

the “average” time required to complete the NURSE Corps LRP application.

Likely Respondents: Professional RNs or advanced practice RNs who are interested in participating in the NURSE Corps LRP, and official representatives at their service sites.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information

requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review

the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this Information Collection Request are summarized in the tables below.

Total Estimated Annualized Burden Hours:

The estimates of reporting burden for applicants are as follows:

| Instrument | Number of respondents | Responses/ respondents | Total responses | Hours per response | Total burden hours |
|---|-----------------------|------------------------|-----------------|--------------------|--------------------|
| NURSE Corps LRP Application * | 5,500 | 1 | 5,500 | 2.0 | 11,000 |
| Authorization to Release Information Form | 5,500 | 1 | 5,500 | .10 | 550 |
| Total | 5,500 | | 11,000 | | 11,550 |

* Please note that the burden hours associated with this instrument account for both new and continuation applications. Additional (uploaded) supporting documentation is included as part of this instrument and reflected in the burden hours.

The estimates of reporting burden for participants are as follows:

| Instrument | Number of respondents | Responses/ respondents | Total responses | Hours per response | Total burden hours |
|--|-----------------------|------------------------|-----------------|--------------------|--------------------|
| Participant Semi-Annual Employment Verification Form | 2,300 | 2 | 4,600 | .5 | 2,300 |
| Total | 2,300 | | 4,600 | | 2,300 |
| Total for Applicants and Participants | 7,800 | | 15,600 | | 13,850 |

HRSA specifically requests comments on (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.

Jason E. Bennett,
 Director, Division of the Executive Secretariat.
 [FR Doc. 2017-00998 Filed 1-17-17; 8:45 am]
BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Reimbursement Rates for Calendar Year 2017

AGENCY: Indian Health Service, HHS.
ACTION: Notice.

Notice is given that the Principal Deputy Director of the Indian Health Service (IHS), under the authority of sections 321(a) and 322(b) of the Public Health Service Act (42 U.S.C. 248 and

249(b)), Public Law 83-568 (42 U.S.C. 2001(a)), and the Indian Health Care Improvement Act (25 U.S.C. 1601 *et seq.*), has approved the following rates for inpatient and outpatient medical care provided by IHS facilities for Calendar Year 2017 for Medicare and Medicaid beneficiaries, beneficiaries of other Federal programs, and for recoveries under the Federal Medical Care Recovery Act (42 U.S.C. 2651-2653). The Medicare Part A inpatient rates are excluded from the table below as they are paid based on the prospective payment system. Since the inpatient per diem rates set forth below do not include all physician services and practitioner services, additional payment shall be available to the extent that those services are provided.

Inpatient Hospital Per Diem Rate (Excludes Physician/Practitioner Services)

Calendar Year 2017
 Lower 48 States: \$2,933
 Alaska: \$3,235

Outpatient Per Visit Rate (Excluding Medicare)

Calendar Year 2017
 Lower 48 States: \$391
 Alaska: \$616

Outpatient Per Visit Rate (Medicare)

Calendar Year 2017

Lower 48 States: \$349
 Alaska: \$577

Medicare Part B Inpatient Ancillary Per Diem Rate

Calendar Year 2017

Lower 48 States: \$679
 Alaska: \$1,046

Outpatient Surgery Rate (Medicare)

Established Medicare rates for freestanding Ambulatory Surgery Centers.

Effective Date for Calendar Year 2017 Rates

Consistent with previous annual rate revisions, the Calendar Year 2017 rates will be effective for services provided on/or after January 1, 2017, to the extent consistent with payment authorities including the applicable Medicaid State plan.

Dated: January 11, 2017.

Elizabeth A. Fowler,
 Deputy Director for Management Operations,
 Indian Health Service.

[FR Doc. 2017-01075 Filed 1-17-17; 8:45 am]
BILLING CODE 4160-65-P