

complete a Health Plan information form of information about each Health Plan such as the name of the plan, the product type (e.g., HMO, PPO), the population surveyed (e.g., adult Medicaid or child Medicaid), the health plan State, total enrollment at the time the sample frame was generated, mode of survey administration (mail, telephone, IVR) and how the sample was selected. The online Health Plan Information form takes on average 30 minutes to complete per health plan with each POC completing the form for 4 plans on average. The data use agreement will be completed by the 60

participating State Medicaid agencies or individual health plans. Vendors do not sign or submit DUAs. The DUA requires about 3 minutes to sign and return by fax or mail. Each submitter 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 provide by the CAHPS Database. Since the unit of analysis is at the health plan level, submitters will upload one data file per health plan. 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 fix any errors in their data file and resubmit if necessary. It will take about one hour to submit the data for each plan, and each POC will submit data for 4 plans on average. The total burden is estimated to be 490 hours annually.

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 \$20,202 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	80	1	5/60	7
Health Plan Information Form	80	4	30/60	160
Data Use Agreement	60	1	3/60	3
Data Files Submission	80	4	1	320
Total	300	NA	NA	490

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents/ POCs	Total burden hours	Average hourly wage rate*	Total cost burden
Registration Form	80	7	47.34/a\	\$331
Health Plan Information Form	80	160	47.34/a\	7,574
Data Use Agreement	60	3	85.02/b\	255
Data Files Submission	80	320	37.63/c\	12,042
Total	300	490	NA	20,202

*National Compensation Survey: Occupational wages in the United States May 2012, "U.S. Department of Labor, Bureau of Labor Statistics."
 (a) Based on the mean hourly wage for Medical and Health Services Managers (11-9111).
 (b) Based on the mean hourly wage for Chief Executives (11-1011).
 (c) Based on the mean hourly wages for Computer Programmer (15-1131).

Request for Comments

In accordance with the Paperwork Reduction Act, 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 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: October 31, 2013.
Richard Kronick,
Director.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day-14-0636]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-7570 and

send comments to LeRoy Richardson, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an email to omb@cdc.gov.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection 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 on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

Proposed Project: Centers for Disease Control and Prevention (CDC) Secure Public Health Emergency Response Communications Network (Epi-X) (OMB Control No. 0920-0636, exp. 5/31/2014)—Revision—Office of Public Health Preparedness and Response (OPHPR), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

From 2009–2012, CDC conducted incident specific, public health emergency response operations on average of six public health incidents a year with an average emergency response length of 50 days for each incident. The effectiveness and efficiency of CDC's response to any public health incident depends on information at the agency's disposal to characterize and monitor the incident, make timely decisions, and take

appropriate actions to prevent or reduce the impact of the incident.

Available information in anticipation of, during and following public health incident responses is often incomplete, is not easily validated by state and local health authorities, and is sometimes conflicting. This lack of reliable information often creates a high level of uncertainty with potential negative impacts on public health response operations. Secure communications with CDC's state, local, territorial, and tribal public health partners is essential to resolve conflicting information, validate incident status, and establish and maintain situational awareness. Reliable, secure communications are essential for the agency to gain and maintain accurate situational awareness, make informed decisions, and to respond in the most appropriate manner possible in order to minimize the impact of an incident on the public health of the United States.

This generic Information Collection Request (ICR) is being revised to: (1) Remove verbiage limiting data collection to activation of the Incident Management Structure, (2) broaden categories under which data may be collected to increase its utilization, and (3) provide clarity regarding the data elements.

(Epi-X) is CDC's Web-based communication system for securely communicating in immediate anticipation of, during and following public health emergencies that have multi-jurisdictional impacts and implications. The incidents of September 11, 2001 illustrated the need for an encrypted and secure communications system that would permit CDC to communicate urgently with partners at the state and local

levels, and to notify them 24/7, when necessary. Similarly, *Epi-X* was specifically designed to provide public health decision-makers at the state and local levels a secure, reliable tool for communicating sensitive, unusual, or urgent public health incidents to neighboring jurisdictions as well as to CDC.

CDC has recognized a need to expand the use of *Epi-X* to collect specific response related information in anticipation of, during and following public health emergencies. Proposed data collection instruments under this generic ICR will be designed to ensure ready access to public health and disease epidemiology information.

Authorized officials from state and local health departments affected by the public health incident will be informed of this data collection first through an *Epi-X* Facilitator, who will work closely with *Epi-X* program staff and the *Epi-X* Information Collection Request Liaison to ensure that *Epi-X* incident specific information collections are understood. The survey instruments will contain specific questions relevant to the current and ongoing public health incident and response activities.

Respondents will receive the survey instrument(s) as an official CDC email, which is clearly labeled, "*Epi-X* Emergency Public Health Incident Information Request." The email message will be accompanied by a link to an *Epi-X Forum* discussion Web page. Respondents can provide their answers to the survey questions by posting information within the discussion. The total estimated burden for the generic information collection is 73,200 hours for three years.

