

## EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN—Continued

Form	Number of respondents	Total burden hours	Average hourly wage rate *	Total cost
PSO Certification for Continued Listing Form .....	42	336	40.21	13,510.56
PSO Two Bona Fide Contracts Requirement Form .....	451	451	40.21	2,050.71
PSO Disclosure Statement Form .....	2	6	40.21	241.26
PSO Profile Form .....	72	216	40.21	8,685.36
PSO Change of Listing Form .....	54	4.50	40.21	180.95
PSO Voluntary Relinquishment Form .....	4	2	40.21	80.42
OCR Patient Safety Confidentiality Complaint Form .....	1	.33	40.21	13.27
Common Formats .....	1,000	100,000	40.21	4,021,000.00
Total .....				4,053,000.33

\* Based upon the mean of the hourly average wages for healthcare practitioner and technical occupations, 29-0000, National Compensation Survey, May 2019, "U.S. Department of Labor, Bureau of Labor Statistics." <https://www.bls.gov/oes/current/oes290000.htm>.

### Request for Comments

In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3520, comments on AHRQ's information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ's health care research and health care information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) of information; (c) ways to enhance the quality, utility and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: July 27, 2021.

**Marquita Cullom,**  
Associate Director.

[FR Doc. 2021–16326 Filed 7–29–21; 8:45 am]

**BILLING CODE 4160–90–P**

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10398 #72]

#### Medicaid and Children's Health Insurance Program (CHIP) Generic Information Collection Activities: Proposed Collection; Comment Request

**AGENCY:** Centers for Medicare & Medicaid Services, Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** On May 28, 2010, the Office of Management and Budget (OMB) issued Paperwork Reduction Act (PRA) guidance<sup>1</sup> related to the "generic" clearance process. Generally, this is an expedited process by which agencies may obtain OMB's approval of collection of information requests that are "usually voluntary, low-burden, and uncontroversial collections," do not raise any substantive or policy issues, and do not require policy or methodological review. The process requires the submission of an overarching plan that defines the scope of the individual collections that would fall under its umbrella. On October 23, 2011, OMB approved our initial request to use the generic clearance process under control number 0938–1148 (CMS–10398). It was last approved on April 26, 2021, via the standard PRA process which included the publication of 60- and 30-day **Federal Register** notices. The scope of the April 2021 umbrella accounts for Medicaid and CHIP State plan amendments, waivers, demonstrations, and reporting. This **Federal Register** notice seeks public

<sup>1</sup> [https://www.whitehouse.gov/sites/whitehouse.gov/files/omb/assets/inforeg/PRA\\_Gen\\_ICRs\\_5-28-2010.pdf](https://www.whitehouse.gov/sites/whitehouse.gov/files/omb/assets/inforeg/PRA_Gen_ICRs_5-28-2010.pdf).

comment on one or more of our collection of information requests that we believe are generic and fall within the scope of the umbrella. Interested persons are invited to submit comments regarding our burden estimates or any other aspect of this collection of information, including: The necessity and utility of the proposed information collection for the proper performance of the agency's functions, the accuracy of the estimated burden, ways to enhance the quality, utility and clarity of the information to be collected, and 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 13, 2021.

**ADDRESSES:** When commenting, please reference the applicable form number (see below) and the OMB control number (0938–1148). 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.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, you may access CMS' website at <https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing.html>.

**FOR FURTHER INFORMATION CONTACT:** William N. Parham at (410) 786–4669.

**SUPPLEMENTARY INFORMATION:** Following is a summary of the use and burden associated with the subject information collection(s). More detailed information

can be found in the collection's supporting statement and associated materials (see **ADDRESSES**).

### Generic Information Collection

1. *Type of Information Collection Request:* New collection; *Title of Information Collection:* Expressions of Interest in the Infant Well-Child Visit Affinity Group; *Use:* To improve the use and quality of well-child visits for Medicaid and CHIP beneficiaries ages 0 to 12 months, CMS has launched the Infant Well-Child Visit Learning Collaborative Affinity Group. The affinity group will provide technical assistance to state Medicaid and CHIP agencies and their partners through group workshops and one-on-one meetings. Quality improvement (QI) advisors and subject matter experts will provide state teams with individualized guidance, including QI tools, to identify, implement, and test change ideas to improve infant well-child visits and then scale those changes that prove successful.

