Contract-level or Plan-level: (1) Enrollment and Disenrollment—to evaluate sponsors' processing of enrollment, disenrollment, and reinstatement requests in accordance with CMS requirements. (2) Medication Therapy Management (MTM) Programs—to evaluate Part D MTM programs, and sponsors' adherence to CMS requirements. (3) Grievances—to assess sponsors' compliance with timely and appropriate resolution of grievances filed by their enrollees. (4) Improving Drug Utilization Review Controls—to determine the impact of formulary-level edits at point of sale in sponsors' processing of opioid prescriptions. (5) Coverage Determinations and Redeterminations—to assess sponsors' compliance with appropriate resolution of coverage determinations and redeterminations requested by their enrollees. (6) Employer/Union Sponsored Sponsors—to ensure PDPs and the employer groups that contract with the PDPs properly utilize appropriate waivers and modifications.

Form Number: CMS–10185 (OMB control number: 0938–0992); *Frequency:* Annually and semi-annually; *Affected Public:* Private sector (Business or other for-profits); *Number of Respondents:* 627; *Total Annual Responses:* 13,603; *Total Annual Hours:* 14,748. (For policy questions regarding this collection contact Chanelle Jones at 410–786–8008.)

Dated: February 23, 2018.

William N. Parham, III,

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

[FR Doc. 2018–04061 Filed 2–27–18; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Title: Multi-site Implementation Evaluation of Tribal Home Visiting (MUSE).

OMB No.: New Collection.

Description: The Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services has launched a national multi-site evaluation of Tribal Maternal, Infant, and Early Childhood Home Visiting (TMIECHV) programs. MUSE is the first multi-site, multi-model study that will systematically explore how home visiting programs are operating across diverse tribal contexts and identify factors that lead to programs' success. The evaluation will provide information that will help the federal government design and support federal home visiting initiatives in tribal communities and similar populations. Evaluation findings will also assist programs with improving home visiting services for children and families. The aims of MUSE are to (1) identify and describe the primary influences shaping tribal home visiting program planning; (2) identify and describe how home visiting programs are being implemented; and (3) explore supports to home visiting implementation in tribal communities. To address these aims, the evaluation will gather data about participating home visiting programs from program staff and parent program participants and utilize administrative program data.

The current Notice is specific to data collection efforts needed to address the MUSE aims. Quantitative and qualitative data will be collected from program staff and parent program participants at each program site. Program sites will also submit local administrative data to the evaluation team. After obtaining informed consent from all respondents, data collection will include: (1) A survey of parent program participants at enrollment (baseline), (2) a follow-up survey of parent program participants at 6 and 12 months, (3) the MUSE Family Resources Check-in administered to parent program participants at baseline and 12 months (4) a Rapid Reflect self-completed questionnaire completed by parent program participants after selected home visits; (5) a Rapid Reflect self-completed questionnaire completed by home visitors after selected home visits; (6) a one-time survey of home visitors; (7) a one-time survey of program coordinators/managers; (8) a one-time survey of program directors; (9) a one-time survey of local program evaluators; (10) qualitative interviews of home visitors at each site; (11) qualitative interviews of program coordinators/managers and program directors at each site; (12) qualitative interviews of local program evaluators at each site; (13) qualitative interviews of program participants; (14) a log of implementation activities completed by program coordinators/managers on staffing, training, family group activities, and supervision; and (15) electronic compilation and submission of administrative program data.

All data collection will be used to generate information about how tribal home visiting program services are planned and delivered, and about what individual, organizational, community, and external factors support successful program implementation.

Respondents: Parent participants enrolled in TMIECHV programs and TMIECHV program staff (program directors, program coordinators/managers, home visitors, and local program evaluators).

Annual Burden Estimates

We will request approval for three years, which will accommodate an approximate two-year data collection period and any potential delays in the data collection timeline.

Instrument	Total number of respondents	Annual number of respondents	Number of responses per respondent	Average burden hours per response	Annual burden hours
Participant Survey—Baseline	423	141	1	.25	35
Participant Survey—6 & 12 Month Follow-up	312	104	2	.50	104
Family Resources Check-in—Baseline and 12 Month Follow-up	354	118	2	.25	59
Rapid Reflect Self-Completed Home Visit Questionnaire for Participants	1,394	[1] 697	12	.08	669
Rapid Reflect Self Completed Home Visit Questionnaire for Home Visitors	93	[1] 47	180	.2	1,692
Home Visitor Survey	81	27	1	1.17	32
Program Coordinator/Manager Survey	21	7	1	1	7
Program Director Survey	21	7	1	1	7

