

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than July 26, 2013.

A. Federal Reserve Bank of Chicago (Colette A. Fried, Assistant Vice President) 230 South LaSalle Street, Chicago, Illinois 60690-1414:

1. *STC Bancshares Corp.*, St. Charles, Illinois; to acquire 100 percent of the voting shares of Bank of Palatine, Palatine, Illinois.

Board of Governors of the Federal Reserve System, June 27, 2013.

Margaret McCloskey Shanks,

Deputy Secretary of the Board.

[FR Doc. 2013-15806 Filed 7-1-13; 8:45 am]

BILLING CODE 6210-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-1459-CN]

Medicare Program; Notification of Closure of Teaching Hospitals and Opportunity To Apply for Available Slots; Correction

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

ACTION: Correction notice.

SUMMARY: This document corrects a typographical error that appeared in the notice published in the **Federal Register** on May 31, 2013 entitled “Notification of Closure of Teaching Hospitals and Opportunity to Apply for Available Slots.”

FOR FURTHER INFORMATION CONTACT: Miechal Lefkowitz, (212)-616-2517.

SUPPLEMENTARY INFORMATION:

I. Background

In FR Doc. 2013-12952 of May 31, 2013 (78 FR 32663), there was a typographical error that is identified and corrected in the Correction of Errors section below.

II. Summary of Errors

On pages 32663 and 32664 in the May 31, 2013 **Federal Register** notice, we inadvertently made a typographical error when we misspelled the name of the city in which one of the closed teaching hospitals was located. Specifically, we stated that Montgomery Hospital was located in “Morristown, PA,” instead of “Norristown, PA.”

III. Correction of Errors

In FR Doc. 2013-12952 of May 31, 2013 (78 FR 32663), make the following corrections:

1. On page 32663, third column, first full paragraph, line 4, the location “Morristown, PA” is corrected to read, “Norristown, PA”.

2. On pages 32663 and 32664, in the table titled “Teaching Hospitals Closure,” the third column (City and State), line 2, the location “Morris-town, PA” is corrected to read “Norristown, PA.”

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: June 25, 2013.

Jennifer M. Cannistra,

Executive Secretary to the Department, Department of Health and Human Services.

[FR Doc. 2013-15756 Filed 7-1-13; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Privacy Act of 1974; CMS Computer Match No. 2013-11; HHS Computer Match No. 1302

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

ACTION: Notice of Computer Matching Program (CMP).

SUMMARY: In accordance with the requirements of the Privacy Act of 1974, as amended, this notice announces the establishment of a CMP that CMS intends to conduct with State-based Administering Entities (AEs). Under this CMP CMS will disclose certain information to the State-based AEs within the Health Insurance Exchanges Program.

Although the Privacy Act requires only that CMS provide an opportunity for interested persons to comment on the proposed matching program, CMS invites comments on all portions of this notice. See “Effective Dates” section below for comment period.

DATES: Effective Dates: Public comments are due 30 days after publication. The matching program shall become effective no sooner than 40 days after the report of the Matching Program is sent to OMB and Congress, or 30 days after publication in the **Federal Register**, whichever is later.

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:

Aaron Wesolowski, Director, Verifications Policy & Operations Branch, Division of Eligibility and Enrollment Policy and Operations, Center for Consumer Information and Insurance Oversight, CMS, 200 Independence Ave. SW.—Mailstop 733H.02, Washington, DC 20201.

SUPPLEMENTARY INFORMATION: The Computer Matching and Privacy Protection Act of 1988 (Pub. L. 101-503), amended the Privacy Act (5 U.S.C. 552a) by describing the manner in which computer matching involving Federal agencies could be performed and adding certain protections for individuals applying for and receiving Federal benefits.

Section 7201 of the Omnibus Budget Reconciliation Act of 1990 (Pub. L. 101-508) further amended the Privacy Act regarding protections for such individuals. The Privacy Act, as amended, regulates the use of computer matching by Federal agencies when records in a system of records (SOR) are matched with other Federal, state, or local government records. It requires Federal agencies involved in computer matching programs to:

1. Negotiate written agreements with the other agencies participating in the matching programs;

2. Obtain the Data Integrity Board approval of the match agreements;

3. Furnish detailed reports about matching programs to Congress and OMB;

4. Notify applicants and beneficiaries that the records are subject to matching; and,

5. Verify match findings before reducing, suspending, terminating, or denying an individual's benefits or payments.

CMS has taken action to ensure that all CMPs that this Agency participates in comply with the requirements of the Privacy Act of 1974, as amended.

Dated: June 25, 2013.

Michelle Snyder,

Deputy Chief Operating Officer, Centers for Medicare & Medicaid Services.

**CMS Computer Match No. 2013–11;
HHS Computer Match No. 1302**

Name: “Computer Matching Agreement between the Centers for Medicare & Medicaid Services and State-based Administering Entities for the Disclosure of Health Insurance Affordability Programs Information under the Patient Protection and Affordable Care Act.”

Security Classification: Unclassified.