Many infants do not receive the recommended number of infant well-child visits. Reasons for missing visits include lack of transportation, work responsibilities, lack of childcare, and other social stressors. The COVID-19 pandemic has exacerbated the number of missed well-child visits, with 21 percent fewer (4.6 million) child screening services provided between March through October 2020, compared to the same period in 2019. Because Medicaid and CHIP cover nearly 40 percent of all children, focusing on well-child visits is an opportunity for state Medicaid and CHIP programs to improve overall attendance and quality of infant well-child visits and to reduce disparities in well-infant care. When children receive the recommended number of high-quality visits, they are more likely to be up-to-date on immunizations, have developmental concerns recognized early, and are less likely to visit the emergency department. *Form Number:* CMS-10398 (#72) (OMB control number: 0938-1148); *Frequency:* Once; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 56; *Total Annual Responses:* 20; *Total Annual Hours:* 140. (For policy questions regarding this collection contact Kristen Zycherman at 410-786-6974.)

Dated: July 26, 2021.

**William N. Parham, III**

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

[FR Doc. 2021-16208 Filed 7-29-21; 8:45 am]

**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS-3410-N]

#### Medicare Program; Virtual Meeting of the Medicare Evidence Development and Coverage Advisory Committee—September 22, 2021

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** This notice announces a virtual public meeting of the Medicare Evidence Development & Coverage Advisory Committee (MEDCAC) ("Committee") will be held on Wednesday, September 22, 2021. The MEDCAC panel will examine relevant health outcomes in studies for cerebrovascular disease treatment with a particular focus on new technologies of interest to CMS. Given the increased emphasis on new and innovative medical products for treating diseases that have few proven therapies, studies on certain medical technologies have focused on intermediate and surrogate outcomes rather than longer-term data. As a result, there are more frequent evidence gaps with respect to the clinically meaningful health outcomes for CMS beneficiaries, and these gaps impact our assessments of medical technologies. The MEDCAC panel will examine the growing challenges associated with the decreased level of evidence of certain new and innovative technologies. By voting on specific questions, and by their discussions, MEDCAC panel members will advise CMS about the ideal health outcomes in research studies of cerebrovascular disease treatment technologies, appropriate measurement instruments and follow-up durations to help to provide clarity and transparency of National Coverage Analyses (NCAs). This meeting is open to the public in accordance with the Federal Advisory Committee Act.

**DATES:**

*Meeting Date:* The virtual meeting will be held on Wednesday, September

22, 2021 from 8:00 a.m. until 4:30 p.m., Eastern Daylight Time (EDT).

*Deadline for Submission of Written Comments:* Written comments must be received at the email address specified in the **ADDRESSES** section of this notice by 5:00 p.m., Eastern Daylight Time (EDT), on Monday, August 23, 2021. Once submitted, all comments are final.

*Deadlines for Speaker Registration and Presentation Materials:* The deadline to register to be a speaker and to submit PowerPoint presentation materials and writings that will be used in support of an oral presentation is 5:00 p.m., EDT, on Monday, August 23, 2021. Speakers may register by phone or via email by contacting the person listed in the **FOR FURTHER INFORMATION CONTACT** section of this notice. Presentation materials must be received at the email address specified in the **ADDRESSES** section of this notice.

*Submission of Presentations and Comments:* Presentation materials and written comments that will be presented at the meeting must be submitted via email to [MedCACpresentations@cms.hhs.gov](mailto:MedCACpresentations@cms.hhs.gov) section of this notice by Monday, August 23, 2021.

*Deadline for All Other Attendees Registration:* Individuals who want to join the meeting may register online at [https://cms.zoomgov.com/webinar/register/WN\\_ejmvuvv1UTImALOSXqhKmpQ](https://cms.zoomgov.com/webinar/register/WN_ejmvuvv1UTImALOSXqhKmpQ) 4:30 p.m. EDT, on Wednesday, September 22, 2021.

*Webinar and Teleconference Meeting Information:* Teleconference dial-in instructions, and related webinar details will be posted on the meeting agenda, which will be available on the CMS website <http://www.cms.gov/medicare-coverage-database/indexes/medcac-meetings-index.aspx?bc=BAAAAAAAAAAAA&>. Participants in the MEDCAC meeting will require the following: A computer, laptop or smartphone where the Zoom application needs to be downloaded; a strong Wi-Fi or an internet connection and access to use Chrome or Firefox web browser and a webcam if the meeting participant is scheduled to speak or make a presentation during the meeting.

*Deadline for Submitting a Request for Special Accommodations:* Individuals viewing or listening to the meeting who are hearing or visually impaired and have special requirements, or a condition that requires special assistance, should send an email to the MEDCAC Coordinator as specified in the **FOR FURTHER INFORMATION CONTACT** section of this notice no later than 5:00 p.m., EDT on Friday, August 27, 2021.