

Information Collection: State Permissions for Enrollment in Qualified Health Plans in the Federally-Facilitated Exchange & Non-Exchange Entities; *Use:* On March 23, 2010, the Patient Protection and Affordable Care Act (PPACA; Pub. L. 111–148) was signed into law and on March 30, 2010, the Health Care and Education Reconciliation Act of 2010 (Pub. L. 111–152) was signed into law. The two laws implement various health insurance policies.

This information collection request (ICR) serves as the renewal of the data collection clearance related to the ability of states to permit agents and brokers, as well as Web-brokers, to assist qualified individuals, qualified employers, or qualified employees enrolling in Qualified Health Plans in the Federally Facilitated Exchange (45 CFR 155.220) and data collection requirements related to non-exchange entities. (45 CFR 155.260). [All references to § 155.220 shall mean 45 CFR 155.220.] *Form Number:* CMS–10650; *Frequency:* Annually; *Affected Public:* Private Sector, State, Business, and Not-for Profits; *Number of Respondents:* 55,148; *Number of Responses:* 55,148; *Total Annual Hours:* 272,707. (For questions regarding this collection, contact Michele Oshman at (301–492–4407).

2. Type of Information Collection Request: New collection (Request for a new OMB control number); *Title of Information Collection:* Transparency in Coverage; *Use:* The final rules titled “Transparency in Coverage,” published November 12, 2020 (85 FR 72158), establish requirements for group health plans and health insurance issuers offering non-grandfathered coverage in the individual and group markets to disclose to a participant, beneficiary, or enrollee (or an authorized representative on behalf of such individual) the consumer-specific estimated cost-sharing liability for covered items or services from a particular provider, thereby allowing a participant, beneficiary, or enrollee to obtain an accurate estimate and understanding of their potential out-of-pocket expenses and to effectively shop for covered items and services. Plans and issuers are required to make such information available for covered items and services through an internet-based self-service tool, and, if requested, in paper form. The internet-based self-service tool must allow participants, beneficiaries, or enrollees to search for cost-sharing information for a covered item or service by inputting the name of a specific in-network provider in conjunction with a billing code or

descriptive term, as well as other relevant factors such as location of service, facility name, or dosage. In addition, the final rules require that the tool allow the user to refine and reorder search results based on geographic proximity of in-network providers. For covered items and services provided by out-of-network providers, the tool must provide the out-of-network allowed amount, percentage of billed charges, or other rates that provide a reasonably accurate estimate of the amount a plan or issuer will pay by allowing consumers to input a billing code, descriptive code, or other relevant factor, such as location.

The final rules also require plans and issuers to publicly disclose applicable rates with in-network providers, including negotiated rates; historical data outlining the different billed charges and allowed amounts a plan or issuer has paid for covered items or services, including prescription drugs, furnished by out-of-network providers; and negotiated rates and historical net prices for covered prescription drugs furnished by in-network providers through three machine-readable files (an In-network Rate File, Allowed Amount File, and Prescription Drug File). The machine-readable files must be posted publicly on an internet website and updated on a monthly basis. *Form Number:* CMS–10715 (OMB control number 0938–1372); *Frequency:* Frequently; *Affected Public:* Public and Private sectors; *Number of Respondents:* 908; *Total Annual Responses:* 74,460; *Total Annual Hours:* 28,618,546. (For policy questions regarding this collection contact Russell Tipps at 301–492–4371).

Dated: December 23, 2020.

William N. Parham, III,

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

[FR Doc. 2020–28851 Filed 12–29–20; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Statement of Organization, Functions, and Delegations of Authority

Part F of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) (last amended at 75 FR 14176–14178, dated March 24,

2010), is republished to realign functions in the Center for Program Integrity (CPI).

CPI is the focal point for all national and State-wide Medicare and Medicaid programs and integrity fraud and abuse issues related to the Children’s Health Insurance Program (CHIP). It promotes the integrity of the Medicare and Medicaid programs and CHIP through provider/contractor audits, policy reviews, identification and monitoring of program vulnerabilities, and provides support and technical assistance to States. In addition, it recommends modifications to programs and operations as necessary and works with CMS Centers, Offices, and the Chief Operating Officer to affect changes as appropriate, and collaborates with the Office of Legislation on the development and advancement of new legislative initiatives and improvements to deter, reduce, and eliminate fraud, waste and abuse.

