

In response to these new requirements, the Administrator, following consultation with the Secretary of Education, will engage the public for input on a multi-phased approach for establishing the youth cohort. At this time, the Administrator seeks initial comments on the following approach:

1. *Phase I: Community Engagement:* Gather sufficient information from educators, scientists, and community members on options for establishing a youth cohort that will efficiently support future research.

2. *Phase II: Options Development:* Use the information gathered in Phase I to develop a set of options for moving forward with establishing the youth cohort.

3. *Phase III: Options Ranking:* Engage community in ranking the options developed in Phase II.

4. *Phase IV: Option Selection and Implementation:* Use the information from Phase III to select the preferred option(s) for establishing the youth cohort.

#### Request for Information

NIOSH previously published this request for information in the **Federal Register** (88 FR 25406) on April 26, 2023 and again on August 18, 2023 (88 FR 56630). With this request for information, NIOSH is further extending the public comment period and is again soliciting information from any interested party, including educators, researchers, clinicians, community members, WTC Health Program members, treatment providers, and government agencies at all levels (Federal, State, Territorial, local, and Tribal), regarding the proposed approach to establishing the WTC Health Program youth cohort.

In particular, NIOSH seeks comments on the following items regarding the general approach to assembling the cohort, as described above:

1. Whether the four-phased approach for establishing the youth cohort is comprehensive and adequately incorporates community involvement in selecting a preferred approach for establishing the youth cohort.

2. Any potential partnerships for future actions for establishing the cohort of WTC Youth.

NIOSH also seeks information on the following scientific parameters, best practices, and approaches for assembling a research cohort that is best suited for future research of WTC Youth:

3. Ideas regarding outreach, recruitment, retention, community involvement, and project oversight.

NIOSH is interested in descriptions of any anticipated barriers to the project and propose potential risk mitigation strategies.

4. Health conditions and potential social and educational impacts (*i.e.*, adverse effects of interest) that may be priorities for future research on WTC Youth. In light of these adverse effects to be researched, NIOSH is interested in descriptions of the cohort characteristics believed necessary to support future research, including recommendations on data collection requirements, such as describing methods for and frequency of contact with prospective cohort members.

5. The recruitment and retention of appropriate control group(s) for future observational studies of WTC Youth. For example, recruitment methods may differ between exposed and control groups given expected differences in participation rates. These differences may lead to a selection bias. A selection bias may also arise given the long period of time between exposure and recruitment (*i.e.*, a survivorship bias). NIOSH is interested in comments regarding selection of controls using methods that reduce the potential for bias in future research.

Commenters are encouraged to offer information and insights into the specific topics described above, or any other aspect of this activity.

CDC is extending the comment period for this RFI again to allow more time for the public to comment. Accordingly, the comment period is reopened through January 29, 2024.

#### Disclaimer

This notice is intended for planning purposes; it does not constitute a formal announcement for comprehensive applications. In accordance with Federal Acquisition Regulation 48 CFR 15.201(e), responses to this notice are not offers and cannot be accepted by the Government to form a binding award. NIOSH will not provide reimbursement for costs incurred in commenting on this notice.

NIOSH will not respond to individual public comments or publish publicly a compendium of responses. An informational submission in response to this notice does not create any commitment by or on behalf of CDC or

HHS to develop or pursue any program or ideas discussed.

**John J. Howard,**

*Administrator, World Trade Center Health Program and Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, Department of Health and Human Services.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10652]

#### Agency Information Collection Activities: Proposed Collection; Comment Request

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

**ACTION:** Notice.

**SUMMARY:** The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (the PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information (including each proposed extension or reinstatement of an existing collection of information) and to allow 60 days for public comment on the proposed action. Interested persons are invited to send 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 January 2, 2024.

**ADDRESSES:** When commenting, please reference the document identifier or OMB control number. 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.

2. *By regular mail.* You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Document Identifier/OMB Control Number: \_\_\_\_, Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, please access the CMS PRA website by copying and pasting the following web address into your web browser: <https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing>.

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

**SUPPLEMENTARY INFORMATION:**

**Contents**

This notice sets out a summary of the use and burden associated with the following information collections. More detailed information can be found in each collection's supporting statement and associated materials (see **ADDRESSES**).

