B. Annual Reporting Burden

Supplies:

FAR Clause 52.225–2, Buy American Certificate (formerly OMB Control No. 9000–0024), requires the offeror to identify in its proposal supplies that do not meet the definition of domestic end product. The Buy American Act no longer applies to acquisitions of commercial information technology.

Respondents: 3,480.
Responses per Respondent: 10.
Total Responses: 34,800.
Hours per Response: .25.
Total Burden Hours: 8,700.

FAR Clause 52.225–4, Buy American—Free Trade Agreements—Israeli Trade Act Certificate (formerly OMB Control No. 9000–0130), requires separate listing of foreign products that are eligible under a trade agreement, and listing of all other foreign end products.

Respondents: 2,550.
Responses per Respondent: 10.
Total Responses: 25,550.
Hours per Response: .25.
Total Burden Hours: 6,375.

FAR Clause 52.225–6, Trade Agreements Certificate (formerly OMB Control No. 9000–0025), requires the offeror to certify that all end products are either U.S.-made or designated country end products, except as listed in paragraph (b) of the provision. Offerors are not allowed to provide other than a U.S.-made or designated country end product, unless the requirement is waived.

Respondents: 320.
Responses per Respondent: 3.
Total Responses: 960.
Hours per Response: .25.
Total Burden Hours: 240.

Construction provisions and clauses (formerly OMB Control No. 9000–0141) provide that an offeror/contractor requesting to use foreign construction material due to unreasonable cost of domestic construction material shall provide adequate information to permit evaluation of the request.

—52.225–9, Buy American Act Construction Materials
—52.225–10, Notice of Buy American Act Requirements—Construction Materials
—52.225–11, Buy American Act Construction Materials—Trade Agreements
—52.225–12, Notice of Buy American Act requirements—Construction Materials under Trade Agreements
—52.225–21, Required Use of American Iron, Steel and Manufactured Goods—Buy American Act—Construction Materials
—52.225–23, Required Use of American Iron, Steel and Manufactured Goods—Buy American Act—Construction Materials

Under Trade Agreements
Respondents: 1,000.
Responses per Respondent: 2.
Total Responses: 2,000.
Hours per Response: 2.5.
Total Burden Hours: 5,000.

C. Public Comments

Public comments are particularly invited on: Whether this collection of information is necessary for the proper performance of functions of the 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.

Obtaining Copies Of Proposals: Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat Division (MVCB), 1800 F Street NW., Washington, DC 20405, telephone 202–501–4755. Please cite OMB Control No. 9000–0024, Buy American Act Certificate, in all correspondence.

Dated: August 22, 2014.

Edward Loeb,

Acting Director, Federal Acquisition Policy Division, Office of Government-Wide Acquisition Policy, Office of Acquisition Policy, Office of Government-Wide Policy.

[FR Doc. 2014–20364 Filed 8–26–14; 8:45 am]

BILLING CODE 6820–EP–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Interagency Task Force on Antimicrobial Resistance (ITFAR) Public Meeting Cancellation

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Cancellation of public meeting.

SUMMARY: The meeting of the Interagency Task Force on Antimicrobial Resistance (ITFAR) is cancelled. The purpose of the meeting was to communicate the strategic direction of ITFAR in the fight against antimicrobial resistance, centering on current work and future direction in this area. This meeting will be rescheduled at a future date.

DATES: The public meeting cancelled by this notice was to be held at the Ronald Reagan Building and International Trade Center in Washington, DC, on Thursday, September 4, 2014, from 1:00 p.m. to 5:00 p.m.

FOR FURTHER INFORMATION CONTACT: Stephanie Gumbis, Office of Antimicrobial Resistance, National Center for Emerging and Zoonotic Infectious Diseases, Centers for Disease Control and Prevention, 1600 Clifton Road NE., Mailstop A–28, Atlanta, GA 30329; Telephone 404–639–4000; Email *ITFAR@cdc.gov.*

Dated: August 22, 2014.

Ron A. Otten,

Acting Deputy Associate Director for Science, Centers for Disease Control and Prevention.

[FR Doc. 2014–20393 Filed 8–26–14; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–4132–FN]

Medicare and Medicaid Programs; Renewal of Deeming Authority of the Accreditation Association for National Committee for Quality Assurance (NCQA)

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

ACTION: Final notice.

SUMMARY: This final notice announces our decision to renew the Medicare Advantage ''deeming authority'' of the National Committee for Quality Assurance (NCQA) for a period of 6 years. This new term of approval would begin October 19, 2014 and end October 18, 2020.

DATES: This final notice is effective October 19, 2014 through October 18, 2020.

FOR FURTHER INFORMATION CONTACT: Jennifer Bates, 410–786–6258 or Milonda Mitchell, 410–786–1644.

