

provided an initial measure of performance for Marketplaces and QHPs to use for quality improvement. Based on psychometric test results, CMS further refined the questionnaire and sampling design to conduct the 2015 beta test of the QHP Enrollee Survey. CMS previously obtained clearance for the 2016–2023 administrations of the QHP Enrollee Survey. At this time, CMS is requesting to renew approval for the information collection related to the QHP Enrollee Experience Survey in 2024–2026. These activities are necessary to ensure that CMS fulfills legislative mandates established by section 1311(c)(4) of the Affordable Care Act to develop an “enrollee satisfaction survey system” and provide such information on Marketplace websites. CMS is also seeking approval to remove the flu vaccine question and revise the race and ethnicity questions to align with the 2011 HHS Data Collection Standard for the QHP Enrollee Survey 2024 administration. *Form Number:* CMS–10488 (OMB control number: 0938–1221); *Frequency:* Annually; *Affected Public Sector:* (Individuals and households), private sector (business or other for-profits and not-for-profit institutions); *Number of Respondents:* 97,505; *Total Annual Responses:* 97,505; *Total Annual Hours:* 16,290. (For policy questions regarding this collection contact Nidhi Singh Shah at 301–492–5110.)

2. Type of Information Collection Request: Revision of a currently approved collection; *Title of Information Collection:* Proposed Repetitive, Scheduled Non-Emergent Ambulance Transport (RSNAT) Prior Authorization Process and Requirements for a Potential National Model; *Use:* Section 515(b) of MACRA (Pub. L. 114–10) added paragraph (16) to section 1834(l) of the Act, which requires that, beginning January 1, 2017, the Secretary expand the RSNAT Prior Authorization Model nationally to all states if model expansion meets certain statutory requirements for Innovation Center programs. These requirements are described in paragraphs (1) through (3) of section 1115A(c) of the Act: the Secretary determines that such expansion is expected to—reduce spending under applicable title without reducing the quality of care; or—(A) improve the quality of patient care without increasing spending; and (1) the Chief Actuary of the Centers for Medicare & Medicaid Services certifies that such expansion would reduce (or would not result in any increase in) net program spending under applicable titles; and (2) the Secretary determines

that such expansion would not deny or limit the coverage or provision of benefits under the applicable title for applicable individuals.

Pursuant to the authority in section 515(b) of MACRA (Pub. L. 114–10), CMS is seeking to renew the necessary approval under the existing OMB approval for the collection of information to continue operating the RSNAT Prior Authorization Model. *Form Number:* CMS–10708 (OMB control number: 0938–1380); *Frequency:* Occasionally; *Affected Public:* Private sector (business or other for-profits, not-for-profit institutions); *Number of Respondents:* 1,580; *Number of Responses:* 83,374; *Total Annual Hours:* 46,427. (For questions regarding this collection contact Angela Gaston at 410–786–7409.)

3. Type of Information Collection Request: New collection (Request for a new OMB control number); *Title of Information Collection:* Medicare Part D Manufacturer Discount Program Agreement; *Use:* Congress enacted the Inflation Reduction Act of 2022, Public Law 117–169 (IRA). Section 11201 of the IRA eliminates the coverage gap phase of the Part D benefit. It also sunsets the coverage gap discount program (CGDP) after December 31, 2024, and amends the Social Security Act (the Act) to add section 1860D–14C, requiring the Secretary to establish a new Medicare Part D manufacturer discount program (MDP) beginning January 1, 2025. Under the MDP, participating manufacturers are required to provide discounts on their “applicable drugs” (brand drugs, biologics, and biosimilars) both in the initial coverage phase and in the catastrophic coverage phase of the Part D benefit.

Information in this collection is needed to set up agreements between manufacturers and CMS. Under section 1860D–14C(a) of the Act, such agreements are required for manufacturers in order to participate in the MDP and, under section 1860D43(a) of the Act, for their applicable drugs to be covered under Part D beginning in 2025. The information collected from manufacturers in the Health Plan Management System (HPMS) (Appendix A) is needed to create and execute MDP agreements and to determine which manufacturers qualify as a specified manufacturer or specified small manufacturer for phased-in discounts under section 1860D–14C(g)(4) of the Act. Banking information collected by the TPA from manufacturers and plan sponsors (Appendix B) is needed to prepare invoices and process financial transactions (deposits and payments)

through the ACH. *Form Number:* CMS–10846 (OMB control number: 0938–New); *Frequency:* Once; *Affected Public:* Private Sector: Business or other for-profit and not-for-profit institutions; *Number of Respondents:* 659; *Total Annual Responses:* 659; *Total Annual Hours:* 4,613. (For policy questions regarding this collection contact Beckie Peyton at 410–786–1572.)

Dated: June 30, 2023.

