

instructions provided at the “Submit a Comment” screen. Please include your name, company name (if any), and “Information Collection 9000–0129, Cost Accounting Standards Administration” on your attached document.

- Mail: General Services Administration, Regulatory Secretariat Division (MVCB), 1800 F Street NW., Washington, DC 20405. ATTN: Ms. Flowers/IC 9000–0129, Cost Accounting Standards Administration.

*Instructions:* Please submit comments only and cite Information Collection 9000–0129, Cost Accounting Standards Administration, in all correspondence related to this collection. Comments received generally will be posted without change to <http://www.regulations.gov>, including any personal and/or business confidential information provided. To confirm receipt of your comment(s), please check [www.regulations.gov](http://www.regulations.gov), approximately two to three days after submission to verify posting (except allow 30 days for posting of comments submitted by mail).

**FOR FURTHER INFORMATION CONTACT:** Ms. Kathlyn Hopkins, Procurement Analyst, Office of Acquisition Policy, GSA, 202–969–7226, or email [kathlyn.hopkins@gsa.gov](mailto:kathlyn.hopkins@gsa.gov).

**SUPPLEMENTARY INFORMATION:**

**A. Purpose**

FAR Subpart 30.6 and the provision at 52.230–6 include pertinent rules and regulations related to the Cost Accounting Standards (CAS) along with necessary administrative policies and procedures. These require companies performing CAS-covered contracts to submit notifications and descriptions of certain cost accounting practice changes, including revisions to their Disclosure Statements, if applicable.

Specifically, FAR 52.230–6 requires contractors to submit to the cognizant Contracting Officer a description of any cost accounting practice change, the total potential impact of the change on contracts containing a CAS provision, a general dollar magnitude or detailed cost-impact proposal of the change which identifies the potential shift of costs among CAS-covered contracts by contract type (*i.e.*, firm fixed-price, incentive cost-plus-fixed-fee, etc.) and other contractor business activity.

**B. Annual Reporting Burden**

*Number of Respondents:* 840.  
*Responses per Respondent:* 2.27.  
*Total Responses:* 1907.  
*Average Burden Hours per Response:* 175.

*Total Burden Hours:* 333,690.

**C. Public Comments**

Public comments are particularly invited on: Whether this collection of information is necessary for the proper performance of functions of the Federal Acquisition Regulation (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 Number 9000–0129, Cost Accounting Standards Administration, in all correspondence.

Dated: February 8, 2016.

**Lorin S. Curit,**

*Director, Federal Acquisition Policy Division, Office of Governmentwide Acquisition Policy, Office of Acquisition Policy, Office of Governmentwide Policy.*

[FR Doc. 2016–02812 Filed 2–10–16; 8:45 am]

**BILLING CODE 6820–EP–P**

**GOVERNMENT ACCOUNTABILITY OFFICE**

**Request for Medicare Payment Advisory Commission Nominations**

In notice document 2016–01264 beginning on page 4911 in the issue of Thursday, January 28, 2016, make the following correction:

1. On page 4911, in the third column, in the **ADDRESSES** section, “*MedPACappointments@qao.gov.*” should read “*MedPACappointments@gao.gov.*”

[FR Doc. C1–2016–01264 Filed 2–10–16; 8:45 am]

**BILLING CODE 1501–01–D**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**30-Day–16–15BHD]**

**Agency Forms Undergoing Paperwork Reduction Act Review**

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) Enhance the quality, utility, and clarity of the information to be collected; (d) Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.*, permitting electronic submission of responses; and (e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570 or send an email to [omb@cdc.gov](mailto:omb@cdc.gov). Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395–5806. Written comments received within 30 days of this notice.

**Proposed Project**

Congenital Heart Survey To Recognize Outcomes, Needs, and Well-being (CHSTRONG)—New—National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

**Background and Brief Description**

Congenital heart defects (CHDs) are the most common type of structural birth defects, affecting approximately 1 in 110 live-born children. According to previously published data, prior to the 1970s, many CHDs were considered fatal during infancy or childhood, but with tremendous advances in pediatric cardiology and cardiac surgery, at least 85% of patients now survive to adulthood. There are approximately 1.5 million adults with CHD in the United States today, and adults with CHD now outnumber children. With vast declines in mortality from pediatric heart disease over the past 30 years, it is vital to

assess long term outcomes and quality of life issues.

