burden estimates or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) 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 4, 2015.

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, you may make your request using one of following:

1. Access CMS' Web site address at *http://www.cms.hhs.gov/PaperworkReductionActof1995.*

2. Email your request, including your address, phone number, OMB number, and CMS document identifier, to *Paperwork@cms.hhs.gov.*

3. Call the Reports Clearance Office at (410) 786–1326.

FOR FURTHER INFORMATION CONTACT: Reports Clearance Office at (410) 786–1326.

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–10561 Essential Community Provider Data Collection To Support QHP Certification for PY 2017

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:* New collection (Request for new OMB control number); *Title of Information Collection:* Essential Community Provider Data Collection to Support QHP Certification for PY 2017; *Use:* For plan years beginning on or after January 1, 2016, Health and Human Services (HHS) intends to discontinue the ECP write-in process for qualified health plan (QHP) issuers entering their contracted Essential Community Providers (ECPs) on their ECP template as part of the QHP application. For plan years beginning on or after January 1, 2016, HHS intends to calculate an issuer's satisfaction of the 30 percent ECP threshold based exclusively on the ECPs that it lists on its ECP template that are included on the HHS ECP list. The HHS will collect data on qualified and available ECPs from providers. Providers will submit an ECP petition to be added to the HHS ECP list or provide required missing data fields to remain on the list. As required by the Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2016 (CMS–9944–F), 80 **Federal Register** 10750 February 27, 2015, QHP issuers in the Federally-facilitated Marketplaces (FFMs) are required to publish information regarding their formulary drug lists and provider directories on their Web site in an HHS-specified format, in a format and at times determined by HHS. *Form Number:* CMS–10561 (OMB Control Number: 0938-New); *Frequency:* Annually; *Affected Public:* Private sector (Business or other for-profits and Not-for-profit Institutions); *Number of Respondents:* 31,634; *Total Annual Responses:* 31,634; *Total Annual Hours:* 53,491. (For policy questions regarding this collection contact Deborah Hunter at (410) 786–0625).

Dated: June 2, 2015.

William N. Parham, III,

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

[FR Doc. 2015–13759 Filed 6–4–15; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier CMS–10417, CMS–10550, and CMS–10551]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

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 (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 a second opportunity for public comment on the notice. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

DATES: Comments on the collection(s) of information must be received by the OMB desk officer by July 6, 2015.

ADDRESSES: When commenting on the proposed information collections, please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be received by the OMB desk officer via one of the

following transmissions: OMB, Office of Information and Regulatory Affairs, Attention: CMS Desk Officer, Fax Number: (202) 395–5806 *OR*, Email: *OIRA_submission@omb.eop.gov.*

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, you may make your request using one of following:

1. Access CMS' Web site address at *http://www.cms.hhs.gov/PaperworkReductionActof1995.*

2. Email your request, including your address, phone number, OMB number, and CMS document identifier, to *Paperwork@cms.hhs.gov.*

3. Call the Reports Clearance Office at (410) 786–1326.

FOR FURTHER INFORMATION CONTACT: Reports Clearance Office at (410) 786–1326.

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (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 (44 U.S.C. 3506(c)(2)(A)) requires federal agencies to publish a 30-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 that summarizes the following proposed collection(s) of information for public comment:

1. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Medicare Fee-for-Service Prepayment Medical Review; *Use:* The information required under this collection is requested by Medicare contractors to determine proper payment or if there is a suspicion of fraud. Medicare contractors request the information from providers or suppliers submitting claims for payment from the Medicare program when data analysis indicates aberrant billing patterns or other information which may present a vulnerability to the Medicare program. *Form Number:* CMS–10417 (OMB control number: 0938–0969); *Frequency:* Occasionally; *Affected Public:* Private Sector (Business or other for-profit and Not-for-profit institutions); *Number of Respondents:* 3,211,800; *Total Annual Responses:* 3,211,800; *Total Annual Hours:* 1,597,950. (For policy questions regarding this collection contact Debbie Skinner at 410–786–7480.)

2. *Type of Information Collection Request:* New collection (Request for a new OMB control number); *Title of Information Collection:* Hospital National Provider Survey; *Use:* Section 3104 of the Patient and Protection and Affordable Care Act (ACA) requires that the Secretary of the Department of Health and Human Services (HHS) conduct an assessment of the quality and efficiency impact of the use of endorsed measures in specific Medicare quality reporting and incentive programs. The ACA further specifies that the initial assessment must occur no later than March 1, 2012, and once every 3 years thereafter. This planned data collection activity was developed and tested as part of the 2015 Impact Report and data collection will be conducted for reporting in the 2018 Impact Report.

There are two modes of data collection with hospital quality leaders: (1) A semi-structured qualitative interview and (2) a standardized survey. The data from the qualitative interviews and standardized surveys will be analyzed to provide us with information on the quality and efficiency impact of measures that we use to assess care in the hospital inpatient and outpatient settings. The surveys seek to understand whether the use of performance measures has led to changes in provider behavior, and where undesired effects are occurring as a result of implementing quality and efficiency measures. The survey will also help identify characteristics associated with high performance, which if understood, could be used to leverage improvements in care among lower performing hospitals. The focus of the survey is to assess the impacts of the measures that we use in the context of public reporting (pay-for-reporting) and value-based purchasing programs. *Form Number:* CMS–10550 (OMB control number: 0938–NEW); *Frequency:* Occasionally; *Affected Public:* Private Sector (Business or other for-profit and Not-for-profit institutions); *Number of Respondents:* 940; *Total Annual Responses:* 940; *Total Annual Hours:* 639. (For policy questions regarding this collection contact Noni Bodkin at 410–786–7837.)

3. *Type of Information Collection Request:* New collection (Request for a new OMB control number); *Title of Information Collection:* Nursing Home National Provider Survey; *Use:* Section 3104 of the Patient and Protection and Affordable Care Act (ACA) requires that the Secretary of the Department of Health and Human Services (HHS) conduct an assessment of the quality and efficiency impact of the use of endorsed measures in specific Medicare quality reporting and incentive programs. The ACA further specifies that the initial assessment must occur no later than March 1, 2012, and once every 3 years thereafter. This planned data collection activity was developed and tested as part of the 2015 Impact Report and data collection will be conducted for reporting in the 2018 Impact Report.

There are two modes of data collection with nursing home quality leaders: (1) A semi-structured qualitative interview and (2) a standardized survey. The data from the qualitative interviews and standardized surveys will be analyzed to provide us with information on the quality and efficiency impact of measures that we use to assess care in nursing homes delivering skilled nursing care. The surveys seek to understand whether the use of performance measures has led to changes in provider behavior (both at the nursing home-level and at the frontline of care), and whether undesired effects are occurring as a result of implementing quality and efficiency measures. The survey will also help identify characteristics associated with high performance, which if understood, could be used to leverage improvements in care among lower performing nursing homes. The focus of the survey is to assess the impacts of the measures that we use in the context of public reporting (pay-for-reporting) and quality improvement. *Form Number:* CMS–10551 (OMB control number: 0938–NEW); *Frequency:* Occasionally; *Affected Public:* Private Sector (Business or other for-profit and Not-for-profit institutions); *Number of Respondents:* 940; *Total Annual Responses:* 940; *Total Annual Hours:* 639. (For policy questions regarding this collection contact Noni Bodkin at 410–786–7837.)

Dated: June 2, 2015.

William N. Parham, III,

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

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