

following information collections. More detailed information can be found in each collection's supporting statement and associated materials (see **ADDRESSES**).

CMS–10219 HEDIS® Data Collection for Medicare Advantage

CMS–10695 Quality Payment Program/Merit-Based Incentive Payment System (MIPS) Surveys and Feedback Collections

CMS–10526 Cost-sharing Reduction Reconciliation Data Template

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 without change of a currently approved collection; **Title of Information Collection:** HEDIS® Data Collection for Medicare Advantage; **Use:** The HEDIS® data collection supports the CMS strategic goal of improving the quality of care and health status for Medicare beneficiaries. The HEDIS® measures are part of the Medicare Part C Star Ratings as described at §§ 422.160, 422.162, 422.164, and 422.166. CMS publishes the Medicare Part C Star Ratings each year to: (1) Incentivize quality improvement in Medicare Advantage (MA); and (2) assist beneficiaries in finding the best plan for them. The ratings feed into MA Quality Bonus Payments. The Medicare Star Ratings support the efforts of CMS to improve the level of accountability for the care provided by physicians, hospitals, and other providers.

HEDIS® data support the agency's goal to hold MA contracts accountable for delivering care in accordance with widely accepted clinical guidelines and standards of care. CMS uses HEDIS® data to obtain the information necessary for the proper oversight of the Medicare Advantage program. NCQA trains and

licenses organizations to conduct audits on-site at the MAOs secure record-keeping facilities where they compile their administrative and medical records for the HEDIS data file submissions **Form Number:** CMS–10219 (OMB control number: 0938–1028); **Frequency:** Yearly; **Affected Public:** Federal Government; **Number of Respondents:** 677; **Total Annual Responses:** 677; **Total Annual Hours:** 216,640. (For policy questions regarding this collection contact Lori Teichman at 410–786–6684.)

2. Type of Information Collection

Request: New collection of information request; **Title of Information Collection:** Quality Payment Program/Merit-Based Incentive Payment System (MIPS) Surveys and Feedback Collections; **Use:** The purpose of this submission is to request approval for generic clearance of a program of survey and feedback collections supporting the Quality Payment Program which includes the Merit-Based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (AAPMs). MIPS is a program for certain eligible clinicians that makes Medicare payment adjustments based on performance on quality, cost and other measures and activities, and that consolidates components of three precursor programs—the Physician Quality Reporting system (PQRS), the Value Modifier (VM), and the Medicare Electronic Health Record (EHR) Incentive Program for eligible professionals. AAPMs are a track of the Quality Payment Program that offer incentives for achieving threshold levels of payments or patients in Advanced APMs or Other Payer Advanced APMs. Under the AAPM path, eligible clinicians may become Qualifying APM Participants (QPs) and are excluded from MIPS. Partial Qualifying APM Participants (Partial QPs) may opt to report and be scored under MIPS.

This generic clearance will cover a program of surveys and feedback collections designed to strategically obtain data and feedback from MIPS eligible clinicians, third-party intermediaries, Medicare beneficiaries, and any other audiences that would support the Agency in improving MIPS or the Quality Payment Program. The specific collections we intend to conduct are: Human Centered Design (HCD) User Testing Volunteer Sign-Up Survey; HCD User Satisfaction, Product Usage, and Benchmarking Surveys; and Physician Compare (and/or successor website) User Testing. **Form Number:** CMS–10695 (OMB control number: 0938–NEW); **Frequency:** Occasionally; **Affected Public:** Private Sector: Business

or other for-profits and Not-for-profit institutions and Individuals; **Number of Respondents:** 630,300; **Total Annual Responses:** 630,300; **Total Annual Hours:** 57,950. (For policy questions regarding this collection, contact Michelle Peterman at 410–786–2591.)

3. Type of Information Collection

Request: Revision of a currently approved collection; **Title of Information Collection:** Cost-sharing Reduction Reconciliation Data Template; **Use:** Under established Department of Health and Human Services (HHS) regulations, although payments are not being advanced to qualified health plan (QHP) issuers at the present time, issuers are still permitted to submit data that compares the CSR-eligible enrollment for each issuer with their actual cost sharing reductions made by the issuer for medical services for each eligible enrollee in a benefit year. HHS will compare this CSR-eligible enrollment with the actual cost sharing reductions provided by the issuers that participate in the optional data submission window to verify the issuer's reporting of cost-sharing reductions provided. This revised collection does not add any data elements, and continues to make optional summary plan level reporting. **Form Number:** CMS–10526 (OMB control number: 0938–1266); **Frequency:** Annually; **Affected Public:** Private Sector: Not-for-profits; **Number of Respondents:** 150; **Total Annual Responses:** 150; **Total Annual Hours:** 2,250. (For policy questions regarding this collection contact Alper Ozinal 301–492–4178.)

