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_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:

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: Revision of currently approved collection: Title of Information Collection: Annual Medical Loss Ratio (MLR) and Rebate Calculation Report and MLR Rebate Notices: Use: Under section 2718 of the Affordable Care Act and implementing regulation at 45 CFR part 158, a health insurance issuer (issuer) offering group or individual health insurance coverage must submit a report to the Secretary concerning the amount the issuer spends each year on claims, quality improvement expenses, non-claims costs, Federal and State taxes and licensing and regulatory fees, the amount of earned premium, and beginning with the 2014 reporting year, the amounts related to the reinsurance, risk corridors, and risk adjustment programs established under sections 1341, 1342, and 1343, respectively, of the Affordable Care Act. An issuer must provide an annual rebate if the amount it spends on certain costs compared to its premium revenue (excluding Federal and States taxes and licensing and regulatory fees) does not meet a certain ratio, referred to as the medical loss ratio (MLR). Each issuer is required to submit annual MLR data, including information about any rebates it must provide, on a form prescribed by CMS, for each State in which the issuer conducts business. Each issuer is also required to provide a rebate notice to each policyholder that is owed a rebate and each subscriber of policyholders that are owed a rebate for any given MLR reporting year. Additionally, each issuer is required to maintain for a period of seven years all documents, records and other evidence that support the data included in each issuer’s annual report to the Secretary. Under section 1342 of the Patient Protection and Affordable Care Act and implementing regulation at 45 CFR part 153, issuers of qualified health plans (QHPs) must participate in a risk corridors program. A QHP issuer will pay risk corridors charges or be eligible to receive payments based on the ratio of the issuer’s allowable costs to the target amount. Each QHP issuer is required to submit an annual report to CMS concerning the issuer’s allowable costs, allowable administrative costs, premium, and proportion of market premium in QHPs. Risk corridors premium information that is specific to an issuer’s QHPs is collected through a separate plan-level data form, which is included in this information collection. CMS received a total of 3 public comments on a number of specific issues regarding the notice of the revised MLR PRA package. CMS has taken into consideration all of the comments and modified the information collection instruments and instructions (the 2015 MLR Annual Reporting Form and Instructions and the 2015 Risk Corridors Plan-Level Data Form and Instructions) in order to correct minor errors and to provide additional clarifications. Form Number: CMS–10418 (OMB control number: 0938–1164); Frequency: Annually; Affected Public: Private Sector (Business or other for-profits and not-for-profit institutions); Number of Respondents: 538; Number of Respondent burdens: 1,818; Total Annual Hours: 235,148. (For policy questions regarding this collection contact Christina Whitefield at (301) 492–4172.) Dated: May 18, 2016.

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

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BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Ryan White HIV/AIDS Program Part C HIV Early Intervention Services Program Existing Geographic Service Area

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice of Class Deviation from Competition Requirements for Ryan White HIV/AIDS Program (RWHAP) Part C HIV Early Intervention Services Program Existing Geographic Service Area (EISEGA).

SUMMARY: The HIV/AIDS Bureau (HAB) is requesting a class deviation from the competition requirements in order to provide one-year extensions with funds to 346 Ryan White HIV/AIDS Program (RWHAP) Part C HIV Early Intervention Services Program Existing Geographic Service Area (EISEGA) recipients. The purpose of the Part C EISEGA program is to provide HIV primary care in the outpatient setting to targeted low income, uninsured people living with HIV. HAB is finalizing an evaluation of the Part C EISEGA program and development of a new data-driven methodology. This methodology is aimed at ensuring that awards are based on a consistent approach to promote a rational and sustainable allocation of resources while ensuring responsiveness to geographic and healthcare financing considerations, indicators of need, and results along the HIV care continuum. HAB expects to re-compete the entire program in fiscal year (FY) 2018. One-year extensions with funds for all 346 Part C EISEGA recipients enables HAB to finalize the evaluation and methodology development and engage recipients and relevant stakeholders with regard to this new approach prior to implementation and without disrupting the provision of critical HIV primary medical care services to the current RWHAP clients served by these recipients. Pending the availability of funds, the amount of each FY 2017 award will be based on a
proportion of the FY 2016 Part C EISEGA award to each of the 346 recipients, respectively.

