

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 the 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–339 Provider Cost Report Reimbursement Questionnaire

CMS–460 Medicare Participation Agreement for Physicians and Suppliers

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:* Extension of a currently approved collection; *Title of Information Collection:* Provider Cost Report Reimbursement Questionnaire; *Use:* The information collected in this form (Exhibits 1 and 2) is authorized under Sections 1815(a) and 1833(e) of the Social Security Act, 42 U.S.C. 1395g. Regulations at 42 CFR 413.20 and 413.24 require providers to submit financial and statistical records to verify the cost data disclosed on their annual Medicare cost report. Providers participating in the Medicare program are reimbursed for furnishing covered services to eligible beneficiaries on the basis of an annual cost report (filed with the provider’s MAC) in which the proper reimbursement is computed. Consequently, it is necessary to collect this documentation of providers’ costs and activities that supports the Medicare cost report data in order to ensure proper Medicare reimbursement to providers. *Form Number:* CMS–339 (OMB control number: 0938–0301); *Frequency:* Yearly; *Affected Public:* Private sector (Business or other For-profits); *Number of Respondents:* 2,273; *Total Annual Responses:* 2,273; *Total Annual Hours:* 15,911. (For policy questions regarding this collection contact Christine Dobrzycki at 410–786–3389.)

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Medicare Participation Agreement for Physicians and Suppliers; *Use:* Section 1842(h) of the Social Security Act permits physicians and suppliers to voluntarily participate in Medicare Part B by agreeing to take assignment on all claims for services to Medicare beneficiaries. The law also requires that the Secretary provide specific benefits to the physicians, suppliers and other persons who choose to participate. The CMS–460 is the agreement by which the physician or supplier elects to participate in Medicare. *Form Number:* CMS–460 (OMB control number: 0938–0373); *Frequency:* Yearly; *Affected Public:* Private sector (Business or other For-profits); *Number of Respondents:* 120,000; *Total Annual Responses:* 120,000; *Total Annual Hours:* 30,000. (For policy questions regarding this collection contact Mark Baldwin at 410–786–8139.)

Dated: July 12, 2016.

William N. Parham, III,

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

[FR Doc. 2016–16797 Filed 7–14–16; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–3333–N2]

Medicare Program; Announcement of Requirements and Registration for the MIPS Mobile Challenge; Deadline Extension

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice.

SUMMARY: This notice launches a challenge related to the new Merit-based Incentive Payment System (MIPS) program, which will assist the Centers for Medicare & Medicaid Services (CMS) in accelerating the transition from the traditional fee-for-service payment model to a system that rewards health care providers for providing better care, not just more care. This challenge will address one of the most important aspects of our programs, which is educating and providing outreach to the potential hundreds of thousands of MIPS eligible clinicians.

DATES: Important dates concerning the Challenge include the following:

MIPS Mobile Challenge: To be announced on www.challenge.gov and opened for submissions in www.challenge.gov April 25, 2016.

Deadline for Phase I Submissions: August 15, 2016.

HHS announces top three-five challenge applicants and launches Phase II. Applicants that did not win Phase I will be permitted to compete for Phase II: August 30, 2016.

Deadline for Phase II Submissions: October 31, 2016.

HHS announces grand prize winner: November 15, 2016 (tentative).

FOR FURTHER INFORMATION CONTACT: Stan Ostrow, (410) 786–7207 for inquiry on Information Systems Group.

SUPPLEMENTARY INFORMATION:

I. Background

The Medicare Access and CHIP Reauthorization Act of 2015 (Pub. L. 114–10, enacted April 16, 2015) (MACRA) requires the Secretary to establish a new Merit-based Incentive Payment System (MIPS) program, which

will assist the Centers for Medicare & Medicaid Services (CMS) in accelerating the transition from the traditional fee-for-service payment model to a system that rewards health care providers for value rather than volume of services provided. The MIPS program combines parts of the Physician Quality Reporting System, the Value Modifier (VM or Value-based Payment Modifier), and the Medicare Electronic Health Record (EHR) Incentive Program into one single program that assesses the performance of MIPS eligible clinicians based on four performance categories: (1) Quality; (2) Resource use; (3) Clinical practice improvement activities; and (4) Meaningful use of certified EHR technology. This program has the potential of impacting hundreds of thousands of MIPS eligible clinicians.