Instrument	Total number of respondents	Annual number of respondents	Number of responses per respondent	Average burden hours per response	Annual burden hours
Local Program Evaluator Survey	30	10	1	.5	5
Qualitative Interviews of Home Visitors	42	14	1	2	28
Qualitative Interviews of Program Coordinators/Managers and Program Directors	34	11	1	1.5	17
Qualitative Interviews of Local Program Evaluators	30	10	1	1.5	15
Qualitative Interviews of Program Participants	51	17	1	1	17
Implementation Logs	17	[1] 9	24	.67	145
Administrative Program Data	17	[1] 9	4	45	1,620

[1] The annual number of respondents is annualized over 2 years for instruments that are completed by respondents on an ongoing basis.

Estimated Total Annual Burden Hours: 4,452.

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Planning, Research, and Evaluation, 330 C Street SW, Washington, DC 20201, Attn: OPRE Reports Clearance Officer. Email address: *OPREinfocollection@acf.hhs.gov.* All requests should be identified by the title of the information collection.

The Department specifically requests comments on (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Mary Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2018–04039 Filed 2–27–18; 8:45 am]

BILLING CODE 4184–74–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Committee on Vital and Health Statistics: Meeting

Pursuant to the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) announces the following advisory committee meeting.

Name: National Committee on Vital and Health Statistics (NCVHS), Standards Subcommittee Meeting.

Date and Times: Monday, March 26, 2018: 9:00 a.m.–3:30 p.m. (EDT).

Place: Virtual.

Status: Open. There will be an open comment period during the final 15 minutes of the committee meeting.

Purpose: Health Insurance Portability and Accountability Act (HIPAA) legislation from 1996, as amended,[1] directed the Secretary of HHS to publish regulations adopting standards, code sets and identifiers to support the exchange of electronic health information between covered entities. The standards are for retail pharmacy and medical transactions. New versions of the adopted standards may be brought forward to NCVHS by the standards development organizations (SDOs) or through the Designated Standards Maintenance Organization (DSMO) after completion of a consensus based review and evaluation process.

On January 9, 2018, the DSMO submitted a letter to NCVHS recommending the adoption of two National Council of Prescription Drug Program (NCPDP) updates to the adopted retail pharmacy standards. These updates include: (1) An update to the retail pharmacy standard, the NCPDP Telecommunication and Batch standard version D.0., which was adopted in 2009. The update would be NCPDP Telecommunication and Batch standard version F2, which would enable eligibility verification, claims, services, information reporting, prior authorization (for pharmacy), and predetermination of benefits; and (2) an update to the Medicaid subrogation standard, also adopted in 2009, to expand subrogation to all payers, including Medicare Parts C and D. The updated subrogation standard is the Batch Standard version 10, and replaces version 3.0. It will enable all payers to conduct a uniform process to support compliance with requirements for recovery of federal, state and other plan overpayments, mitigating manual processes currently in place.

The purpose of this NCVHS Standards Subcommittee hearing is to obtain input from stakeholders for the costs and benefits of implementing the updated versions of the two pharmacy standards: NCPDP F2 and pharmacy subrogation, and to understand how they would reduce existing barriers to the use of standards, or mitigate burdens.

The times and topics are subject to change. Please refer to the posted agenda for any updates.

Contact Persons for More Information: Substantive program information may be obtained from Rebecca Hines, MHS, Executive Secretary, NCVHS, National Center for Health Statistics, Centers for Disease Control and Prevention, 3311 Toledo Road, Hyattsville, Maryland 20782, telephone (301) 458–4715. Information pertaining to meeting content may be obtained from Lorraine Doo, MSW, MPH, or Geanelle G. Herring, MSW, Centers for Medicare & Medicaid Services, Office of Information Technology, Division of National Standards, 7500 Security Boulevard, Baltimore, Maryland, 21244, telephone (410) 786–6597. Summaries of meetings and a roster of Committee members are available on the NCVHS website: *https://www.ncvhs.hhs.gov/,* where further information including an agenda and instructions to access the live audio broadcast of the meetings will also be posted.

Should you require reasonable accommodation, please contact the CDC Office of Equal Employment Opportunity on (770) 488–3210 as soon as possible.

Dated: February 22, 2018.

Laina Bush,

Deputy Assistant Secretary for Planning and Evaluation, Office of the Assistant Secretary for Planning and Evaluation.

[FR Doc. 2018–04057 Filed 2–27–18; 8:45 am]

BILLING CODE 4150–05–P

[1] along with Section 1104 (c) of the Affordable Care Act.