

Information Collection

1. Type of Information Collection

Request: Revision of a currently approved collection. **Title of Information Collection:** Health Insurance Marketplace Consumer Experience Surveys: Qualified Health Plan Enrollee Experience Survey; **Use:** Section 1311(c)(4) of the Affordable Care Act (ACA) requires the Department of Health and Human Services (HHS) to develop an enrollee satisfaction survey system that assesses consumer experience with qualified health plans (QHPs) offered through an Exchange. It also requires public display of enrollee satisfaction information by the Exchange to allow individuals to easily compare enrollee satisfaction levels between comparable plans. HHS established the Marketplace Survey and the QHP Enrollee Experience Survey (QHP Enrollee Survey) to assess consumer experience with the Marketplaces and the QHPs offered through the Marketplaces. The surveys include topics to assess consumer experience with the Marketplace such as enrollment and customer service, as well as experience with the health care system such as communication skills of providers and ease of access to health care services. CMS developed the surveys using the Consumer Assessment of Health Providers and Systems (CAHPS®) principles (<http://www.cahps.ahrq.gov/about.htm>) and established an application and approval process for survey vendors who want to participate in collecting QHP enrollee experience data.

The Marketplace Survey will provide (1) actionable information that the Marketplaces can use to improve performance, (2) information that CMS and state regulatory organizations can use for oversight, and (3) a longitudinal database for future Marketplace research. The CAHPS® family of instruments does not have a survey that assesses entities similar to Marketplaces, so the Marketplace Survey items were generated by the project team. The QHP Enrollee Survey, which is based on the CAHPS® Health Plan Survey, will (1) help consumers choose among competing health plans, (2) provide actionable information that the QHPs can use to improve performance, (3) provide information that regulatory and accreditation organizations can use to regulate and accredit plans, and (4) provide a longitudinal database for consumer research.

CMS is completing two rounds of developmental testing for the surveys. The 2014 survey psychometric tests

helped determine psychometric properties and provided an initial measure of performance for Marketplaces and QHPs to use for quality improvement. Based on psychometric test results, CMS further refined the questionnaires and sampling designs to conduct the 2015 beta test of each survey. CMS requests clearance for the national implementation of the QHP Enrollee Survey, beginning in 2016. The total estimated annual burden hours of national implementation of the QHP Enrollee Survey is 39,623 hours with 120,015 responses. The total annualized burden over three years for this requested information collection is 118,869 hours and the total average annualized number of responses is 360,045 responses. **Form Number:** CMS-10488 (0938-1221); **Frequency:** Annually; **Affected Public:** Individuals and Households, Private sector (Business or other for-profits and Not-for-profit institutions); **Number of Respondents:** 120,015; **Total Annual Responses:** 120,015; **Total Annual Hours:** 39,623 hours. (For policy questions regarding this collection contact Nidhi Singh Shah at 301-492-5110.)

Dated: April 23, 2015.

William N. Parham, II,

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

[FR Doc. 2015-09850 Filed 4-27-15; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the Presidential Advisory Council on HIV/AIDS

AGENCY: Department of Health and Human Services, Office of the Secretary, Office of the Assistant Secretary for Health.

ACTION: Notice.

SUMMARY: As stipulated by the Federal Advisory Committee Act, the U.S. Department of Health and Human Service is hereby giving notice that the Presidential Advisory Council on HIV/AIDS (PACHA) will be holding a meeting to continue discussions and possibly develop recommendations regarding People Living with HIV/AIDS. PACHA will hold a joint session with the Centers for Disease Control and Prevention/Health Resources and Services Administration Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment. This will be the first time these advisory committees have had a joint meeting.

During this session, members will discuss next steps regarding National HIV/AIDS Strategy goals. On the second day of the meeting, PACHA will hear from key expert speakers regarding the Hepatitis C virus and barriers to care. The meeting will be open to the public.

DATES: The meeting will be held on May 21, 2015, from 9:00 a.m. to approximately 5:00 p.m. (ET) and May 22, 2015, from 9:00 a.m. to approximately 12:30 p.m. (ET).

ADDRESSES: On May 21, the meeting will be held at the W Downtown Hotel located at 45 Ivan Allen Jr Blvd., Atlanta, GA 30308. On May 22, the meeting will be held at the Satcher Health Leadership Institute at the Morehouse School of Medicine located at 720 Westview Drive, Atlanta, GA, 30310.

FOR FURTHER INFORMATION CONTACT: Ms. Caroline Talev, Public Health Analyst, Presidential Advisory Council on HIV/AIDS, U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 443H, Washington, DC 20201; (202) 205-1178. More detailed information about PACHA can be obtained by accessing the PACHA Web page on the AIDS.Gov Web site at www.aids.gov/pacha.

SUPPLEMENTARY INFORMATION: PACHA was established by E. O. 12963, dated June 14, 1995 as amended by E. O. 13009, dated June 14, 1996. The Council was established to provide advice, information, and recommendations to the Secretary regarding programs and policies to promote effective prevention and cure of HIV disease and AIDS. The functions of the Council are solely advisory in nature.

The Council consists of not more than 25 members. Council members are selected from prominent community leaders with particular expertise in, or knowledge of, matters concerning HIV and AIDS, public health, global health, philanthropy, marketing or business, as well as other national leaders held in high esteem from other sectors of society. Council members are appointed by the Secretary or designee, in consultation with the White House Office on National AIDS Policy. The agenda for the upcoming meeting will be posted on the AIDS.gov Web site at www.aids.gov/pacha.

