

[FR Doc. 2017-27629 Filed 12-21-17; 8:45 am]

BILLING CODE 8070-01-C

FEDERAL MARITIME COMMISSION**Notice of Agreement Filed**

The Commission hereby gives notice of the filing of the following agreement under the Shipping Act of 1984. Interested parties may submit comments on the agreement to the Secretary, Federal Maritime Commission, Washington, DC 20573, within twelve days of the date this notice appears in the **Federal Register**. A copy of the agreement is available through the Commission's website (www.fmc.gov) or by contacting the Office of Agreements at (202) 523-5793 or tradeanalysis@fmc.gov.

Agreement No.: 012439-002.

Title: THE Alliance Agreement.

Parties: Hapag-Lloyd AG and Hapag-Lloyd USA LLC (acting as one party); Kawasaki Kisen Kaisha, Ltd.; Mitsui O.S.K. Lines, Ltd.; Nippon Yusen Kaisha; and Yang Ming Marine Transport Corp and Yang Ming (UK) Ltd. (acting as one party).

Filing Party: Joshua Stein, Cozen O'Conner, 1200 Nineteenth Street NW, Washington, DC 20036.

Synopsis: The Amendment revises the Agreement to provide for the transition that will occur following the acquisition of the assets of the container liner operations of Kawasaki Kisen Kaisha, Ltd.; Mitsui O.S.K. Lines, Ltd.; and Nippon Yusen Kaisha by a new company known as Ocean Network Express Pte. Ltd. effective April 1, 2018. Ocean Network Express Pte. Ltd. is added as a party effective on the date of the transition referenced above. In addition, the Amendment adds Yang Ming (UK) Ltd. as a party (operating as a single party with Yang Ming Marine Transport Corp.) and adds Guatemala and India to the geographic scope of the Agreement.

By Order of the Federal Maritime Commission.

Dated: December 19, 2017.

Rachel E. Dickon,

Assistant Secretary.

[FR Doc. 2017-27640 Filed 12-21-17; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Agency for Healthcare Research and Quality****Agency Information Collection Activities: Proposed Collection; Comment Request**

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed changes to the currently approved information collection project: "*Medical Expenditure Panel Survey (MEPS) Household Component and the MEPS Medical Provider Component.*"

DATES: Comments on this notice must be received by February 20, 2018.

ADDRESSES: Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, by email at doris.lefkowitz@AHRQ.hhs.gov.

Copies of the proposed changes to questions asked of household respondents, data collection instruments, collection plans, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

FOR FURTHER INFORMATION CONTACT: Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427-1477, or by email at doris.lefkowitz@AHRQ.hhs.gov.

SUPPLEMENTARY INFORMATION:**Proposed Project***Medical Expenditure Panel Survey (MEPS) Household Component (HC)*

In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501-3521, AHRQ invites the public to comment on this proposed information collection. For over thirty years, results from the MEPS and its predecessor surveys (the 1977 National Medical Care Expenditure Survey, the 1980 National Medical Care Utilization and Expenditure Survey and the 1987 National Medical Expenditure Survey) have been used by OMB, DHHS, Congress and a wide number of health services researchers to analyze health care use, expenses and health policy.

Major changes continue to take place in the health care delivery system. The MEPS is needed to provide information about the current state of the health care system as well as to track changes over time. The MEPS permits annual estimates of use of health care and

expenditures and sources of payment for that health care. It also permits tracking individual change in employment, income, health insurance and health status over two years. The use of the National Health Interview Survey (NHIS) as a sampling frame expands the MEPS analytic capacity by providing another data point for comparisons over time.

Households selected for participation in the MEPS-HC are interviewed five times in person. These rounds of interviewing are spaced about 5 months apart. The interview will take place with a family respondent who will report for him/herself and for other family members.

The only change to the MEPS-HC from the previous OMB clearance is an update to the existing Adult Self-Administered Questionnaire (SAQ).

The MEPS-HC has the following goal:

- To provide nationally representative estimates for the U.S. civilian noninstitutionalized population for:
 - Health care use, expenditures, sources of payment
 - health insurance coverage

Medical Expenditure Panel Survey (MEPS) Medical Provider Component (MPC)

The MEPS-MPC will contact medical providers (hospitals, physicians, home health agencies and institutions) identified by household respondents in the MEPS-HC as sources of medical care for the time period covered by the interview, and all pharmacies providing prescription drugs to household members during the covered time period. The MEPS-MPC is not designed to yield national estimates as a stand-alone survey. The sample is designed to target the types of individuals and providers for whom household reported expenditure data was expected to be insufficient. For example, Medicaid enrollees are targeted for inclusion in the MEPS-MPC because this group is expected to have limited information about payments for their medical care.

The MEPS-MPC collects event level data about medical care received by sampled persons during the relevant time period. The data collected from medical providers include:

- Dates on which medical encounters occurred during the reference period
- Data on the medical content of each encounter, including ICD-9 (or ICD-10) and CPT-4 codes
- Data on the charges associated with each encounter, such as the sources paying for the medical care-including the patient/family, public sources, and private insurance, and amounts paid by each source