Thus, total estimated burden under the above-noted regulatory sections is 10,607 hours and $453,297 in associated labor costs. Commission staff believes that the Information Furnishers Rule and subpart E of Regulation V impose negligible capital or other non-labor costs, as the affected entities are already likely to have the necessary supplies and/or equipment (e.g., offices and computers) for the associated information collection provisions.

Request for Comment: You can file a comment online or on paper. For the Commission to consider your comment, we must receive it on or before July 1, 2013. Write ''Information Furnishers Rule, PRA Comment, P135407'' on your comment. Your comment—including your name and your state—will be placed on the public record of this proceeding, including to the extent practicable, on the public Commission Web site, at *http://www.ftc.gov/os/publiccomments.shtm.* As a matter of discretion, the Commission tries to remove individuals' home contact information from comments before placing them on the Commission Web site.

Because your comment will be made public, you are solely responsible for making sure that your comment does not include any sensitive personal information, like anyone's Social Security number, date of birth, driver's license number or other state identification number or foreign country equivalent, passport number, financial account number, or credit or debit card number. You are also solely responsible for making sure that your comment does not include any sensitive health information, like medical records or other individually identifiable health information. In addition, do not include any ''[t]rade secret or any commercial or financial information which is . . . privileged or confidential'' as provided in Section 6(f) of the FTC Act 15 U.S.C. 46(f), and FTC Rule 4.10(a)(2), 16 CFR 4.10(a)(2). In particular, do not include competitively sensitive information such as costs, sales statistics, inventories, formulas, patterns devices, manufacturing processes, or customer names.

If you want the Commission to give your comment confidential treatment, you must file it in paper form, with a request for confidential treatment, and you have to follow the procedure explained in FTC Rule 4.9(c).[4] Your comment will be kept confidential only if the FTC General Counsel, in his or her sole discretion, grants your request in accordance with the law and the public interest.

Postal mail addressed to the Commission is subject to delay due to heightened security screening. As a result, we encourage you to submit your comments online. To make sure that the Commission considers your online comment, you must file it at *https://ftcpublic.commentworks.com/ftc/infofurnishersrulepra2,* by following the instructions on the web-based form. If this Notice appears at *http://www.regulations.gov/#!home*, you also may file a comment through that Web site.

If you file your comment on paper, write ''Information Furnishers Rule, PRA Comment, P135407'' on your comment and on the envelope, and mail or deliver it to the following address: Federal Trade Commission, Office of the Secretary, Room H–113 (Annex J), 600 Pennsylvania Avenue NW., Washington, DC 20580. If possible, submit your paper comment to the Commission by courier or overnight service.

Visit the Commission Web site at *www.ftc.gov* to read this Notice. The FTC Act and other laws that the Commission administers permit the collection of public comments to consider and use in this proceeding as appropriate. The Commission will consider all timely and responsive public comments that it receives on or before July 1, 2013. You can find more information, including routine uses permitted by the Privacy Act, in the Commission's privacy policy, at *http://www.ftc.gov/ftc/privacy.htm.*

Comments on the disclosure requirements subject to review under the PRA should additionally be submitted to OMB. If sent by U.S. mail, they should be addressed to Office of Information and Regulatory Affairs, Office of Management and Budget, Attention: Desk Officer for the Federal Trade Commission, New Executive Office Building, Docket Library, Room 10102, 725 17th Street NW., Washington, DC 20503. Comments sent to OMB by U.S. postal mail, however, are subject to delays due to heightened security precautions. Thus, comments instead should be sent by facsimile to (202) 395–5167.

David C. Shonka,

Acting General Counsel.

[FR Doc. 2013–12931 Filed 5–30–13; 8:45 am]

BILLING CODE 6750–01–P

Bureau of Labor Statistics mean hourly wages for potentially analogous employee types: First-line supervisors of office and administrative support workers ($25.40); accounting and auditing clerks ($17.62); brokerage clerks ($21.34); eligibility interviewers, government programs ($19.74). *See* BLS Table 1. This averages out to $21.03 per hour, rounded.

[4] In particular, the written request for confidential treatment that accompanies the comment must include the factual and legal basis for the request, and must identify the specific portions of the comment to be withheld from the public record. *See* FTC Rule 4.9(c), 16 CFR 4.9(c).