Part F, Section FC. 20 (Functions) is as follows:

Center for Program Integrity

- Serves as CMS’ focal point for all national and State-wide Medicare and Medicaid programs and CHIP integrity fraud and abuse issues.
- Promotes the integrity of the Medicare and Medicaid programs and CHIP through provider/contractor audits and policy reviews, identification and monitoring of program vulnerabilities, and providing support and assistance to States. Recommends modifications to programs and operations as necessary and works with CMS Centers, Offices, and the Chief Operating Officer (COO) to affect changes as appropriate. Collaborates with the Office of Legislation on the development and advancement of new legislative initiatives and improvements to deter, reduce, and eliminate fraud, waste and abuse.
- Oversees all CMS interactions and collaboration with key stakeholders relating to program integrity (*i.e.*, U.S. Department of Justice, DHHS Office of Inspector General, State law enforcement agencies, other Federal entities, CMS components) for the purposes of detecting, deterring, monitoring and combating fraud and abuse, as well as taking action against those that commit or participate in fraudulent or other unlawful activities.
- In collaboration with other CMS Centers, Offices, and the COO, develops and implements a comprehensive strategic plan, objectives and measures to carry out CMS’ Medicare, Medicaid and CHIP program integrity mission and goals, and ensure program

vulnerabilities are identified and resolved.

Authority: 44 U.S.C. 3101.

The Administrator of the Centers for Medicare & Medicaid Services (CMS), Seema Verma, having reviewed and approved this document, authorizes Lynette Wilson, who is the Federal Register Liaison, to electronically sign this document for purposes of publication in the **Federal Register**.

Dated: December 22, 2020.

Lynette Wilson,

Federal Register, Centers for Medicare & Medicaid Services.

[FR Doc. 2020-28795 Filed 12-28-20; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; OPRE Data Collection for Supporting Youth To Be Successful in Life (SYSIL) (New Collection)

AGENCY: Office of Planning, Research, and Evaluation, Administration for Children and Families, HHS.

ACTION: Request for public comment.

SUMMARY: The Administration for Children and Families (ACF) is requesting approval from the Office of Management and Budget (OMB) for a new data collection. The Supporting Youth to be Successful in Life study

(SYSIL) will build evidence on how to end homelessness among youth and young adults with experience in the child welfare system by continuing work with an organization who conducted foundational work as part of the Youth At-Risk of Homelessness project (OMB Control Number: 0970-0445). SYSIL will provide important information to the field by designing and conducting a federally led evaluation of a comprehensive service model for youth at risk of homelessness.

DATES: *Comments due within 60 days of publication.* In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, ACF is soliciting public comment on the specific aspects of the information collection described above.

ADDRESSES: Copies of the proposed collection of information can be obtained and comments may be forwarded by emailing OPREinfocollection@acf.hhs.gov. Alternatively, copies can also be obtained 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. All requests, emailed or written, should be identified by the title of the information collection.

SUPPLEMENTARY INFORMATION: *Description:* The SYSIL evaluation includes an implementation study and an impact study, which will use a rigorous quasi-experimental design that includes a comparison group. This new

information collection request includes the baseline and follow-up survey instruments for the impact study (a single instrument administered four times), and discussion guides for interviews and focus groups and the Working Alliance Inventory (WAI) for the implementation study. The data collected from the baseline and follow-up surveys will be used to describe the characteristics of the study sample of youth, develop models for estimating program impacts, and determine program effectiveness by comparing outcomes between youth in the treatment (youth receiving the Pathways program) and control groups. Data from the interviews and focus groups will provide a detailed understanding of program implementation. The study will also use administrative data from the child welfare system, homelessness management information system, and program providers. Administrative data will be used in its existing format and does not impose any new information collection or recordkeeping requirements on respondents.

Respondents: The baseline and follow-up surveys will be administered to youth in the treatment group (youth receiving the Pathways program) and youth in the control group who consent to participate in the study. Interviews will be conducted with program leadership and staff. Focus groups will be conducted with a subset of youth who are participating in the study. The WAI will be completed by Pathways youth and their caseworkers.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents (total over request period)	Number of responses per respondent (total over request period)	Avg. burden per response (in hours)	Total burden (in hours)	Annual burden (in hours)
SYSIL Youth Survey—Baseline survey	700	1	.5	350	117
SYSIL Youth Survey—Follow-up survey 1 (6 months)	630	1	.5	315	105
SYSIL Youth Survey—Follow-up survey 2 (12 months)	595	1	.5	298	99
SYSIL Youth Survey—Follow-up survey 3 (24 months)	372	1	.5	186	62
Interview guide for Pathways sites (treatment sites)	30	1	1.5	45	15
Interview guide for comparison sites	30	1	1.5	45	15
Focus group discussion guide for Pathways youth (treatment youth)	50	1	1.5	75	25
Focus group discussion guide for comparison youth	50	1	1.5	75	25
Working Alliance Inventory for Pathways youth	400	1	.08	32	11
Working Alliance Inventory for Pathways case workers	40	10	.08	32	11

Estimated Total Annual Burden Hours: 485.

Comments: 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