

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Parent/guardian of children aged 6–12 years	Screener Script Guide	667	1	10/60
Child participants aged 6–12 years	Seat Belt Fit Measurements	142	1	2.5

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. 2016–13849 Filed 6–10–16; 8:45 am]

BILLING CODE 4163–18–P

**DEPARTMENT OF HEALTH AND
 HUMAN SERVICES**

**Centers for Medicare & Medicaid
 Services**

[Document Identifiers: CMS–R–142 and
 CMS–588]

**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
 August 9, 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.

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–R–142 Examination and
 Treatment for Emergency Medical
 Conditions and Women in Labor;**

**CMS–588 Electronic Funds Transfer
 Authorization Agreement**

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 currently
 approved collection; *Title of
 Information Collection:* Examination
 and Treatment for Emergency Medical
 Conditions and Women in Labor; *Use:*
 In accordance with to regulation
 sections 488.18, 489.20 and 489.24,
 during Medicare surveys of hospitals
 and State agencies CMS will review
 hospital records for lists of on-call
 physicians, and will review and obtain
 the information which must be recorded
 on hospital medical records for
 individuals with emergency medical
 conditions and women in labor, and the
 emergency department reporting
 information Medicare participating
 hospitals and Medicare State survey
 agencies must pass on to CMS.
 Additionally, CMS will use the QIO
 Report assessing whether an individual
 had an emergency condition and
 whether the individual was stabilized to
 determine whether to impose a CMP or
 physician exclusion sanctions. Without
 such information, CMS will be unable to
 make the hospital emergency services
 compliance determinations that
 Congress expects CMS to make under
 sections 1154, 1866 and 1867 of the Act.
Form Number: CMS–R–142 (OMB
 control number: 0938–0667); *Frequency:*
 Occasionally; *Affected Public:* Private
 Sector; *Number of Respondents:* 6,149;
Total Annual Responses: 6,149; *Total
 Annual Hours:* 1. (For policy questions
 regarding this collection contact Renate
 Dombrowski at 410–786–4645.)

2. *Type of Information Collection Request*: Revision of a currently approved collection; *Title of Information Collection*: Electronic Funds Transfer Authorization Agreement; *Use*: The information is needed to allow providers to receive funds electronically in their bank accounts. *Form Number*: CMS-588 (OMB control number: 0938-0626); *Frequency*: On occasion; *Affected Public*: Business or other for-profit, Not-for-profit institutions; *Number of Respondents*: 45,807; *Total Annual Responses*: 45,807; *Total Annual Hours*: 22,543. (For policy questions regarding this collection contact Kimberly McPhillips at 410-786-4645.)

Dated: June 7, 2016.

William N. Parham, III,

Director, Paperwork Reduction Staff, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2016-13800 Filed 6-10-16; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifiers: CMS-10105, CMS-10191, CMS-10525, CMS-10623, and CMS-R-246]

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 August 12, 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 the 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:

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-10105 National Implementation of In-Center Hemodialysis CAHPS Survey
 CMS-10191 Medicare Parts C and D Program Audit Protocols and Data Requests
 CMS-10525 Program of all-Inclusive Care for the Elderly (PACE) Quality Data Entry in CMS Health Plan Monitoring System
 CMS-10623 Testing Experience and Functional Tools Demonstration:

Personal Health Record (PHR) User Survey
 CMS-R-246 Medicare Advantage, Medicare Part D, and Medicare Fee-For-Service Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey

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*: Revision of a currently approved collection; *Title of Information Collection*: National Implementation of the In-Center Hemodialysis CAHPS Survey; *Use*: Data collected in the national implementation of the In-center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey will be used to: (1) Provide a source of information from which selected measures can be publicly reported to beneficiaries as a decision aid for dialysis facility selection, (2) aid facilities with their internal quality improvement efforts and external benchmarking with other facilities, (3) provide CMS with information for monitoring and public reporting purposes, and (4) support the end-stage renal disease value-based purchasing program. *Form Number*: CMS-10105 (OMB control number: 0938-0926). *Frequency*: Occasionally; *Affected Public*: Individuals or households; *Number of Respondents*: 109,328; *Total Annual Responses*: 109,328; *Total Annual Hours*: 59,037. (For policy questions regarding this collection contact Elizabeth Goldstein at 410-786-6665.)

2. *Type of Information Collection Request*: Revision of a currently approved collection; *Title of Information Collection*: Medicare Parts C and D Program Audit Protocols and Data Requests; *Use*: Under the Medicare Prescription Drug, Improvement, and