SUPPLEMENTARY INFORMATION:

I. Background

Under the Medicare program, eligible beneficiaries may receive covered services through a Medicare Advantage (MA) organization that contracts with the Centers for Medicare & Medicaid Services (CMS). The regulations specifying the Medicare requirements

that must be met for a Medicare Advantage Organization (MAO) to enter into a contract with CMS are located at 42 CFR part 422. These regulations implement Part C of Title XVIII of the Social Security Act (the Act), which specifies the services that an MAO must provide and the requirements that the organization must meet to offer an MA contractor. Other relevant sections of the Act are Parts A and B of Title XVIII and Part A of Title XI pertaining to the provision of services by Medicare-certified providers and suppliers. Under § 422.400, one significant prerequisite for an entity to be an MA organization is that the organization be licensed by the state as a risk bearing organization, unless a waiver is authorized for a provider-sponsored organization pursuant to § 422.370. In addition, MAOs and MA plans must meet requirements related to access to services, antidiscrimination, confidentiality and accuracy of beneficiary records, provider participation, advance directives, and quality assurance programs.

As a method of assuring compliance with certain Medicare requirements, an MA organization may choose to become accredited by a CMS approved accrediting organization (AO). In addition to their CMS-recognized deemed status accreditation program, approved AOs offer other accreditation programs that are not recognized by CMS. For Medicare participation purposes, the MA organization may be ''deemed'' compliant in one or more of six requirements set forth in section 1852(e)(4)(B) of the Act and § 422.156(b). For an AO to be able to ''deem'' an MA plan as compliant with these MA requirements, the AO must demonstrate that it meets the requirements outlined in § 422.157, including demonstrating that its standards are at least as stringent as Medicare requirements with respect to the standards in the deemable area. Therefore, for example, MA organizations that are licensed as health maintenance organizations (HMOs) or preferred provider organizations (PPOs) and are accredited by an approved accrediting organization may receive, at the MA organization's request, deemed status for CMS requirements in the following six MA areas: Quality Improvement, Antidiscrimination, Access to Services, Confidentiality and Accuracy of Enrollee Records, Information on Advanced Directives, and Provider Participation Rules. (*See* § 422.156(b).) Organizations that apply for MA deeming authority are generally recognized by the health care industry as entities that accredit HMOs and PPOs. As specified at § 422.157(b)(2)(ii), the term for which an AO may be approved by CMS may not exceed 6 years. For continuing approval, the AO must renew its application with CMS.

The National Committee for Quality Assurance (NCQA) was approved as an accrediting organization for MA deeming of HMOs on October 19, 2010, and that term will expire on October 18, 2014. On January 30, 2014, NCQA submitted an application to renew its deeming authority. On that same date, NCQA submitted materials requested from CMS which included updates and/or changes to items listed in § 422.158(a) that are prerequisites for receiving deeming program approval by CMS, and which were furnished to CMS by NCQA as a part of its renewal applications for HMOs and PPOs.

II. Deeming Applications Approval Process

Section 1852(e)(4)(c) of the Act provides a statutory timetable to ensure that our review of deeming applications is conducted in a timely manner. The Act provides us with 210 calendar days after the date of receipt of an application to complete our survey activities and application review process. In accordance with our policy for providers and suppliers, within 60 days of receiving a completed application, we must publish a notice in the **Federal Register** that identifies the national accreditation body making the request, describes the request, and provides no less than a 30-day public comment period. At the end of the 210-day period, we must publish an approval or denial of the application.

III. Proposed Notice

In the March 25, 2014, **Federal Register** (79 FR 16338), we published a proposed notice announcing NCQA's request for continued CMS approval of its deeming authority for MA HMOs and PPOs. In the proposed notice, we detailed our evaluation criteria. Under section 1852(e)(4) of the Act and our regulations at § 422.158 (Federal review of accrediting organizations), we conducted a review of NCQA's application in accordance with the criteria specified by our regulations, which include, but are not limited to the following:

- The types of MA plans that it would review as part of its accreditation process.
- A detailed comparison of the AO's accreditation requirements and standards with the Medicare requirements (for example, a crosswalk).
- Detailed information about the organization's survey process, including the following—

++ Frequency of surveys and whether surveys are announced or unannounced.

++ Copies of survey forms, and guidelines and instructions to surveyors.

++ Descriptions of—

— The survey review process and the accreditation status decision making process;

— The procedures used to notify accredited MA organizations of deficiencies and to monitor the correction of those deficiencies; and

— The procedures used to enforce compliance with accreditation requirements.

- Detailed information about the individuals who perform surveys for the accreditation organization, including the following—

++ The size and composition of accreditation survey teams for each type of plan reviewed as part of the accreditation process;

++ The education and experience requirements surveyors must meet;

++ The content and frequency of the in-service training provided to survey personnel;

++ The evaluation systems used to monitor the performance of individual surveyors and survey teams; and

++ The organization's policies and practice with respect to the participation, in surveys or in the accreditation decision process by an individual who is professionally or financially affiliated with the entity being surveyed.

