

Attention: CMS Desk Officer, Fax Number: (202) 395-5806 OR, Email: [OIRA\\_submission@omb.eop.gov](mailto: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](mailto: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:* New collection of information; *Title of Information Collection:* Establishment of Exchanges and Qualified Health Plans; Exchange Standards for Employers; *Use:* Section 1321(a) requires HHS to issue regulations setting standards for meeting the requirements under Title I of the Affordable Care Act including the offering of qualified health plans through the Marketplaces. On March 27, 2012, HHS published the rule CMS-9989-F: *Establishment of Exchanges and Qualified Health Plans; Exchange Standards for Employers*. The Exchange rule contains provisions that mandate reporting and data collections necessary to ensure that health insurance issuers are meeting the requirements of the Affordable Care Act. These information collection requirements are set forth in

45 CFR part 156. The data collection and reporting requirements will assist HHS in creating a seamless and coordinated system of eligibility and enrollment. The data collected by health insurance issuers will help to inform HHS, Marketplaces, and health insurance issuers as to the participation of individuals, employers, and employees in the individual Exchange. *Form Number:* CMS-10592 (OMB control number: 0938-NEW); *Frequency:* Annually, Monthly, Occasionally; *Affected Public:* Private Sector; Business or other for-profit; *Number of Respondents:* 1,200; *Total Annual Responses:* 1,200; *Total Annual Hours:* 590,460. (For policy questions regarding this collection contact Beth Liu at 301-492-4135.)

Dated: March 15, 2016.  
**William N. Parham, III,**  
*Director, Paperwork Reduction Staff, Office of Strategic Operations and Regulatory Affairs.*

[FR Doc. 2016-06191 Filed 3-17-16; 8:45 am]

**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS-1658-N]

RIN 0938-ZB23

#### Medicare Program; Inpatient Prospective Payment Systems; 0.2 Percent Reduction

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

**ACTION:** Notice.

**SUMMARY:** Pursuant to the court's October 6, 2015 order in *Shands Jacksonville Medical Center, Inc., v. Sebelius*, No. 14-263 (D.D.C.) and consolidated cases that challenge the 0.2 percent reduction in FY 2014 inpatient prospective payment systems (IPPS) rates to account for the estimated \$220 million in additional FY 2014 expenditures resulting from the 2-midnight policy, we are currently scheduled to publish a notice in the **Federal Register** responding to comments we have received on these issues, including those received in response to the December 1, 2015 notice with comment period (80 FR 75107). We have moved the court for an extension of the March 18, 2016 deadline until April 27, 2016. We anticipate publishing the notice on or before April 27, 2016.

**FOR FURTHER INFORMATION CONTACT:** Chava Sheffield (410) 786-2298.

Dated: March 15, 2016.

**Andrew M. Slavitt,**  
*Acting Administrator, Centers for Medicare & Medicaid Services.*

[FR Doc. 2016-06297 Filed 3-17-16; 8:45 am]

**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS Computer Match No. 2016-02]

#### HHS Computer Match No. 1603; DoD-DMDC Match No. 12

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

**ACTION:** Notice of computer matching program.

**SUMMARY:** In accordance with the requirements of the Privacy Act of 1974, as amended, this Notice re-establishes a computer matching agreement between CMS and the Department of Defense (DoD). We have provided background information about the proposed matching program in the **SUPPLEMENTARY INFORMATION** section below. The Privacy Act requires that CMS provide an opportunity for interested persons to comment on the proposed matching program. We may defer implementation of this matching program if we receive comments that persuade us to defer implementation. See "Effective Dates" section below for comment period.

**DATES:** *Effective Dates:* Comments are invited on all portions of this Notice. Public comments must be submitted within 30-days of publication of this Notice. This computer matching program will become effective no sooner than 40 days after the report of the computer matching program is sent to the Office of Management and Budget and copies of the agreement are sent to Congress, or 30 days after publication in the **Federal Register**, whichever is later.

**ADDRESSES:** The public should send comments to: CMS Privacy Act Officer, Division of Security, Privacy Policy & Governance, Information Security & Privacy Group, Office of Enterprise Information, CMS, Room N1-24-08, 7500 Security Boulevard, Baltimore, Maryland 21244-1850. Comments received will be available for review at this location, by appointment, during regular business hours, Monday through

Friday from 9:00 a.m.–3:00 p.m., Eastern Time zone.

**FOR FURTHER INFORMATION CONTACT:**

Karen Mandelbaum, Director, Division of Security, Privacy Policy & Governance, Information Security & Privacy Group, Office of Enterprise Information, CMS, Mail stop N1–24–08, 7500 Security Boulevard, Baltimore, Maryland 21244–1850, Office Phone: 410–786–1762, Email: [Karen.Mandelbaum@cms.hhs.gov](mailto:Karen.Mandelbaum@cms.hhs.gov).

