements beyond the prior estimates in the supporting statement for the interim final rule, CMS-9995-IFC. Consequently, it need not be reviewed by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995.

Authority: Sections 1102(a)(1) of the Affordable Care Act (42 U.S.C. § 18002(a)(1) and(c)(4)).

Dated: April 16, 2013.

Marilyn Tavenner,

Acting Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 2013-09541 Filed 4-19-13; 11:15 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Privacy Act of 1974; Report of a New Routine Use for Selected CMS Systems of Records

AGENCY: Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

ACTION: Altered Systems Notice, Adding a New Routine Use to Selected CMS Systems of Records.

SUMMARY: In accordance with the requirements of the Privacy Act of 1974 (5 U.S.C. 552a), CMS is adding a new routine use for emergency preparedness and response to eight CMS systems of records. The new routine use will authorize CMS to disclose beneficiary-identifiable records to public health authorities and entities acting under a delegation of authority of a public health authority requesting such information for the purpose of identifying vulnerable individuals who may need health assistance in the event of an incident, emergency or disaster, and for purposes of planning and providing such assistance. Disclosures made pursuant to the new routine use will be limited to the minimum data necessary to carry out statutorily-authorized public health-related emergency preparedness and response activities, as provided in Section 1106 of the Social Security Act (42 U.S.C. 1306) and the HIPAA Privacy Rule at 45

CFR §§ 154.502, 164.512(b), 164.502(b) and 164.514(d)(3)(iii)(A). Requests and disclosures made pursuant to the routine use will be coordinated through HHS' Office of the Assistant Secretary for Preparedness and Response (ASPR). The eight systems of records that will include the new routine use are: the National Claims History (NCH), System No. 09-70-0558; Medicare Integrated Data Repository (IDR), System No. 09-70-0571; Common Working Files (CWF), System No. 09-70-0526; Enrollment Database (EDB), System No. 09-70-0502; Medicare Beneficiary Database (MBD), System No. 09-70-0536; Medicare Drug Data Processing System (DDPS), System No. 09-70-0553; Long Term Care-Minimum Data Set (MDS), System No. 09-70-0528; and Home Health Agency (HHA) Outcome and Assessment Information Set (OASIS), System No. 09-70-0522.

DATES: Effective Date: The new routine use described in this notice will become effective without further notice 30 days after publication of this notice in the **Federal Register**, unless comments received on or before that date result in revisions to this notice.

ADDRESSES: The public should send comments to: CMS Privacy Officer, Division of Privacy Policy, Privacy Policy and Compliance Group, Office of E-Health Standards & Services, Office of Enterprise Management, CMS, Room S2-24-25, 7500 Security Boulevard, Baltimore, Maryland 21244-1850. Comments received will be available for review at this location, by appointment, during regular business hours, Monday through Friday from 9:00 a.m.-3:00 p.m., Eastern Time zone.

FOR FURTHER INFORMATION CONTACT: Kristen P. Finne, Senior Program Analyst U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response (ASPR), Office of Policy and Planning, Division of Health System Policy (HSP), Patriots Plaza, 375 E Street SW., Office 11-1701, Washington DC 20024, Office telephone: 202-691-2013, Blackberry: 202-439-1140, Email: kristen.finne@hhs.gov.

SUPPLEMENTARY INFORMATION: The new routine use will improve the ability of HHS' Assistant Secretary for Preparedness and Response (ASPR), in partnership with HHS' Centers for Medicare & Medicaid Services, to assist public health authorities and entities acting under a delegation of authority of a public health authority in identifying vulnerable individuals who may need health assistance prior to, during, and in the aftermath of an incident, emergency or disaster that poses an adverse health