

## FEDERAL DEPOSIT INSURANCE CORPORATION

### Notice to All Interested Parties of the Termination of the Receivership of 10449, Glasgow Savings Bank Glasgow, Mo

Notice is hereby given that the Federal Deposit Insurance Corporation ("FDIC") as Receiver for Glasgow Savings Bank, Glasgow, MO ("the Receiver") intends to terminate its receivership for said institution. The FDIC was appointed receiver of Glasgow Savings Bank on July 13, 2012. The liquidation of the receivership assets has been completed. To the extent permitted by available funds and in accordance with law, the Receiver will be making a final dividend payment to proven creditors.

Based upon the foregoing, the Receiver has determined that the continued existence of the receivership will serve no useful purpose. Consequently, notice is given that the receivership shall be terminated, to be effective no sooner than thirty days after the date of this Notice. If any person wishes to comment concerning the termination of the receivership, such comment must be made in writing and sent within thirty days of the date of this Notice to:

Federal Deposit Insurance Corporation,  
Division of Resolutions and Receiverships, Attention: Receivership Oversight Department  
32.1, 1601 Bryan Street, Dallas, TX 75201.

No comments concerning the termination of this receivership will be considered which are not sent within this time frame.

Dated: April 4, 2014.

Federal Deposit Insurance Corporation.

**Robert E. Feldman,**  
*Executive Secretary.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Announcement of Requirements and Registration for "Data Supporting Decisions Challenge"

**Authority:** 15 U.S.C. 3719.

**AGENCY:** Office of the National Coordinator for Health Information Technology, HHS.

**DATES:** *Award Approving Official:* Karen DeSalvo, National Coordinator for Health Information Technology.

**ACTION:** Notice.

**SUMMARY:** CMS data made publicly available for the first time in recent months has great potential to further the nation's understanding of health care spending and physician practice patterns. Because this data exists in raw forms that require interpretation and context, to make an impact on the average consumer it must be presented in ways that they can understand. Only then can consumers use the data to help make health choices that are the most appropriate for their specific, individual needs. This challenge seeks the creation of interactive data visualization tools that communicate complex data from multiple sources in ways that support consumer decision making for value based health care.

The statutory authority for this challenge competition is Section 105 of the America COMPETES Reauthorization Act of 2010 (Pub. L. 111-358).

- Phase I submission period: April 14–April 24, 2014
- Phase I finalist announcement: May 1, 2014
- Phase II development period: May 1–June 2, 2014
- Phase II live demo at Datapalooza: June 2, 2014
- Winners announced at Datapalooza: June 3, 2014

**FOR FURTHER INFORMATION CONTACT:**  
Adam Wong, 202-720-2866.

**SUPPLEMENTARY INFORMATION:**

*Subject of Challenge Competition:* These visualization tools should be created to be used by consumers, for the purpose of assisting in active decision-making processes, especially involving potentially expensive decisions such as referrals or whether to move forward with an intervention or procedure. The visualizations should be customizable by the user; for example, patients should be able to enter their own health and/or claims information, such as demographic features or clinical attributes, to support their decision-making.

We are most interested in visualizations that use data about medical services and procedures physicians and other healthcare professionals provide in office and in facility settings, and payments and charges for these services, as they relate to helping consumer decision-making. Visualizations can help illuminate not just the most common medical procedures, but also the thousands of procedures and services that occur less frequently yet put together make up a significant percentage of total

procedures performed. Detailed geographic information system (GIS) data can enhance analysis of physician payment and disbursement data from the national down to the hyper-local level. The combination of data from multiple sources, and quality measure data in particular, can be used to create tools providing deep insight into geographic variations in procedure costs, regional specializations in procedures, and many other uses yet to be uncovered.

Value based healthcare means both the cost and quality of services, so participants are encouraged to explore a variety of data sets; <http://data.cms.gov> and <http://healthdata.gov> are just two of many. Participants may also use externally-developed technical tools such as the Bloom API, which updates weekly with CMS data.

The challenge is broken into two phases:

—In Phase I, participants will submit a proposal of no more than 750 words describing the use case for their visualization(s), how their approach will address the use case, and the data sources they intend to use. Participants are allowed to use privately-held data exclusive to their own organizations. Proposals may include wireframes, sketches, or other low fidelity designs to support the visualization proposal. Participants must also indicate whether or not they expect to be able to attend Datapalooza. A review panel will select up to ten finalists, which will advance to Phase II.

When developing the use case, participants should consider what type of patient would be most affected by decisions based on value, and for what specific type of decision. For example, are they in an ACO or other capitated system? Does the patient have a healthcare savings account or high deductible plan? Is the patient undergoing a specific type of intervention, such as a total knee replacement?

—In Phase II, the finalists will build out their visualization tools to the most complete extent possible. If finalists choose to create live or static visualizations embeddable for use on the web, mobile, or print, they should be sure to include their name or organization and cite data sources used. Finalists are also free to publish an API for their visualization so that others can build on and extend the work. At Datapalooza, each finalist will demo live for the review panel, and the winner will be announced on