Dated: April 9, 2020.

William N. Parham, III,

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

[FR Doc. 2020–07876 Filed 4–14–20; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10525]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, HHS.

ACTION: Notice; partial withdrawal.

SUMMARY: On Tuesday, March 24, 2020, the Centers for Medicare & Medicaid Services (CMS) published a notice

document entitled, "Agency Information Collection Activities: Proposed Collection; Comment Request". That notice invited public comments on five separate information collection requests, under Document Identifiers: CMS-10468, CMS-10418, CMS-10488, CMS-R-290, and CMS-10525. Through the publication of this document, we are withdrawing the portion of the notice requesting public comment on the information collection request titled, "PACE Quality Data Monitoring and Reporting." Form number: CMS-10525 (OMB control number: 0938-1264).

DATES: The original comment period for the document that published on March 24, 2020, remains in effect and ends May 26, 2020.

SUPPLEMENTARY INFORMATION: In FR document, 2020-06077, published on March 24, 2020 (85 FR 16631), we are withdrawing item 6 "PACE Quality Data Monitoring and Reporting" which begins on page 16633.

Dated: April 9, 2020.

William N. Parham, III,

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

[FR Doc. 2020-07886 Filed 4-14-20; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Intergovernmental Reference Guide (IRG) OMB #0970-0209

AGENCY: Office of Child Support Enforcement; Administration for Children and Families; HHS

ACTION: Request for public comment.

SUMMARY: The Intergovernmental Reference Guide (IRG) is a centralized and automated repository of state and tribal profiles that contains high-level descriptions of each state and tribal child support enforcement (CSE) program. These profiles provide state, tribal, and foreign country CSE agencies with an effective and efficient method for updating and accessing information needed to process intergovernmental child support cases.

DATES: *Comments due within 30 days of publication.* The Office of Management and Budget (OMB) is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication.

ADDRESSES: Written comments and recommendations for the proposed

information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Email: OIRA_SUBMISSION@OMB.EOP.GOV, Attn: Desk Officer for the Administration for Children and Families.

Copies of the proposed collection may be obtained by emailing infocollection@acf.hhs.gov. Alternatively, copies can also be obtained by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 330 C Street SW, Washington, DC 20201, Attn: ACF Reports Clearance Officer. All requests, emailed or written, should be identified by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The Office of Child Support Enforcement (OCSE) is proposing to add a new section (Section O) with six questions pertaining to family violence in the state profile. This will help process intergovernmental cases with family violence and will help ensure the safety of children and families. OCSE is also proposing to delete Sections A-L (140 questions) from the tribal profile and create new sections (Sections A-D) with 11 questions regarding case processing. This will assist in the efficient processing of paternity and support obligations.

Respondents: State and tribal CSE agencies.

ANNUAL BURDEN ESTIMATES

Information collection instrument	Total number of respondents	Number of responses per respondent	Average burden hour per response	Annual burden hours
IRG: State Profile Guide (states and territories)	54	18	0.3	292
IRG: Tribal Profile Guide	62	18	0.3	335

Estimated Total Annual Burden Hours: 627.

Authority for the IRG information collection activities is: (1) 42 U.S.C. 652(a)(7), which requires the federal OCSE to provide technical assistance to state child support enforcement agencies to help them establish effective systems for collecting child and spousal support; (2) 42 U.S.C. 666(f), which requires states to enact the Uniform Interstate Family Support Act; (3) 45 CFR. 301.1, which defines an intergovernmental case to include cases between states and tribes; (4) 45 CFR. 303.7, which requires state CSE agencies to provide services in intergovernmental cases; and (5) 45 CFR. 309.120, which requires a tribal child support program

to include intergovernmental procedures in its tribal IV-D plan.

Mary B. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2020-07885 Filed 4-14-20; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Amendment to Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID-19

ACTION: Notice of amendment.

SUMMARY: The Secretary is issuing this amendment pursuant to section 319F-3 of the Public Health Service Act to extend liability immunity for activities related to medical countermeasures against COVID-19 authorized under the Coronavirus Aid, Relief, and Economic Security Act.

DATES: The amendment to the Declaration published on March 17, 2020 (85 FR 15198) was effective as of March 27, 2020.

FOR FURTHER INFORMATION CONTACT: Robert P. Kadlec, MD, MTM&H, MS, Assistant Secretary for Preparedness and Response, Office of the Secretary, Department of Health and Human Services, 200 Independence Avenue