Public attendance at the meeting is limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify Caroline Talev at caroline.talev@hhs.gov. Due to space constraints, pre-registration for public attendance is advisable and can

be accomplished by contacting Caroline Talev at caroline.talev@hhs.gov by close of business on May 13, 2015. Members of the public will have the opportunity to provide comments at the meeting on May 21, 2015. Any individual who wishes to participate in the public comment session must register with Caroline Talev at caroline.talev@hhs.gov by close of business on May 13, 2015; registration for public comment will not be accepted by telephone. Individuals are encouraged to provide a written statement of any public comment(s) for accurate minute taking purposes. Public comment will be limited to two minutes per speaker. Any members of the public who wish to have printed material distributed to PACHA members at the meeting are asked to submit, at a minimum, 1 copy of the material(s) to Caroline Talev, no later than close of business on May 13, 2015.

Dated: April 16, 2015.

B. Kaye Hayes,

Executive Director, Presidential Advisory Council on HIV/AIDS.

[FR Doc. 2015-09823 Filed 4-27-15; 8:45 am]

BILLING CODE 4150-43-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Office of Tribal Self-Governance Program; Negotiation Cooperative Agreement; Correction

AGENCY: Indian Health Service, HHS.

ACTION: Notice; correction.

SUMMARY: The Indian Health Service published a document in the **Federal Register** on February 18, 2015, for the FY 2015 Office of Tribal Self-Governance Program, Negotiation Cooperative Agreement Announcement. The notice contained incorrect guidance.

FOR FURTHER INFORMATION CONTACT: Mr. Paul Gettys, Grant Systems Coordinator, Division of Grants Management, Indian Health Service, 801 Thompson Avenue, Suite TMP 360, Rockville, MD 20852, Telephone (301) 443-2114. (This is not a toll-free number.)

Correction

In the **Federal Register** of February 18, 2015, in FR Doc. 2015-03235, on page 8670, in the third column, from the heading "Universal Entity Identifier (UEI) Numbering System," to just before "V. Application Review Information," the correct language should read as follows:

Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS)

All IHS applicants and grantee organizations are required to obtain a DUNS number and maintain an active registration in the SAM database. The DUNS number is a unique 9-digit identification number provided by D&B which uniquely identifies each entity. The DUNS number is site specific; therefore, each distinct performance site may be assigned a DUNS number. Obtaining a DUNS number is easy, and there is no charge. To obtain a DUNS number, please access it through <http://fedgov.dnb.com/webform>, or to expedite the process, call (866) 705-5711.

All HHS recipients are required by the Federal Funding Accountability and Transparency Act of 2006, as amended ("Transparency Act"), to report information on subawards. Accordingly, all IHS grantees must notify potential first-tier subrecipients that no entity may receive a first-tier subaward unless the entity has provided its DUNS number to the prime grantee organization. This requirement ensures the use of a universal identifier to enhance the quality of information available to the public pursuant to the Transparency Act.

System for Award Management (SAM)

Organizations that were not registered with Central Contractor Registration (CCR) and have not registered with SAM will need to obtain a DUNS number first and then access the SAM online registration through the SAM home page at <https://www.sam.gov> (U.S. organizations will also need to provide an Employer Identification Number from the Internal Revenue Service that may take an additional 2-5 weeks to become active). Completing and submitting the registration takes approximately one hour to complete and SAM registration will take 3-5 business days to process. Registration with the SAM is free of charge. Applicants may register online at <https://www.sam.gov>.

Additional information on implementing the Transparency Act, including the specific requirements for DUNS and SAM, can be found on the IHS Grants Management, Grants Policy Web site: <https://www.ihs.gov>.

Dated: April 16, 2015.

Robert McSwain,

Acting Director, Indian Health Service.

[FR Doc. 2015-09820 Filed 4-27-15; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Request for Public Comment: 60-Day; Proposed Information Collection: Indian Health Service; Loan Repayment Program (LRP)

AGENCY: Indian Health Service, HHS.

ACTION: Notice and request for comments. Request for extension of approval.

SUMMARY: In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et. seq.*), which requires 60 days for public comment on proposed information collection projects, the Indian Health Service (IHS) invites the general public to take this opportunity to comment on the information collection Office of Management and Budget (OMB) Control Number 0917-0014, titled, "IHS Loan Repayment Program (LRP)."

This previously approved information collection project was last published in the **Federal Register** (77 FR 27467) on May 10, 2012, and allowed 30 days for public comment. No public comment was received in response to the notice. This notice announces our intent to submit this collection, which expires May 31, 2015, to OMB for approval of an extension and solicit comments on specific aspects for the proposed information collection.

A copy of the draft supporting statement is available at www.regulations.gov (see Docket ID IHS-2015-0003).

Proposed Collection: Title: 0917-0014, "Indian Health Service Loan Repayment Program." **Type of Information Collection Request:** Extension of currently approved information collection, 0917-0014, "Indian Health Service Loan Repayment Program." The LRP application is available in an electronically fillable and fileable format. **Form(s):** The IHS LRP Information Booklet contains the instructions and the application formats. **Need and Use of Information Collection:** The IHS LRP identifies health professionals with pre-existing financial obligations for education expenses that meet program criteria and who are qualified and willing to serve at, often remote, IHS health care facilities. Under the program, eligible health professionals sign a contract through which the IHS agrees to repay part or all of their indebtedness in exchange for an initial two-year service commitment to practice fulltime at an eligible Indian health program. This program is necessary to augment the critically low health professional staff at IHS health care facilities.

Any health professional wishing to have their health education loans repaid may apply to the IHS LRP. A two-year contract obligation is signed by both parties, and the individual agrees to work at an eligible Indian health program location and provide health services to American Indian and Alaska Native individuals.

The information collected via the online application from individuals is