FOR FURTHER INFORMATION CONTACT:
CAPT Mahyar Mofidi, DMD, Ph.D., Director, Division of Community HIV/AIDS Programs, HIV/AIDS Bureau, Health Resources and Services Administration, 5600 Fishers Lane, 09N09, Rockville, MD 20857, Phone: (301) 443–2075, Email: mmofidi@hrsa.gov.

SUPPLEMENTARY INFORMATION:

Period of Supplemental Funding:
January 1, 2017–December 31, 2017

Intended Recipients of the Award (92): Health Services Center, Franklin Primary Health Center, Montgomery AIDS Outreach, Alaska Native Tribal Health Consortium, Maricopa County Special Health Care District, El Rio Santa Cruz Neighborhood Health Center, Watts Healthcare Corporation, AltaMed Health Services Corporation, Tri City Health Center, West County Health Centers, Los Angeles Gay and Lesbian Community Services Center, County of San Bernardino, Family Health Centers of San Diego, Northeast Valley Health Corporation, San Francisco Community Clinics Consortium, County of Santa Clara, North County Health, County of Orange, County of Santa Cruz, Community Medical Centers, Mendocino Community Health Clinic, Denver Hospital & Health Authority, Unity Health, Florida Department of Health Monroe County, University of Miami, Miami Beach Community Health Center, Emory University, St. Joseph Mercy Care, Georgia Health Sciences University, Chatham County Board of Health, Ware County Board of Health, Hektoen Institute for Medical Research, Howard Brown Health Center, University of Illinois at Peoria, The Health & Hospital Corp of Marion County, University of Kansas, City of Portland, Chase Brexton Health Services, Fenway Community Health Center, Holyoke Health Center, Dimock Community Health Center, Regents of the University of Michigan, Wayne State University, Trinity Health Corporation, The Coastal Family Health Center, Kansas City Free Health Clinic, Washington University, AIDS Project of The Ozarks, University of Nebraska, Northern Nevada Hopes, Newark Community Health Centers, Inc., Rutgers, The State University Of New Jersey, St. Joseph’s Hospital and Medical Center, St. Francis Medical Center/Torxon Lebanon Hospital, Albany Medical College, Research Foundation SUNY, Brooklyn Hospital Center, Lutheran Medical Center, NYCHHC/ Cumberland Diagnostic, Erie County Medical Center, NARCO Freedom, Inc.,* North Shore University Hospital, New York University, Inc., Community Healthcare Network, Montefiore Medical Center, Care for the Homeless, East Harlem Council for Human Services, Open Door Family Medical Center, A C Center, Inc., Western North Carolina Community Health Center, Portsmouth Health Department, University of Oklahoma, Oklahoma State University, County of Multnomah, Esperanza Health Center, City of Philadelphia, Centro De Salud Familiar Dr. Julio Palmieri Ferri, Inc./San Juan Bautista Medical Center, Municipio de Bayamon, Med Centro/Consejo De Salud de Puerto Rico, Puerto Rico Community Network For Clinical Research on AIDS (CONCRA), Miriam Hospital, Shelby County Health Corporation/Regional One, Parkland Dallas County Hospital District, Centro De Salud Familiar La Fe, Tarrant County, Valley AIDS Counsel, Harris County Hospital District, City of Austin, University of Utah, Frederiksted Medical Center, and Harborview Medical Center.