**SUPPLEMENTARY INFORMATION:** The Computer Matching and Privacy Protection Act of 1988 (Pub. L. 100–503), amended the Privacy Act of 1974 (5 U.S.C. 552a) by describing the manner in which computer matching involving Federal agencies could be performed and adding certain protections for individuals applying for and receiving Federal benefits.

Section 7201 of the Omnibus Budget Reconciliation Act of 1990 (Pub. L. 101–508) further amended the Privacy Act regarding protections for such individuals. The Privacy Act, as amended, regulates the use of computer matching by Federal agencies when records in a system of records are matched with other Federal, state, or local government records. It requires Federal agencies involved in computer matching programs to:

1. Negotiate written agreements with the other agencies participating in the matching programs;
2. Obtain the Data Integrity Board approval of the matching agreements;
3. Furnish detailed reports about matching programs to Congress and the Office of Management and Budget;
4. Notify applicants and beneficiaries that their records are subject to matching; and,
5. Verify match findings before reducing, suspending, terminating, or denying an individual's benefits or payments.

**CMS Computer Matches Subject to the Privacy Act**

CMS has taken action to ensure that all computer matching programs that this Agency participates in comply with the requirements of the Privacy Act of 1974, as amended.

**Emery Csulak,**

*Director, ISPG, Chief Information Security Officer, and Senior Official for Privacy, Centers for Medicare & Medicaid Services.*

**CMS Computer Match No. 2016–02**

**HHS Computer Match No. 1603**

**DoD–DMDC Match No. 12**

**NAME:**

Computer Matching Agreement between the Centers for Medicare & Medicaid Services and the Defense Manpower Data Center Department of Defense for Disclosure of Enrollment and Eligibility Information for Military Health System Beneficiaries who are Medicare Eligible”

**SECURITY CLASSIFICATION:**

Unclassified.

**PARTICIPATING AGENCIES:**

The Centers for Medicare & Medicaid Services (CMS); and Department of Defense (DoD), Defense Manpower Data Center and the Office of the Assistant Secretary of Defense Health Affairs/ Defense Health Agency.

**AUTHORITY FOR CONDUCTING MATCHING PROGRAM:**

This computer matching agreement is executed to comply with the Privacy Act of 1974 (Title 5 United States Code (U.S.C.) 552a), as amended, (as amended by Public Law (Pub. L.) 100–503, the Computer Matching and Privacy Protection Act of 1988), the Office of Management and Budget, Circular A–130, titled “Management of Federal Information Resources”, 61 **Federal Register** 6435 (February 20, 1996), and the Office of Management and Budget guidelines pertaining to computer matching, 54 **Federal Register** 25818 (June 19, 1989).

Prior to 1991, CHAMPUS entitlement terminated when any individual became eligible for Medicare Part A on a non-premium basis. The National Defense Authorization Act(s) (NDA) for Fiscal Years (FY) 1992 and 1993 (Pub. L. 102–190) § 704, provide for reinstatement of CHAMPUS as second payer for beneficiaries entitled to Medicare on the basis of disability/End Stage Renal Disease (ESRD) only if they also enroll in Medicare Part B.

This agreement implements the information matching provisions of the following section NDAA, FY 1992 (Pub. L. 102–190) Sections 704 and 713; FY 1993 (Pub. L. 102–484) Section 705. FY 1996 (Pub. L. 104–106) Section 732, directed the administering Secretaries to develop a mechanism for notifying beneficiaries of their ineligibility for CHAMPUS when is due to enrollment in Medicare Part A only; and FY 2001 (Pub. L. 106–398) Sections 711 and 712.

**PURPOSE(S) OF THE MATCHING PROGRAM:**

The purpose of this agreement is to establish the conditions, safeguards and procedures under which CMS will disclose Medicare enrollment information to the DoD, Defense Manpower Data Center, and Health Affairs/Defense Health Agency. The disclosure by CMS will provide Defense Health Agency with the information necessary to determine if Military Health System beneficiaries (other than dependents of active duty personnel), who are enrolled in Medicare Part B, are also eligible to receive continued military health care benefits. This disclosure will provide the Defense Health Agency with the information necessary to meet the Congressional mandate outlined in legislative provisions in the NDAA listed above.

Current law requires the Defense Health Agency to discontinue military health care benefits to Military Health System beneficiaries who become Medicare eligible without enrolling in Medicare Part B. In order for the Defense Health Agency to meet the requirements of current law, CMS agrees to disclose certain Medicare Part A and Part B enrollment data on the Military Health System beneficiary population, which will be used to determine the primary payer of healthcare claims for Military Health System beneficiaries. Defense Manpower Data Center will receive the results of the computer match performed by CMS and provide that information to the Defense Health Agency for use in coordinating the payment of healthcare claims.