CMS-10652 Virtual Groups for Merit-Based Incentive Payment System (MIPS)

Under the PRA (44 U.S.C. 3501-3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. The term "collection of information" is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA requires federal agencies to publish a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice.

**Information Collection**

1. *Type of Information Collection Request:* Extension of currently approved Information Collection; *Title of Information Collection:* Virtual Groups for Merit-Based Incentive Payment System (MIPS); *Use:* Section 1848(q)(5)(I)(ii) of the 2018 Quality

Payment Program final rule establishes that a process must be in place to allow an individual MIPS eligible clinician or group consisting of not more than 10 MIPS eligible clinicians to elect, with respect to a performance period for a year, to be in a virtual group with at least one other such individual MIPS eligible clinician or group. Section 1848(q)(5)(I)(iii) of the Act establishes the following requirements that pertain to an election process: (1) individual eligible clinicians and groups forming virtual groups are required to make the election prior to the start of the applicable performance period under MIPS and cannot change their election during the performance period; (2) an individual eligible clinician or group may elect to be in no more than one virtual group for a performance period and in the case of the group electing to be in a virtual group for the performance period, the election applies to all eligible clinicians in the group; (3) a virtual group is a combination of TINs; (4) formal written agreements are required among the eligible clinicians (includes individual eligible clinicians and eligible clinicians within the groups) electing to be a virtual group; and (5) the Secretary has the authority to include other requirements determined appropriate.

Section 1848(q)(5)(I)(i) of the Act also provides that MIPS eligible clinicians electing to be a virtual group must: (1) have their performance assessed for the quality and cost performance categories in a manner that applies the combined performance of all the MIPS eligible clinicians in the virtual group to each MIPS eligible clinician in the virtual group for the applicable performance period; and (2) be scored for the quality and cost performance categories based on such assessment. *Form Number:* CMS-10652 (OMB control number: 0938-1343); *Frequency:* Yearly; *Affected Public:* Individuals and Households, Private Sector, Business or other for-profits and Not-for-profit institutions; *Number of Respondents:* 16; *Total Annual Responses:* 16; *Total Annual Hours:* 160 (For policy questions regarding this collection contact Renee O'Neill at 410-786-8821.)

Dated: October 26, 2023.

**William N. Parham, III,**

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

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Indian Health Service**

**Privacy Act of 1974; System of Records**

**AGENCY:** Indian Health Service, Department of Health and Human Services.

**ACTION:** Notice of a new system of records.

**SUMMARY:** In accordance with the Privacy Act of 1974, as amended, the Department of Health and Human Services (HHS) is establishing a new system of records maintained by the Indian Health Service (IHS) Office of Clinical and Preventive Services (OCPS), System Number 09-17-0006, "Community Health Aide Program (CHAP) Records." The records in the new system of records are about individual healthcare providers who have applied for Federal certification under the Community Health Aide Program (CHAP) created under the Indian Health Care Improvement Act, as amended; and individuals serving as CHAP Certification Board members who review and evaluate the certification/recertification applications for completeness and verify that the candidates meet the minimum standards for certification. The CHAP Certification Board will provide the respective Area Director with its recommendation to either certify, recertify, or deny certification after reviewing the certification applications.

**DATES:** In accordance with 5 U.S.C. 552a(e)(4) and (11), this notice is applicable October 31, 2023, subject to a 30-day comment period on the routine uses described below. Please submit any comments by November 30, 2023.

**ADDRESSES:** Written comments may be submitted by mail or email to: Dr. Lori Christensen, Chief Medical Officer, IHS, 5600 Fishers Lane—Mail Stop: 08E37A, Rockville, MD 20857, or [IHSCHAP@ihs.gov](mailto:IHSCHAP@ihs.gov). Comments are reviewable at same location. To review comments in person, please contact the Office of the Chief Medical Officer at 240-701-3890.

**FOR FURTHER INFORMATION CONTACT:** General questions about this system of records may be submitted to Heather McClane, IHS Privacy Act Officer, ATTN: National Community Health Aide Program, 5600 Fishers Lane—Mail Stop: 09E70, Rockville, MD 20857, or by email at [Heather.McClane@ihs.gov](mailto:Heather.McClane@ihs.gov), or by phone at 240-479-8521. General questions may also be submitted to the Community Health Aide Program, Office of Clinical and Preventive