- A description of the organization's data management and analysis system with respect to its surveys and accreditation decisions, including the kinds of reports, tables, and other displays generated by that system.
- A description of the organization's procedures for responding to and investigating complaints against accredited organizations, including policies and procedures regarding coordination of these activities with appropriate licensing bodies and ombudsmen programs.
- A description of the organization's policies and procedures with respect to the withholding or removal of accreditation for failure to meet the accreditation organization's standards or requirements, and other actions the organization takes in response to noncompliance with its standards and requirements.
- A description of all types (for example, full, partial) and categories (for example, provisional, conditional, temporary) of accreditation offered by

the organization, the duration of each type and category of accreditation and a statement identifying the types and categories that would serve as a basis for accreditation if CMS approves the accreditation organization.

- A list of all currently accredited MA organizations and the type, category, and expiration date of the accreditation held by each of them.
- A list of all full and partial accreditation surveys scheduled to be performed by the accreditation organization.
- The name and address of each person with an ownership or control interest in the accreditation organization.
- CMS's analysis of NCQA's past performance in the deeming program and the results of recent deeming validation reviews, or look-behind audits conducted as part of continuing federal oversight of the deeming program under § 422.157(d).

In accordance with section 1865(a)(3)(A) of the Act, the March 25, 2014 proposed notice (79 FR 16338) also solicited public comments regarding whether NCQA's requirements met or exceeded the Medicare conditions of participation as an accrediting organization for MA HMOs and PPOs. We received no public comments in response to our proposed notice.

IV. Provisions of the Final Notice

A. Differences Between NCQA's Standards and Requirements for Accreditation and Medicare's Conditions and Survey Requirements

We compared the standards and survey process contained in NCQA's application with the Medicare conditions for accreditation. Our review and evaluation of NCQA's application for continued CMS-approval were conducted as described in section III of this final notice, and yielded the following:

- To meet the requirements at § 422.158(a)(1), NCQA provided CMS with documentation listing its types of MA plans that it would review as part of its accreditation process. In addition, AO provided clarification and documentation to demonstrate how it distinguishes its CMS-recognized deemed status accreditation program from its other accreditation programs that are not recognized by CMS.
- AO revised its ''Grounds of Revocation'' policy to meet the requirements at § 422.158(a)(3)(iii)(C) by revising its requirements to include non-compliance with ''State, Federal, or other duly authorized regulatory or judicial action restricts or limits the organization's operations.''
- To comply with the requirements at § 422.158(a)(6), AO revised its processes for responding to and investigating complaints against accredited organizations by requiring the reporting of any serious problems identified with an MA plan to the designated CMS MA deeming representative.

B. Term of Approval

Based on the review and observations described in section III of this final notice, we have determined that NCQA's accreditation program requirements continue to meet or exceed our requirements. Therefore, we renew NCQA as a national accreditation organization with deeming authority for MA HMOs and PPOs, effective October 19, 2014 through October 18, 2020.

V. Collection of Information Requirements

This document does not impose any new or revised information collection or recordkeeping requirements. Consequently, it need not be reviewed by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995.

Dated: August 15, 2014.

Marilyn Tavenner,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 2014–20446 Filed 8–26–14; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Personal Responsibility Education Program (PREP) Multi-Component Evaluation—Data Collection Related to the Design and Implementation Study.

OMB No.: 0970–0398.

Description: The Office of Data Analysis, Research, and Evaluation (HHS/ACF/ACYF/ODARE) in the Administration for Children, Youth and Families (ACYF) and the Office of Planning, Research, and Evaluation (HHS/ACF/OPRE) in the Administration for Children and Families (ACF) propose a data collection activity as part of the Personal Responsibility Education Program (PREP) Multi-Component Evaluation.

The goals of the PREP Multi-Component Evaluation are to document how PREP programs are designed and implemented in the field, collect performance measure data for PREP programs, and assess the effectiveness of selected PREP-funded programs.

The PREP Multi-Component Evaluation contains three components: The ''Design and Implementation Study,'' the ''Performance Analysis Study,'' and the ''Impact and In-Depth Implementation Study.'' This notice is specific to data collection activities for the implementation portion of the Design and Implementation Study.

The goals of this portion of the study are to document how States and sub-awardees actually implemented their PREP programs, given their program designs. In order to meet this goal, both State PREP Administrators and a selection of sub-awardee program providers will be interviewed. The interviews will be used to understand important aspects of implementation, such as training, technical assistance and program fidelity monitoring.

Respondents: State grantee staff; State training and technical assistance staff; State program evaluator staff program providers.

Instrument	Total number of respondents	Annual number of respondents	Number of responses per respondent	Average burden hours per response	Total annual burden hours
Implementation Survey Interview Topic Guide: State-level Respondents	16	6	1	1	6
Implementation Survey Interview Topic Guide: Provider-level Respondents	16	6	1	1	6