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collections Activities: Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed information collection project: ''Evaluation of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) Quality Demonstration Grant Program: Survey Data Collection.'' In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3521, AHRQ invites the public to comment on this proposed information collection.

DATES: Comments on this notice must be received by July 30, 2013.

ADDRESSES: Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, by email at *doris.lefkowitz@AHRQ.hhs.gov.*

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

FOR FURTHER INFORMATION CONTACT: Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427–1477, or by email at *doris.leflcowitz@AHRO.hhs.gov.*

SUPPLEMENTARY INFORMATION:

Proposed Project

Evaluation of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) Quality Demonstration Grant Program: Survey Data Collection.

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), Public Law 111–3, included funding for five-year grants so that States could experiment with and evaluate several promising ideas related to improving the quality of children's

health care in Medicaid and CHIP. In February 2010, the Centers for Medicare & Medicaid Services (CMS) announced the award of 10 demonstration grants to States that convincingly articulated an achievable vision of what they could accomplish by the end of the five-year grant period, described strategies they would use to achieve the objectives, and explained how the strategies would achieve the objectives. Applicants were encouraged by CMS to address multiple grant categories (described below) and to partner with other States in designing and implementing their projects.

Of the 10 grantee States selected, six are partnering with other States, for a total of 18 demonstration States. The demonstration States are: Colorado (partnering with New Mexico); Florida (with Illinois); Maine (with Vermont); Maryland (with Wyoming and Georgia); Massachusetts; North Carolina; Oregon (with Alaska and West Virginia); Pennsylvania; South Carolina; and Utah (with Idaho).

These demonstration States are implementing 51 distinct projects in at least one of five possible grant categories, A to E. Category A grantees are experimenting with and/or evaluating the use of pediatric quality measures, including those in the initial core set of children's health care quality measures (a group of measures developed for state Medicaid and CHIP agencies to report in a standardized fashion to CMS). Category B grantees are promoting health information technologies for improved care delivery and patient outcomes. Category C grantees are implementing person-centered medical homes or other provider-based levels of service delivery. Category D grantees will evaluate the impact of a model pediatric electronic health record. Category E grantees are testing other State-designed approaches to quality improvement in Medicaid and CHIP.

AHRQ's goal in supporting an evaluation of the CHIPRA Quality Demonstration Grant Program is to provide insight into how best to implement quality improvement programs as well as information on how successful programs can be replicated to improve children's health care quality in Medicaid and CHIP. The specific goals of this project are as follows:

1. Identify CHIPRA State activities that measurably improve the nation's health care, especially as it pertains to children.

2. Develop a deep, systematic understanding of how CHIPRA demonstration States carried out their grant-funded projects.

3. Understand why the CHIPRA demonstration States pursued certain strategies.

4. Understand whether and how the CHIPRA demonstration States' efforts affected outcomes related to knowledge and behavior change in targeted providers and/or consumers of health care.

This study is being conducted by AHRQ through its contractor, Mathematica Policy Research Inc., and their subcontractors, the Urban Institute and AcademyHealth, pursuant to AHRQ's statutory authority to conduct and support research on health care and on systems for the delivery of such care, including activities with respect to the quality, effectiveness, efficiency, appropriateness and value of healthcare services and with respect to quality measurement and improvement. 42 U.S.C. 299a(a)(1) and (2).

Method of Collection

To meet these goals AHRQ has designed a comprehensive evaluation that will make the best use of qualitative and quantitative research methods. The evaluation will include a survey of pediatricians and family physicians. This survey will include a random sample of physicians in Massachusetts, North Carolina, Ohio, and Pennsylvania. The questionnaire includes questions that support an analysis of (1) physician attitudes towards specific strategies and resources aimed at improving the quality of care provided to pediatric patients; (2) the extent to which physicians' practices have attempted to implement changes in order to improve the quality of care provided to pediatric patients; (3) physician attitudes towards the utility of receiving performance feedback on nine of measures in the core quality measure set that are most relevant to primary care; (4) perceived usefulness of quality-of-care reports received by physician practices; (5) current practices and attitudes towards pay-for-performance financial incentive systems based on quality measure outcomes; (6) physicians' uses of and attitudes towards electronic health records (EHR) in quality measurement and improvement; (7) current and expected medical home accreditation processes; and (8) physician and practice demographic information. These data will be analyzed in conjunction with CMS claims data to gain insight on physician perspectives on quality measures and quality reporting and foster understanding of the strategies and resources that seemed to contribute most (or least) to those outcomes.