One of the most important aspects and challenges of our program is educating and providing outreach to the potential hundreds of thousands of MIPS eligible clinicians. Feedback we have received from our customers/end users is that they want more real-time information and access to assistance so they can successfully report to our programs. Therefore, we are launching a MIPS mobile challenge to find innovative ways of improving communication to educate physicians, support staff, health organization leadership, data vendors, and others impacted parties. Due to the multiple user types and facets of the MIPS program we are looking at utilizing a mobile platform, which could be a mobile site or application to determine how to best keep our customers/end users informed and meet their specific needs. We also want to provide the capability to access assistance to help MIPS eligible clinicians learn and get help with specific areas. This challenge has the potential to make a significant impact as not only are there hundreds of thousands of MIPS eligible clinicians but also millions of people who support the success of these MIPS eligible clinicians. Having key information and access to the right support at the right time reduces burden and provides increased satisfaction for the MIPS eligible clinicians and their supporting entities. The challenge will run in the two phases listed below in this section. Phase I participants can move onto Phase II even if their Phase I design was not selected. The focus of the two phases are as follows:

- Phase I: Creation of an initial mobile platform that will feature innovative ways of transmitting educational materials or fostering collaboration among users to provide meaningful education. This will entail

creating wireframes, storyboards, mobile screen mock-ups and initial usability testing focused on the design and user experience. In addition, participants will co-design with end users to understand their needs to influence their submission.

- Phase II: Development and functional integration of any features from Phase I, and user experience testing. During this phase, the participants must submit the object and source code, as well as a detailed description showing that the output meets section 508 compliance per the Rehabilitation Act of 1973 (29 U.S.C. 794d), as amended by the Workforce Investment Act of 1998 (Pub. L. 105–220, enacted August 7, 1998) (WIA) including at least instructions on how to install and operate, and system requirements for running the mobile platform. Participants may submit, as part of the submission, additional software documentation, if they believe it provides a more complete description of the mobile platforms.

II. Provisions of the Notice

A. Subject of Challenge Competition: MIPS Mobile Challenge

1. Eligibility Rules for Participating in the Competition

To be eligible to win a prize under this challenge, participants (individual or entity) must comply with each and every rule set forth in this section:

1. Shall register to participate in the competition under the rules promulgated below by the Department of Health and Human Services (HHS).
2. In the case of a private entity, shall be incorporated in and maintain a primary place of business in the United States, and in the case of an individual, whether participating individually or in a group, shall be a citizen or permanent resident of the United States.
3. HHS Employees may participate in the MIPS Mobile Challenge, but may not submit in the scope of their employment and may not pursue an application while in the federal workplace or while on duty.
4. Shall not be an employee of the CMS.

5. Federal grantees may not use federal funds to develop the America COMPETES Reauthorization Act of 2010 (Pub. L. 111–358, enacted January 4, 2011) (COMPETES Act) challenge applications unless consistent with the purpose of their grant award.

6. Federal contractors may not use federal funds from a contract to develop COMPETES Act challenge applications or to fund efforts in support of a COMPETES Act challenge submission.

7. Applicants must agree to provide the federal government an irrevocable, royalty-free, non-exclusive worldwide license in the winning work(s) or component parts thereof, in the event that they are prize winner(s). HHS shall be granted the rights to reproduce, distribute copies to the public, publicly display, create derivative works, and publicly post, link to, and share the winning work(s) or parts thereof.

A submission may be disqualified if, in CMS's sole judgment:

- Fails to function as expressed in the detailed description,
- The detailed description is significantly inaccurate or incomplete, or
- Malware or other security threats are present.

Participants agree that we may conduct testing on the submitted code to determine whether malware or other security threats may be present such that they may damage the equipment or operating environments of the Federal Government or those acting on its behalf.

An individual or entity shall not be deemed ineligible because the individual or entity used federal facilities or consulted with federal employees during a competition if the facilities and employees are made available to all individuals and entities participating in the competition on an equitable basis.

Challenge participants will sign a liability release as part of the contest registration process. The liability release will use the following language:

By participating in this competition, I agree to assume any and all risks and waive claims against the federal government and its related entities, except in the case of willing misconduct, for any injury, death, damage, or loss of property, revenue, or profits, whether direct, indirect, or consequential, arising from my participation in this prize contest, whether the injury, death, damage, or loss arises through negligence or otherwise.