William N. Parham, III,
Director, Paperwork Reduction Staff, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2023–14306 Filed 7–6–23; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Information Comparison With Insurance Data

AGENCY: Office of Child Support Services, Administration for Children and Families, Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Office of Child Support Services (OCSS), Administration for Children and Families (ACF), is requesting the Federal Office of Management and Budget (OMB) to extend approval of the Information Comparison with Insurance Data, with minor changes, for an additional three years. The current OMB approval (OMB No.: 0970–0342) expires January 31, 2024.

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

ADDRESSES: You can obtain copies of the proposed collection of information and submit comments by emailing infocollection@acf.hhs.gov. All requests should be identified by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The Deficit Reduction Act of 2005 amended section 452 of the Social Security Act to authorize the Health and Human Services Secretary, through the Federal Parent Locator Service, to conduct comparisons of information concerning individuals owing past-due child support with

information maintained by insurers (or their agents) concerning insurance claims, settlements, awards, and payments. On a daily basis, OCSS sends the results of the insurance data match in an “Insurance Match Response Record” to child support agencies that

use the insurance data matches to collect past-due support from the insurance proceeds. OCSS incorporated a separate burden calculation for respondents opting to electronically report quarterly.

Respondents: Insurers or their agents, including the U.S. Department of Labor and State agencies administering workers’ compensation programs, and the Insurance Services Office.

ANNUAL BURDEN ESTIMATES

Collection instrument	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Total annual burden hours
Insurance Match File: Quarterly Reporting Electronically	1	4	0.083	0.33
Insurance Match File: Monthly Reporting Electronically	26	12	0.083	25.90
Insurance Match File: Weekly Reporting Electronically	19	52	0.083	82.00
Insurance Match File: Daily Reporting Electronically	1	251	0.083	20.83
Match File: Daily Reporting Manually	118	251	0.1	2,961.80

Estimated Total Annual Burden Hours: 3,090.86.

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 technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Authority: 42 U.S.C. 652(a)(9), 42 U.S.C. 653(a)(1) and 42 U.S.C. 652(m).

Mary B. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2023–14339 Filed 7–6–23; 8:45 am]

BILLING CODE 4184–41–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Announcing the Intent To Award a Sole-Source Supplement for the Christopher and Dana Reeve Foundation

ACTION: Notice of intent to award a sole source supplement to the Christopher and Dana Reeve Foundation.

SUMMARY: The Administration for Community Living (ACL) is announcing the award of a sole-source supplement for the National Paralysis Resource Center (PRC) as a result of the 2023

Congressional budget appropriations. The National Paralysis Resource Center is operated by the Christopher and Dana Reeve Foundation and offers important programmatic opportunities for persons with disabilities and older adults. The NPRC provides comprehensive information for people living with spinal cord injury, paralysis, and mobility-related disabilities and their families. Resources include information and referral by phone and email in multiple languages; a peer and family support mentoring program; a military and veterans’ program; multicultural outreach services; multiple quality of life grants; and a national website. The administrative supplement for FY 2023 will be in the amount of \$1,300,000, bringing the total award for FY 2023 to \$10,000,000.

SUPPLEMENTARY INFORMATION:

Program Name: National Paralysis Resource Center.

Recipient: Christopher and Dana Reeve Foundation.

Period of Performance: The supplement award will be issued for the second year of a five-year project period, July 1, 2023, through June 30, 2024.

Award Amount: \$1,300,000.

Award Type: Cooperative Agreement.

Statutory Authority: This program is authorized under section 317 of the Public Health Service Act (42 U.S.C. 247(b–4)); Consolidated and Further Continuing Appropriations Act, 2016, Public Law 114–113 (Dec. 18, 2015).

CFDA Number: 93.325 Discretionary Projects.

The purpose of the supplemental funding is to support the expansion the National Paralysis Resource Center to improve the health and quality of life of individuals living with paralysis and their families by raising awareness of and facilitating access to a broad range of services relevant to individuals with

paralysis. With the additional funding, the NPRC will work to expand the National Resource and Information Center; increase the health and quality of life of Americans with disabilities living with paralysis; increase support and resources to people with paralysis, their families and caregivers; expand collaboration with federal agencies and other national organizations that have a vested interested in the paralysis community; and strengthen performance measures.

Dated: June 30, 2023.

Alison Barkoff,

Acting Administrator and Assistant Secretary for Aging.

[FR Doc. 2023–14335 Filed 7–6–23; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Agency Information Collection Activities; Submission for OMB Review; Public Comment Request; SHIP–SMP Survey of One-on-One Assistance, (OMB Control Number 0985–0057)

AGENCY: Administration for Community Living, HHS.

ACTION: Notice.

SUMMARY: The Administration for Community Living (ACL) is announcing that the proposed collection of information listed above has been submitted to the Office of Management and Budget (OMB) for review and clearance as required under the Paperwork Reduction Act of 1995. This 30-day notice collects comments on the information collection requirements related to the Proposed Revision and