**DESCRIPTION OF RECORDS TO BE USED IN THE MATCHING PROGRAM:**

DoD will use the system of records identified as Defense Manpower Data Center 02 DoD, entitled Defense Enrollment Eligibility Reporting System (DEERS), 77 **Federal Register** 69807 (November 21, 2012). Social Security Numbers of DoD beneficiaries will be released to CMS pursuant to the routine use set forth in the system notice, which provides that data may be released to CMS for the purpose of identifying DoD eligible beneficiaries both over and under 65 who are Medicare eligible.

Identification and Medicare status of Military Health System eligible beneficiaries will be provided to the Defense Health Agency to determine enrollment in Medicare Part B so that CMS and DoD are able to identify the primary payer of healthcare claims. Therefore, eligibility and enrollment information may also be maintained in the system of records identified as Defense Health Agency 07, entitled Military Health Information System

(MHIS), 71 **Federal Register** 16127 (March 30, 2006).

CMS will use data from Enrollment Database (EDB), System No. 09–70–0502, 73 **Federal Register** 10249 (February 26, 2008) to perform them matches against the DEERS data. Matched data will be released pursuant to routine use No. 2 as set forth in the EDB system notice to Defense Manpower Data Center and will be maintain in the DEERS.

**INCLUSIVE DATES OF THE MATCH:**

The matching program shall become effective no sooner than 40 days after sending the report to the Office of Management and Budget, and 30 days after publication in the **Federal Register** and notice Congress, or whichever is later. The matching program will continue for 18 months from the effective date and may be renewed for an additional 12 month period as long as the statutory language for the matching program exists and other conditions are met.

[FR Doc. 2016–06125 Filed 3–17–16; 8:45 am]

**BILLING CODE 4120–03–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

[Document Identifier: CMS–10443]

**Agency Information Collection Activities: Proposed Collection; Comment Request**

**AGENCY:** Centers for Medicare & Medicaid Services, HHS.

**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 (the 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 60 days for public comment on the proposed action. Interested persons are invited to send comments regarding our burden estimates 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 must be received by May 17, 2016.

**ADDRESSES:** When commenting, please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in any one of the following ways:

1. *Electronically.* You may send your comments electronically to <http://www.regulations.gov>. Follow the instructions for “Comment or Submission” or “More Search Options” to find the information collection document(s) that are accepting comments.

2. *By regular mail.* You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Document Identifier/OMB Control Number \_\_\_\_\_, Room C4–26–05, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

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](mailto: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:**

**Contents**

This notice sets out a summary of the use and burden associated with the following information collections. More detailed information can be found in each collection's supporting statement and associated materials (see **ADDRESSES**).

**CMS–10443 Transcatheter Valve Therapy Registry and KCCQ–10**

Under the 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 requires federal agencies to publish a 60-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.

1. *Type of Information Collection Request:* Extension of a previously approved collection. *Title of Information Collection:* Transcatheter Valve Therapy Registry and KCCQ–10. *Use:* The data collection is required by the Centers for Medicare and Medicaid Services (CMS) National Coverage Determination (NCD) entitled, “Transcatheter Aortic Valve Replacement (TAVR)”. The TAVR device is only covered when specific conditions are met including that the heart team and hospital are submitting data in a prospective, national, audited registry. The data includes patient, practitioner and facility level variables that predict outcomes such as all cause mortality and quality of life. CMS finds that the Society of Thoracic Surgery/ American College of Cardiology Transcatheter Valve Therapy (STS/ACC TVT) Registry, one registry overseen by the National Cardiovascular Data Registry, meets the requirements specified in the NCD on TAVR. The TVT Registry will support a national surveillance system to monitor the safety and efficacy of the TAVR technologies for the treatment of aortic stenosis.

The data will also include the variables on the eight item Kansas City Cardiomyopathy Questionnaire (KCCQ–10) to assess health status, functioning and quality of life. In the KCCQ, an overall summary score can be derived from the physical function, symptoms (frequency and severity), social function and quality of life domains. For each domain, the validity, reproducibility, responsiveness and interpretability have been independently established. Scores are transformed to a range of 0–100, in which higher scores reflect better health status.

The conduct of the STS/ACC TVT Registry and the KCCQ–10 is in accordance with Section 1142 of the Social Security Act (the Act) that describes the authority of the Agency for Healthcare Research and Quality (AHRQ). Under section 1142, research may be conducted and supported on the