Participating Agencies: Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS), and State-based Administering Entities (AEs).

Authority For Conducting Matching Program: This Computer Matching Program (CMP) is executed to comply with the provisions of the Privacy Act of 1974 (5 U.S.C. 552a), as amended, the Office of Management and Budget (OMB) Circular A–130 entitled, Management of Federal Information Resources, at 61 FR 6428–6435 (February 20, 1996), and OMB guidelines pertaining to computer matching at 54 FR 25818 (June 19, 1989) and 56 FR 18599 (April 23, 1991); and the computer matching portions of Appendix I to OMB Circular No. A–130 as amended at 61 FR 6428 (February 20, 1996).

Purpose(s) of the Matching Program: This Computer Matching Agreement (CMA) establishes the terms, conditions, safeguards, and procedures under which CMS will share certain information with the AEs in accordance with the Patient Protection and Affordable Care Act of 2010 (Pub. L. 111–148), as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. 111–152), which are referred to collectively as the Affordable Care Act (ACA), as well as the implementing regulations. Under this CMA the State-based AEs will use the data, accessed through the CMS Data Services Hub, to make Eligibility Determinations for Insurance Affordability Programs and certificates of exemption. State-based AEs are state entities administering Insurance Affordability Programs and may include a State agency, a State Children’s Health Insurance Program, a State basic health program or a Marketplace (Exchange).

Description of Records to be Used In the Matching Program:

System of Records Maintained by CMS

The matching program will be conducted with data maintained by CMS in the “Health Insurance

Exchanges (HIX) Program,” System No. 09–70–0560 established at 78 FR 8538 on February 6, 2013, and amended at 78 FR 32256 on May 29, 2013.

Inclusive Dates of the Match: The CMP shall become effective no sooner than 40 days after the report of the Matching Program is sent to OMB and Congress, or 30 days after publication in the **Federal Register**, whichever is later. The matching program will continue for 18 months from the effective date and may be extended for an additional 12 months thereafter, if certain conditions are met.

[FR Doc. 2013–15819 Filed 7–1–13; 8:45 am]

BILLING CODE 4120–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2013–N–0134]

Agency Information Collection Activities; Submission for Office of Management and Budget Review; Comment Request; Mammography Quality Standards Act Requirements

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that a proposed collection of information has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995.

DATES: Fax written comments on the collection of information by August 1, 2013.

ADDRESSES: To ensure that comments on the information collection are received, OMB recommends that written comments be faxed to the Office of Information and Regulatory Affairs, OMB, Attn: FDA Desk Officer, FAX: 202–395–7285, or emailed to *oira_submission@omb.eop.gov*. All comments should be identified with the OMB control number 0910–0309. Also include the FDA docket number found in brackets in the heading of this document.

FOR FURTHER INFORMATION CONTACT: Daniel Gittleson, Office of Information Management, Food and Drug Administration, 1350 Piccard Dr., PI50–400B, Rockville, MD 20850, 301–796–5156, *daniel.gittleson@fda.hhs.gov*.

SUPPLEMENTARY INFORMATION: In compliance with 44 U.S.C. 3507, FDA has submitted the following proposed

collection of information to OMB for review and clearance.

Mammography Quality Standards Act Requirements—(OMB Control Number 0910–0309)—Extension

The Mammography Quality Standards Act (Pub. L. 102–539) requires the establishment of a Federal certification and inspection program for mammography facilities; regulations and standards for accreditation and certification bodies for mammography facilities; and standards for mammography equipment, personnel, and practices, including quality assurance. The intent of these regulations is to assure safe, reliable, and accurate mammography on a nationwide level. Under the regulations, as a first step in becoming certified, mammography facilities must become accredited by an FDA-approved accreditation body (AB). This requires undergoing a review of their clinical images and providing the AB with information showing that they meet the equipment, personnel, quality assurance, and quality control standards, and have a medical reporting and recordkeeping program, a medical outcomes audit program, and a consumer complaint mechanism. On the basis of this accreditation, facilities are then certified by FDA or an FDA-approved State certification agency and must prominently display their certificate. These actions are taken to ensure safe, accurate, and reliable mammography on a nationwide basis.

The following sections of Title 21 of the Code of Federal Regulations (CFR) are not included in the burden tables because they are considered usual and customary practice and were part of the standard of care prior to the implementation of the regulations. Therefore, they resulted in no additional burden: 21 CFR 900.12(c)(1) and (c)(3) and 21 CFR 900.3(f)(1). Section 900.24(c) was also not included in the burden tables because if a certifying State had its approval withdrawn, FDA would take over certifying authority for the affected facilities. Because FDA already has all the certifying State’s electronic records, there wouldn’t be an additional reporting burden.

We have rounded numbers in the “Total Hours” column in all three burden tables. (Where the number was a portion of 1 hour, it has been rounded to 1 hour. All other “Total Hours” have been rounded to the nearest whole number.)

We do not expect any respondents for § 900.3(c) because all four ABs are approved until April 2020.