There are no costs to respondents except their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number responses per respondent	Average burden per response (in hours)	Total burden hours
State Epidemiologists	<i>Epi-X</i> Emergency Public Health Incident Information Request.	50	104	1	5,200
County Health Officials	<i>Epi-X</i> Emergency Public Health Incident Information Request.	1,600	12	1	19,200
Total					24,400

LeRoy Richardson,
*Chief, Information Collection Review Office,
 Office of Scientific Integrity, Office of the
 Associate Director for Science, Office of the
 Director, Centers for Disease Control and
 Prevention.*

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**DEPARTMENT OF HEALTH AND
 HUMAN SERVICES**

**Centers for Disease Control and
 Prevention**

[30Day-14-0728]

**Agency Forms Undergoing Paperwork
 Reduction Act Review**

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call (404) 639-7570 or send an email to *omb@cdc.gov*. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

Proposed Project

National Notifiable Disease Surveillance System (NNDSS) [0920-0728, Exp, Jan 31, 2014]—Revision—Center for Surveillance, Epidemiology, and Laboratory Services (CELS), Division of Health Informatics and Surveillance (DHIS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description: The Public Health Services Act (42 U.S.C. 241) authorizes CDC to disseminate nationally notifiable condition information. The Nationally Notifiable Disease Surveillance System (NNDSS) is based on data collected at the state, territorial and local levels as a result of legislation and regulations in those jurisdictions that require health care providers, medical laboratories, and other entities to submit health-related data on reportable conditions to public health departments. These

reportable conditions, which include infectious and non-infectious diseases, vary by jurisdiction depending upon each jurisdiction's health priorities and needs. Currently approximately 300 conditions are reportable in one or more of the states. Since infectious disease agents and environmental hazards often cross geographical boundaries, public health departments have to be able to share data on certain conditions across jurisdictions and coordinate program activities to prevent and control the conditions. Each year, the Council of State and Territorial Disease Epidemiologists (CSTE), supported by CDC, performs an assessment of conditions reported to state, territorial and local jurisdictions to determine which should be designated *nationally notifiable conditions*. For conditions that are nationally notifiable, case notifications are voluntarily submitted to CDC so that information can be shared across jurisdictional boundaries and both surveillance and prevention and control activities can be coordinated at regional and national levels.

CDC requests a three year approval for a Revision of the National Notifiable Diseases Surveillance System (NNDSS) information collection, [National Electronic Disease Surveillance System (NEDSS, OMB Control No. 0920-0728, Expiration Date 01/31/2014)]. This request has been developed in coordination with four other CDC applications to OMB for nationally notifiable diseases case notification: Control Numbers 0920-0128, (Congenital Syphilis Surveillance), 0920-0819 (Nationally Notifiable Sexually Transmitted Disease (STD) Morbidity Surveillance) 0920-0009 (National Disease Surveillance Program—I. Case Reports) and 0920-0004 (National Disease Surveillance Program—II. Disease Summaries). This consolidation of information collection 0920-0128 and some parts of information collections 0920-0819, 0920-0009 and 0920-0004, is an important step in implementing CDC's longer term strategy of developing a more coordinated and integrated infectious diseases surveillance system

that reduces overlap and duplication; increases interoperability, integration and efficiency; and thereby reduces burden to state, territorial and local health departments that report infectious disease data to CDC. Due to the coordination, this NNDSS application includes 11 conditions and many additional data elements for the case notifications that were not previously included in NNDSS OMB application Control No. 0920-0728. For many conditions submitted to CDC, participating public health departments also submit data elements which are specific to each condition. With the coordination with other CDC programs conducting surveillance on notifiable conditions, this application includes disease-specific tables for 68 diseases. The 2010 NNDSS OMB application included disease-specific data elements for only 14 of those conditions.

Because this information collection request includes case notifications that were not part of the 2010 NNDSS/NEDSS application, replaces one application and replaces parts of three other OMB applications, burden estimates have been adjusted to incorporate burden estimates from the other four applications. The estimates are adjusted for the increased number of conditions reported to NNDSS, the expansion of core data elements, and the inclusion of more disease-specific tables. These changes have increased the burden estimates in this application in comparison with the burden estimates in the 2010 NNDSS/NEDSS OMB application (OMB Control No. 0920-0728). As CDC works with state, territorial and local health departments to develop and implement new information technologies to submit these data through NNDSS, burden will also increase as the public health departments commit resources to implementing the new technologies. However, over the next 3 years, as the new automated electronic systems are implemented, burden will be decreased. There are no costs to respondents other than their time. The estimated annual burden is 28,340 hours.

ESTIMATES OF ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
States	50	52	10
Territories	5	52	5
Cities	2	52	10