Period of Supplemental Funding: April 1, 2017–March 31, 2018

Intended Recipients of the Award (114): AIDS Action Huntsville, Whatley Family Health Services, University of Arizona, ARCare, East Arkansas Family Health Center, Open Door Community Health Centers, County of Solano, Fresno Community Hospital and Medical Center, University of Southern California, County of Plumas, Center for AIDS Research, Education and Services, Monterey County/Natividad Medical Center, Tarzana Treatment Center, Inc., Ampla Health, County of Ventura,* Boulder Community Hospital/Beacon Center for Infectious Disease, St. Mary’s Hospital Medical Center, Inc., Pueblo Community Center, Community Health Center, Inc. *, Cornell Scott Hill Health Corporation, Community Health and Wellness of Greater Torrington, Waterbury Hospital, Generations Family Health Center, Howard University Hospital Comprehensive Clinic,+ Whitman Walker Clinic, Florida Health Department/Polk County Health Department, Okaloosa County, Florida Health Department/Duval County Health Department, Florida Health Department/Hendry County Health Department, Borrinquen Health Care Center,* Inc., Florida Dept. of Health—Orange County, Manatee County Rural Health Services, Inc., Specialty Care Clinic/Clarke County, North Georgia Health District/Cherokee County, Dekalb County Board of Health, Positive Health Impact Centers, Inc., Houston County Board of Health, Cobb County Board of Health, Georgia Dept. of Health-Floyd County, South Health District/Lowndes County, Waikiki Health Center, Heartland Health Outreach, Inc., Lawndale Christian Health Center, Near North Health Service Corporation, Crusaders Central Clinic Association, Matthew 25 AIDS Services, University of Kentucky, Capitol City Family Health Center, Greater Ouachita Coalition Providing AIDS Resources & Education, Inc., Administrators of the Tulane Educational Fund, Maine General, Regional Medical Center at Lubec, Johns Hopkins University, MedStar Research Institute,* Boston Healthcare for the Homeless, Brockton Neighborhood Center, Cape Cod Hospital, Lynn Community Health, Inc., University of Massachusetts, G.A. Carmichael Family Health Center, Greenwood LeFlore/GLH Magnolia, Southeast Mississippi Rural Health Initiative, University Mississippi Medical Center, Northwest Health Services, Inc.,* Chadron Community Hospital and Health Services, University Medical Center Southern Nevada, Trustees of Dartmouth College, Visiting Nurse Association of Central Jersey Community Health Center, Cooper Health System, University of New Mexico, Puerto Rican Organization to Motivate Enlighten and Serve Addicts (PROMESA), New York City Health and Hospitals Corporation-Elmhurst, APICHA Community Health Center, New York Health and Hospital Center, William Ryan Community Health Center, Hudson Headwaters Health Network, St John’s Riverside Hospital, University of North Carolina at Chapel Hill, Catawba Valley Medical Center, Tri-County Community Health Council, Robeson Health Care Corporation, Wake Forest University, Ursuline Center, Inc., Cincinnati Health Network, University of Hospitals of Cleveland, University of Toledo, Community Health Net,* Hamilton Health Center, Inc.,* LeHigh Valley Hospital, Inc., St. Luke’s Hospital, Clarion University of Pennsylvania, Lancaster General Hospital, Kensington Hospital, Philadelphia Fight, Allegheny-Singer Research Institute, Reading Hospital, The Wright Center Medical Group, P.C., Ryder Memorial Hospital, Thundermist Health Center, Hope Health, Inc., CareSouth Carolina, Inc.,* Sandhills

* NARCO Freedom, Inc. is currently in the process of transferring the grant. Recipient name will be updated upon completion of the transfer.

* Recipient was approved for a one-year extension with funds in FY 2016.
Medical Foundation, Affinity Health Care, Spartanburg Regional Health Services District, City of Sioux Falls, Chattanooga CARES, Meharry Medical College, AIDS Arms, Special Health Resources for TX, Inc., Rector and Visitors of the University of Virginia, CAMC Health Ed & Research, West Virginia University Research Corporation, 16th Street Community Center, and Wyoming Department of Health.

Period of Supplemental Funding: May 1, 2017–April 30, 2018


Aggregate amount of Non-Competitive Awards: $186,586,879.

CFDA Number: 93.918

Authority: Sections 2651–2667 of the Public Health Service Act (42 U.S.C. 300ff–51 through 67) and section 2693 of the Public Health Service Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Pub. 111–87)

Justification: One-year extensions with funds for all 346 Part C EISEGA recipients will enable HAB’s Division of Community HIV/AIDS Programs to finalize the evaluation and methodology development and engage recipients and relevant stakeholders. The new data-driven methodology is aimed at ensuring that Part C EISEGA awards are based on a consistent approach to promote a rational and sustainable allocation of resources without disrupting the provision of critical HIV primary medical care services to the current RWHAP clients served by these recipients.

Dated: May 17, 2016.

James Macrae,
Acting Administrator.

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

State and Regional Primary Care Associations Cooperative Program

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice of Class Deviation from Competition Requirements for the State and Regional Primary Care Associations (PCA) Cooperative Program.

SUMMARY: In accordance with the Grants Policy and Administration Manual (GPAM) Part F: Chapter 2.b.34, the Bureau of Primary Health Care (BPHC) has been granted a class deviation from the requirements for competition contained in the GPAM Part F: Chapter 2.b.4 to award funds to bridge 52 PCAs