presentation materials to *federaltransparency@ratb.gov* and write ''January 22, 2014 GAT Board public comment'' in the subject line. Provide these written comments or presentation materials on the six topics listed above at least one week prior to the meeting (no later than January 15, 2014).

Street Address: You may submit written comments or presentation materials by mail to 1717 Pennsylvania Avenue NW., Suite 700, Washington, DC 20006. ''GAT Board public meeting comments'' should be written on the envelope.

Presentations: The GAT Board will provide the necessary visual equipment to project the submitted presentations to the audience the day of the meeting. Hard copies will not be provided.

Space and Time Limitations: There will be limited space for this meeting; therefore, members of the public who have submitted written comments and/or signed up in advance to make presentations will be given priority in attending this meeting and speaking to the GAT Board. Other members of the public will be admitted and heard in the order in which they sign up, time permitting. A time limit of no more than 20 minutes each (followed by a 10 minute question and answer session) will be placed on those members of the public wishing to speak at the meeting. The GAT Board will make every effort to hear the views of all interested persons. The Chairperson of the GAT Board is empowered to conduct the meeting in a fashion that will, to the Chairperson's judgment, facilitate the orderly conduct of business.

Meeting Record: The submitted presentations will be the only record of the meeting and will be posted on the GAT Board Web site after the public meeting.

Arrival: Interested parties are encouraged to arrive at least 30 minutes early to accommodate security procedures. A valid government-issued photo identification card will be required to enter the building.

Special Accommodations: The public meeting is physically accessible to people with disabilities. Request for sign language interpretation or other auxiliary aids should be directed to Ms. Nancy DiPaolo, Chief, Congressional and Intergovernmental Affairs, Recovery Board, 1717 Pennsylvania Avenue NW., Suite 700, Washington, DC 20006; Telephone 202–254–7900, at least 5 working days prior to the meeting date.

Availability of background materials for the meeting: Several documents available on the Board's Web site provide information on GAT Board activities during Calendar Year 2013 (see *http://www.federaltransparency.gov/about/Pages/gatb.aspx*):

- The GAT Board's annual plan (Calendar Year 2013 Way Forward document), which contains the Board's long-term strategy and the near-term focus of working groups to develop approaches to (1) standardize key data elements to improve procurement data integrity; (2) standardize key data elements to improve grants data integrity; (3) leverage existing data to help improve oversight; and (4) link financial management systems with award systems.
- Progress made in Calendar Year 2013. The Calendar Year 2013 meeting minutes of the GAT Board contain information on progress made, including the GAT Board working groups' briefings.

Dated: December 16, 2013.

Anne Rung,

Associate Administrator, Office of Government-wide Policy, General Services Administration.

[FR Doc. 2013–30283 Filed 12–19–13; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifiers: CMS–10052, CMS–10142, CMS–10311, CMS–10344, and CMS–R–244]

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

ACTION: Notice.

SUMMARY: The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, and to allow a second opportunity for public comment on the notice. Interested persons are invited to send comments regarding the 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.

DATES: Comments on the collection(s) of information must be received by the OMB desk officer by January 21, 2014.

ADDRESSES: When commenting on the proposed information collections, please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be received by the OMB desk officer via one of the following transmissions: OMB, Office of Information and Regulatory Affairs, Attention: CMS Desk Officer, Fax Number: (202) 395–5806 *OR*, Email: *OIRA_submission@omb.eop.gov*

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, you may make your request using one of following:

1. Access CMS' Web site address at *http://www.cms.hhs.gov/PaperworkReductionActof1995.*
2. Email your request, including your address, phone number, OMB number, and CMS document identifier, to *Paperwork@cms.hhs.gov.*
3. Call the Reports Clearance Office at (410) 786–1326.

FOR FURTHER INFORMATION CONTACT: Reports Clearance Office at (410) 786–1326.

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501–3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. The term ''collection of information'' is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires federal agencies to publish a 30-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice that summarizes the following proposed collection(s) of information for public comment:

1. *Type of Information Collection Request:* Extension without change of a currently approved collection; *Title of Information Collection:* Recognition of

Pass-Through Payment for Additional (New) Categories of Devices Under the Outpatient Prospective Payment System and Supporting Regulations; *Use:* Interested parties such as hospitals, device manufacturers, pharmaceutical companies, and physicians apply for transitional pass-through payment for certain items used with services covered in the outpatient prospective payment system (PPS). After we receive all requested information, we evaluate the information to determine if the creation of an additional category of medical devices for transitional pass-through payments is justified. We may request additional information related to the proposed new device category, as needed. We advise the applicant of our decision, and update the outpatient PPS during its next scheduled quarterly payment update cycle to reflect any newly approved device categories. We list below the information that we require from all applicants. *Form Number:* CMS–10052 (OCN: 0938–0857); *Frequency:* Once; *Affected Public:* Private sector—Business or other for-profits; *Number of Respondents:* 10; *Total Annual Responses:* 10; *Total Annual Hours:* 160. (For policy questions regarding this collection contact Barry Levi at 410–786–4529.)

2. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Bid Pricing Tool (BPT) for Medicare Advantage (MA) Plans and Prescription Drug Plans (PDP); *Use:* We require Medicare Advantage organizations (MAOs) and prescription drug plans (PDPs) to complete the BPT as part of the annual bidding process. During this process, organizations prepare their proposed actuarial bid pricing for the upcoming contract year and submit them to us for review and approval. The purpose of the BPT is to collect the actuarial pricing information for each plan. The BPT calculates the plan's bid, enrollee premiums, and payment rates. We publish beneficiary premium information using a variety of formats (www.medicare.gov, the Medicare & You Handbook, Summary of Benefits marketing information) for the purpose of beneficiary education and enrollment. *Form Number:* CMS–10142 (OCN–0938–0944); *Frequency:* Yearly; *Affected Public:* Private sector—Business or other for-profits and Not-for-profit institutions; *Number of Respondents:* 555; *Total Annual Responses:* 4,995; *Total Annual Hours:* 149,850. (For policy questions regarding this collection contact Rachel Shevland at 410–786–3026.)

3. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Medicare Program—Home Health Prospective Payment System Rate Update for Calendar Year 2010: Physician Narrative Requirement and Supporting Regulation; *Use:* The conditions of participation and accompanying requirements specified in the regulations are used by federal or state surveyors as a basis for determining whether a home health agency qualifies for approval or re-approval under Medicare. The Physician's certification and recertification of each patient's need for skilled care services; homebound status and the physician's clinical justification for skilled nursing management and evaluation of the care plan specified in the regulations at 42 CFR 424.22 are to be used by contractors and by us when reviewing the patient's medical record as a basis for determining whether the patient is eligible for the Medicare home health benefit and whether the medical record meets the criteria for coverage and Medicare payment. We, along with the healthcare industry believe that the availability to the home health agency of the type of records and general content of records, which this regulation specifies, is standard medical practice, and is necessary in order to ensure the well-being and safety of patients and professional treatment accountability. *Form Number:* CMS–10311 (OCN: 0938–1083; *Frequency:* Occasionally; *Affected Public:* Private sector—Business or other for-profits and Not-for-profit institutions); *Number of Respondents:* 9,354; *Total Annual Responses:* 345,600; *Total Annual Hours:* 28,800. (For policy questions regarding this collection contact Randy Throndset at 410–786–0131.)

4. *Type of Information Collection Request:* Extension without change of a currently approved collection; *Title of Information Collection:* Elimination of Cost-Sharing for full benefit dual-eligible Individuals Receiving Home and Community-Based Services; *Use:* This provision eliminates Part D cost-sharing for full benefit dual-eligible beneficiaries who are receiving home and community based services. To implement this provision, states are required to identify the affected beneficiaries in their monthly Medicare Modernization Act Phase Down reports. *Form Number:* CMS–10344 (OCN: 0938–1127); *Frequency:* Monthly; *Affected Public:* Private sector—Business or other for-profits and Not-for-profit institutions; *Number of Respondents:* 51; *Total Annual Responses:* 612; *Total Annual Hours:* 612. (For policy questions regarding this collection contact Katherine Pokrzywa at 410–786–5530.)

5. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Programs for All-inclusive Care of the Elderly (PACE) and Supporting Regulations; *Use:* The Program for All-inclusive Care of the Elderly (PACE) organizations must demonstrate their ability to provide quality community-based care for the frail elderly who meet their state's nursing home eligibility standards using capitated payments from Medicare and the state. The model of care includes as core services the provision of adult day health care and multidisciplinary team case management, through which access to and allocation of all health services is controlled. Physician, therapeutic, ancillary, and social support services are provided in the participant's residence or on-site at the adult day health center. The PACE programs must provide all Medicare and Medicaid covered services including hospital, nursing home, home health, and other specialized services. Financing of this model is accomplished through prospective capitation of both Medicare and Medicaid payments. The information collection requirements are necessary to ensure that only appropriate organizations are selected to become PACE organizations and that we have the information necessary to monitor the care provided to the frail, vulnerable population served. *Form Number:* CMS–R–244 (OCN: -0938–0790; *Frequency:* Once and occasionally; *Affected Public:* Private Sector—Not-for-profit institutions; *Number of Respondents:* 99; *Total Annual Responses:* 99; *Total Annual Hours:* 81,912. (For policy questions regarding this collection contact Anitra Johnson at 410–786–0609.)

Dated: December 17, 2013.

Martique Jones,

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

[FR Doc. 2013–30334 Filed 12–19–13; 8:45 am]

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