FEDERAL RESERVE SYSTEM

Change in Bank Control Notices; Acquisitions of Shares of a Bank or Bank Holding Company

The notificants listed below have applied under the Change in Bank Control Act (12 U.S.C. 1817(j)) and § 225.41 of the Board’s Regulation Y (12 CFR 225.41) to acquire shares of a bank or bank holding company. The factors that are considered in acting on the notices are set forth in paragraph 7 of the Act (12 U.S.C. 1817(j)(7)). The notices are available for immediate inspection at the Federal Reserve Bank indicated. The notices also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing to the Reserve Bank indicated for that notice or to the offices of the Board of Governors. Comments must be received not later than September 6, 2016.


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–10628 Initial Request for State Implemented Moratorium Form

CMS–10180 Children’s Health Insurance Program (CHIP) Report on Payables and Receivables

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 of information (Request for new OMB control number); Title of Information Collection: Initial Request for State Implemented Moratorium Form; Use: CMS promulgated 42 CFR 424.570 in order to comply with that statute, which requires in that regard to comply and implement Medicaid moratoria the state Medicaid agency must notify the Secretary in writing, including all of the details of the moratoria, and obtain the Secretary's concurrence with the imposition of the moratoria. The above regulation is promulgated from 1866 ([j](?)) of the Social Security Act, which allows for the imposition of temporary moratorium. The Initial Request for State Medicaid Implemented Moratorium, named the "Initial Request for State Medicaid Implemented Moratorium" was created to collect that data, in a uniform manner, which the states report to CMS when they request a moratorium. Currently, CMS is collecting this data on an ad-hoc basis, however this process needs to be standardized so that moratoria decisions are being made based on the same criteria each time.

The goal of the Initial Request for State Medicaid Implemented Moratorium form is to provide a uniform application process that all of the states may follow so that CMS is able to administer the Medicaid or Children's Health Insurance Program (CHIP) moratorium process in a standardized and repeatable manner. This form creates a standardized process so that moratoria decisions are being made with the same criteria each time. Form Number: CMS–10628 (OMB control number: 0938–NEW); Frequency: Occasionally; Affected Public: State, Local, or Tribal Governments; Number of Respondents: 15; Total Annual Responses: 15; Total Annual Hours: 75. (For policy questions regarding this collection contact Belinda Gravel at 410–786–8934).

2. Type of Information Collection Request: Extension of a currently approved collection; Title of Information Collection: Children's Health Insurance Program (CHIP) Report on Payables and Receivables; Use: Collection of CHIP data and the calculation of the CHIP Incurred But Not Reported (IBNR) estimate are pertinent to CMS’ financial audit. Section 2105 of the Social Security Act (Title XXI) requires the Secretary to estimate the amount each State should be paid at the beginning of each quarter. This amount is based on a report filed by the State. Section 2105 of the Social Security Act authorizes the Secretary to pay the amount estimated, reduced or increased to the extent of any overpayment or underpayment for any prior quarter. Section 3515 of the CFO Act requires government agencies to produce auditable financial statements in accordance with Office of Management and Budget guidelines on Form and Content. The Government Management and Reform Act of 1994 requires that all offices, bureaus and associated activities of the 24 CFO Act agencies must be covered in an agency-wide, audited financial statement. Collection of CHIP data and the calculation of the CHIP Incurred But Not Reported (IBNR) estimate are pertinent to CMS’ financial audit. The CHIP Report on Payables and Receivables will provide the information needed to calculate the CHIP IBNR. Failure to collect this information could result in non-compliance with the law. Program expenditures for the CHIP have increased since its inception; as such, CHIP receivables and payables may materially impact the financial statement. The CHIP Report on Payables and Receivables will provide the information needed to calculate the CHIP IBNR. Form Number: CMS–10180 (OMB control number: 0938–0988); Frequency: Reporting—Annually; Affected Public: State, Local or Tribal governments; Number of Respondents: 56; Total Annual Responses: 56; Total Annual Hours: 392. (For policy questions regarding this collection contact Beverly Boher at 410–786–7806.)

Dated: August 12, 2016.

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

[FR Doc. 2016–19656 Filed 8–17–16; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting Announcement for the Technical Advisory Panel on Medicare Trustee Reports

ACTION: Notice of public meeting.

SUMMARY: This notice announces the meeting dates for the Technical Advisory Panel on Medicare Trustee Reports on Tuesday, August 30, 2016 and Wednesday August 31, 2016 in Washington, DC.

DATES: The meeting will be held on Tuesday, August 30, 2016 from 10:00 a.m. to 5:00 p.m. and Wednesday August 31, 2016, from 9:00 a.m. to 4:00 p.m. Eastern Daylight Time (EDT) and it is open to the public.

ADDRESSES: The meeting will be held at the Herbert Humphrey Building 200 Independence Ave. SW., Washington, DC 20201. Room 736G.3.

FOR FURTHER INFORMATION CONTACT: Dr. Donald Oellerich, Designated Federal Officer, at the Office of Human Services Policy, Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, 200 Independence Ave. SW., Washington, DC 20201, (202) 690–8410.

SUPPLEMENTARY INFORMATION:

I. Purpose: The Panel will discuss the long-term rate of change in health spending and may make recommendations to the Secretary on how the Medicare Trustees might more accurately estimate health spending in the short and long run. The Panel’s discussion is expected to be very technical in nature and will focus on the actuarial and economic assumptions and methods by which Trustees might more accurately measure health spending. This Committee is governed by the provisions of the Federal Advisory Committee Act, as amended (5 U.S.C. App. 2, section 10(a)(1) and (a)(2)). The Committee is composed of 9 members appointed by the Assistant Secretary for Planning and Evaluation.

II. Agenda: The Panel will likely hear presentations from the HHS Office of the Actuary, the Department of the Treasury and the Office of the Assistant Secretary for Planning and Evaluation on issues they wish the panel to address. This may be followed by HHS staff presentations regarding long range growth, sustainability of provider payments under ACA and MACRA, methods for transitioning from short term (10 year) to long term (75 year) projections and presentation of uncertainty in the report. After any presentations, the