B. Selection Process for Participants

1. Amount of the Prize

The top three to five winners for Phase I of the challenge will be provided a monetary cash prize totaling \$10,000 per winner. The Phase II final challenge winner will be provided a monetary cash prize totaling \$25,000.

2. How Winners Will Be Selected

Challenge submissions will be judged by a panel selected by CMS with relevant expertise in current CMS

reporting systems. The expert panel of judges, qualified by training and experience, will evaluate the submissions on the criteria identified below in this section. Judges will be fair and impartial, may not have a personal or financial interest in, or be an employee, officer, director, or agent of, any entity that is a registered participant in the competition, and may not have a personal or financial relationship with an individual who is a registered contestant. The panel will provide expert advice on the merits of each submission to CMS officials responsible for final selections for award. Awardees will be notified on or around the dates listed in the "Date" section. Winners will be selected based on the following criteria:

- Phase 1
 - ++ Ease in which a user can navigate Usability and Design;
 - ++ Evidence of design with User feedback;
 - ++ Innovation in Design; and
 - ++ Look and Feel.

- Phase 2
 - ++ Ease in which a user can navigate Usability and Design;
 - ++ Evidence of design with User feedback;
 - ++ Innovation in Design;
 - ++ Functionality/Accuracy; and
 - ++ Look and Feel.

C. Additional Information

Challenge participants will draw from existing information provided on www.cms.gov and collaborate directly with health professionals and/or end users to build their application. The participants will have access to www.cms.gov and to end users. Challenge details and registration are located at www.challenge.gov.

III. Collection of Information Requirements

This document does not impose information collection requirements, that is, reporting, recordkeeping or third-party disclosure requirements. Consequently, there is no need for review by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*).

Dated: June 29, 2016.

Andrew M. Slavitt,

Acting Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 2016-16808 Filed 7-14-16; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request; Refugee Microenterprise and Refugee Home-Based Child Care Microenterprise Development

OMB No.: New.

Description: New data collection tool for refugee microenterprise and Refugee Home-Based Child Care Microenterprise Program.

Respondents: Refugee Microenterprise Development Grantees and Refugee Home-Based Child Care Microenterprise Development.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Refugee Microenterprise Development	22	8	4	704
Refugee Home-Based Child Care Microenterprise Development	23	7	4	644
Total Burden				1,348

Estimated Total Annual Burden Hours: (1,340 hours × \$30 per hour) \$40,440 per year.

Explanation:

The Refugee Microenterprise Development Program

- Currently, there are twenty two grantees (respondents) in the program and the semi-annual progress, which includes the data and information required, is submitted twice per year.
 - The request covers one form (Form I. attached) which includes eight data points. Based on experience (the information was provided by technical assistance service provider in the past), it takes about two hours per respondent per six months (*i.e.*, four hours per year per grantee (respondent) or 88 hours per year for all respondents) to complete the form.
 - No survey will be undertaken since the collection of this data (information) is part of the implementation process of the project and its collection and

reporting does not constitute a separate and additional cost to the grantees (respondents). The cost is covered by the grant the grantee receives. The grantees have Down Home database which captures and stores the data required for reporting. The grantee uploads the semi-annual report in Grant Solution where it is stored. ORR derives the data it requires for reporting and management decision from Grant Solution.

The Refugee Home-Based Child Care Microenterprise Development Group

- Currently, there are twenty three grantees (respondents) in the program and the semi-annual progress.
 - The request covers one form (Form II. attached) which includes seven data points. It takes about two hours per respondent per six months (*i.e.*, four hours per year grantee (respondent) or 92 hours per year for all respondents) to complete the form.

- The collection of this data (information) is part of the process and its collection and reporting does not include separate and additional cost to the grantees (respondents). The cost is covered by the grant the grantee receives. The grantees have database which captures and stores the data required for reporting. The grantee uploads the data required in Grant Solution where it is stored. ORR derives the data it requires for reporting and management decision from Grant Solution.

Additional Information: Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370 L'Enfant Promenade SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection. Email address: infocollection@acf.hhs.gov.