For this one-year project, we will use data from U.S. state birth defect surveillance systems to identify a population-based sample of individuals 18 to 45 years of age born with CHD. We will then use state databases and online search engines to find current addresses for those individuals and mail surveys to them inquiring about their barriers to health care, quality of life, social and educational outcomes, and transition of care from childhood to adulthood. The information collected from this population-based survey will be used to inform current knowledge, allocate

resources, develop services, and, ultimately, improve long-term health of adults born with CHD.

We estimate sending an introductory letter and survey to 6,675 individuals with CHD in the birth defects surveillance systems, and receiving completed surveys from 4,672 individuals (70%). The survey takes approximately 20 minutes to complete. The Contact Information Form will be provided in English and Spanish and should take approximately 2 minutes to read and complete. It is estimated that the total burden hours are 2,254.

There are no costs to participants other than their time.

**ESTIMATED ANNUALIZED BURDEN HOURS**

| Type of respondents  | Form name                              | Number of respondents | Number responses per respondent | Average burden per response (in hours) |
|--|--|-----------------------|---------------------------------|--|
| Individuals aged 18–45 years who were born with a congenital heart defect. | Survey questionnaire .....             | 6,675                 | 1                               | 20/60                                  |
| English-speaking mothers of respondents .....                              | Contact Information Form—English ..... | 757                   | 1                               | 2/60                                   |
| Spanish-speaking mothers of respondents .....                              | Contact Information Form—Spanish ..... | 133                   | 1                               | 2/60                                   |

**Leroy A. 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.*

[FR Doc. 2016–02765 Filed 2–10–16; 8:45 am]

**BILLING CODE 4163–18–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

[CMS–1660–N]

**Medicare Program: Notice of Seven Membership Appointments to the Advisory Panel on Hospital Outpatient Payment**

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

**ACTION:** Notice.

**SUMMARY:** This notice announces seven new membership appointments to the Advisory Panel on Hospital Outpatient Payment (the Panel). The seven new appointments to the Panel will each serve a 4-year period. The new members have terms that begin in Calendar Year (CY) 2016 and end in CY 2020. The purpose of the Panel is to advise the Secretary of the Department of Health and Human Services and the Administrator of the Centers for

Medicare & Medicaid Services concerning the clinical integrity of the Ambulatory Payment Classification groups and their relative payment weights. The Panel also addresses and makes recommendations regarding supervision of hospital outpatient therapeutic services. The advice provided by the Panel will be considered as we prepare the annual updates for the hospital outpatient prospective payment system.

The Secretary rechartered the Panel in 2014 for a 2-year period effective through November 6, 2016.

**DATES:** March 14, 2016.

**ADDRESSES:** *Web site:* For additional information on the Panel meeting dates, agenda topics, copy of the charter, and updates to the Panel’s activities, we refer readers to our Web site at the following address: <https://www.cms.gov/Regulations-and-Guidance/Guidance/FACA/AdvisoryPanelonAmbulatoryPaymentClassificationGroups.html>.

**FOR FURTHER INFORMATION CONTACT:** Designated Federal Official (DFO): Carol Schwartz, DFO, 7500 Security Boulevard, Mail Stop: C4–04–25, Woodlawn, MD 21244–1850. Phone: (410) 786–3985. Email: [APCPanel@cms.hhs.gov](mailto:APCPanel@cms.hhs.gov).

**SUPPLEMENTARY INFORMATION:**

**I. Background**

The Secretary of the Department of Health and Human Services (the

Secretary) is required by section 1833(t)(9)(A) of the Social Security Act (the Act) (42 U.S.C. 1395l(t)(9)(A)) and section 222 of the Public Health Service Act (PHS Act) (42 U.S.C. 217a) to consult with an expert outside advisory panel on the clinical integrity of the Ambulatory Payment Classification groups and relative payment weights, which are major elements of the Medicare Hospital Outpatient Prospective Payment System (OPPS), and the appropriate supervision level for hospital outpatient therapeutic services. The Panel is governed by the provisions of the Federal Advisory Committee Act (FACA) (Pub. L. 92–463), as amended (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of advisory panels. The Panel Charter provides that the Panel shall meet up to 3 times annually. We consider the technical advice provided by the Panel as we prepare the proposed and final rules to update the OPPS for the following calendar year (CY).

The Panel shall consist of a chair and up to 15 members who are full-time employees of hospitals, hospital systems, or other Medicare providers that are subject to the OPPS. The Secretary or a designee selects the Panel membership based upon either self-nominations or nominations submitted by Medicare providers and other interested organizations of candidates determined to have the required