

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Form name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Separately billing doctors questionnaire .....	12,693	3.43	13/60	9,433
Hospitals questionnaire .....	5,077	3.51	9/60	2,673
Institutions (non-hospital) questionnaire .....	117	2.03	9/60	36
Pharmacies questionnaire .....	4,993	4.44	3/60	1,108
Medical Organizations Survey questionnaire .....	6,000	1	15/60	1,500
Subtotal for the MEPS-MPC .....	76,444	na	na	18,876
Grand Total .....	155,895	na	na	86,702

\* While the expected number of responding units for the annual estimates is 14,489, it is necessary to adjust for survey attrition of initial respondents by a factor of 0.96 (15,093 = 14,489/0.96).

\*\* There are 6 different contact guides; one for office based, separately billing doctor, hospital, institution, and pharmacy provider types, and the two home care provider types use the same contact guide.

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents	Total burden hours	Average hourly wage rate	Total cost burden
<b>MEPS-HC:</b>				
MEPS-HC Core Interview .....	15,093	57,857	*\$23.86	\$1,380,468
Adult SAQ .....	28,254	3,296	*23.86	78,643
Diabetes care SAQ .....	2,345	117	*23.86	2,792
Authorization forms for the MEPS-MPC Provider Survey .....	14,489	3,912	*23.86	93,340
Authorization form for the MEPS-MPC Pharmacy Survey .....	14,489	2,246	*23.86	53,590
MEPS-HC Validation Interview .....	4,781	398	*23.86	9,496
Subtotal for the MEPS-HC .....	79,451	67,826	Na	1,618,328
<b>MEPS-MPC/MOS:</b>				
MPC Contact Guide/Screening Call .....	35,222	1,174	**16.85	19,782
Home care for health care providers questionnaire .....	532	119	**16.85	2,005
Home care for non-health care providers questionnaire .....	25	5	**16.85	84
Office-based providers questionnaire .....	11,785	2,828	**16.85	47,652
Separately billing doctors questionnaire .....	12,693	9,433	**16.85	158,946
Hospitals questionnaire .....	5,077	2,673	**16.85	45,040
Institutions (non-hospital) questionnaire .....	117	36	**16.85	607
Pharmacies questionnaire .....	4,993	1,108	***15.47	17,141
Medical Organizations Survey questionnaire .....	6,000	1,500	**16.85	25,275
Subtotal for the MEPS-MPC .....	76,444	18,876	na	316,532
Grand Total .....	155,895	86,073	na	1,934,860

\* Mean hourly wage for All Occupations (00-0000).

\*\* Mean hourly wage for Medical Secretaries (43-6013).

\*\*\* Mean hourly wage for Pharmacy Technicians (29-2052).

Occupational Employment Statistics, May 2016 National Occupational Employment and Wage Estimates United States, U.S. Department of Labor, Bureau of Labor Statistics. [http://www.bls.gov/oes/current/oes\\_nat.htm#b29-0000](http://www.bls.gov/oes/current/oes_nat.htm#b29-0000).

**Request for Comments**

In accordance with the Paperwork Reduction Act, comments on AHRQ's information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ healthcare research and healthcare information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and

(d) ways to minimize the burden of the collection of information upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

**Sharon B. Arnold,**  
Deputy Director.

[FR Doc. 2017-27605 Filed 12-21-17; 8:45 am]

**BILLING CODE 4160-90-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

[Document Identifier: CMS-R-262]

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

**ACTION:** Notice; partial withdrawal.

**SUMMARY:** On Wednesday, December 13, 2017, the Centers for Medicare & Medicaid Services (CMS) published a notice document entitled, "Agency Information Collection Activities:

Submission for OMB Review; Comment Request". That notice invited public comments on two separate information collection requests, under Document Identifiers: CMS-R-262 and CMS-10398. Through the publication of this document, we are withdrawing the portion of the notice requesting public comment on the information collection request titled, "Contract Year 2019 Plan Benefit Package (PBP) Software and Formulary Submission." The associated form number is CMS-R-262 (OMB control number: 0938-0763). The comment period for CMS-10398 (OMB control number: 0938-1148) titled, "Generic Clearance for Medicaid and CHIP State Plan, Waiver, and Program Submissions" remains in effect and ends on January 12, 2018.

Dated: December 19, 2017.

**William N. Parham, III,**

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

[FR Doc. 2017-27606 Filed 12-21-17; 8:45 am]

**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier CMS-10637]

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

**AGENCY:** Centers for Medicare & Medicaid 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 (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 February 20, 2018.

**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' website 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](mailto:Paperwork@cms.hhs.gov).

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

**FOR FURTHER INFORMATION CONTACT:**

William 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-10637 Marketplace Operations*

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 a new OMB control number); *Title of Information Collection:* Marketplace Operations; *Use:* On August 30, 2013, HHS published the final rule CMS-9957-F: Program Integrity: Exchanges, SHOP, Eligibility Appeals (Program Integrity final rule), finalizing a number of the provisions from the Program Integrity and E&E II Proposed Rules. The third party disclosure requirements and data collections in the Program Integrity final rule support the oversight of qualified health plan (QHP) issuers in Federally-facilitated Exchanges (FfEs) and other provisions. OMB approved the associated information collection request under OMB control number 0938-1213 on November 21, 2013. The Program Integrity ICR was inclusive of many unrelated information collection requirements covered in the Program Integrity Final Rule. This proposed ICR serves as the formal request for a new stand-alone information collection request to cover existing Marketplace Operations requirements previously approved under OMB control number 0938-1213 (Program Integrity and Additional State Information Collections). *Form Number:* CMS-10637 (OMB control number 0938-NEW). *Frequency:* Annually; *Affected Public:* Private Sector, State, Business, and Not-for Profits; *Number of Respondents:* 3,902; *Number of Responses:* 3,902; *Total Annual Hours:* 2,336,190. (For questions regarding this collection contact Joshua Annas at (301) 492-4407.)

Dated: December 19, 2017.

**William N. Parham, III,**

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

[FR Doc. 2017-27599 Filed 12-21-17; 8:45 am]

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