A separate information collection request will be submitted for interviews and focus groups that are part of this evaluation. Administrative and survey data will be analyzed with descriptive and inferential techniques appropriate to answering questions about outcomes and impacts.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated annualized burden hours for the respondents' time to participate in this evaluation. The survey will be completed by 1,200 pediatricians and family physicians working in primary care settings in four States (300 per State) and takes 30 minutes to complete. The total burden is estimated to be 600 hours.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Pediatrician and Family Physician Survey	1,200	1	30/60	600
Total	1,200	n/a	n/a	600

Exhibit 2 shows the estimated annualized cost burden associated with the respondents' time to participate in this evaluation. The total cost burden is estimated to be $51,156.

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents	Total burden hours	Average hourly wage rate *	Total cost burden
Pediatrician and Family Physician Survey	1,200	600	$85.26	$51,156
Total	1,200	600	n/a	51,156

* Based upon the higher of the two means of the hourly wages general pediatricians, National Compensation Survey: ''May 2011 National Occupational Employment and Wage Estimates, United States.'' U.S. Department of Labor, Bureau of Labor Statistics.

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 health care research and health care 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.

Dated: May 21, 2013.

Carolyn M. Clancy,

Director.

[FR Doc. 2013–12672 Filed 5–30–13; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Privacy Act of 1974; System of Records Notice

AGENCY: Agency for Healthcare Research and Quality (AHRQ), Department of Health and Human Services (HHS).

ACTION: Notice to establish a new system of records.

SUMMARY: In accordance with the requirements of the Privacy Act of 1974 (5 USC 552a), the Agency for Healthcare Research and Quality (AHRQ) within the Department of Health and Human Services is establishing a new system of records, ''Online Application Ordering for Products from the Healthcare Cost and Utilization Project (HCUP).'' This online electronic ordering system will streamline and facilitate the dissemination of HCUP databases and software to qualified researchers and result in a more efficient process for both the public and the Agency. The HCUP program and the system of records for the online application ordering process are more thoroughly described in the **SUPPLEMENTARY INFORMATION** section and System of Records Notice (SORN), below.

DATES: Effective 30 days after publication. HHS/AHRQ may publish an amended System of Records Notice (SORN) in light of any comments received.

ADDRESSES: Written comments should be sent to: HCUP Project Officer, Agency for Healthcare Research and Quality, 540 Gaither Rd., Rockville, MD 20852 OR to Email: *HCUP@AHRQ.GOV*.

FOR FURTHER INFORMATION CONTACT: HCUP Project Officer, Agency for Healthcare Research and Quality, 540 Gaither Rd., Rockville, MD 20852, 301–427–1410, or *HCUP@AHRQ.GOV*,

SUPPLEMENTARY INFORMATION:

I. Background on New System of Records, ''Online Application Ordering for HCUP Products From the Healthcare Cost and Utilization Project (HCUP)''

AHRQ is establishing this new system of records to cover personally-identifiable information (PII) about individuals who purchase HCUP databases and software products for scientific research purposes through a new online ordering system. AHRQ's research mission, the HCUP databases, and the online ordering process for HCUP databases and software products are explained in more detail below.

A. AHRQ's Research Mission

The Healthcare Research and Quality Act of 1999 (''the Act''), Public Law 106–129, amended Title IX of the Public Health Service act to establish AHRQ. The Act requires that AHRQ enhance the quality, appropriateness, and effectiveness of health services, and enhance access to such services, through the establishment of a broad base of scientific research and through the promotion of improvements in clinical and health systems practices, including the prevention of diseases and other health conditions. AHRQ promotes health care quality improvement by conducting and supporting:

(1) Research that develops and presents scientific evidence regarding all aspects of health care;

(2) Synthesis and dissemination of available scientific evidence for use by patients, consumers, practitioners, providers, purchasers, policy makers, and educato; and,

(3) Initiatives to advance private and public efforts to improve health care quality.

B. The HCUP Databases

AHRQ created a family of health care databases and related software tools and products known as the Healthcare Cost and Utilization Project (HCUP, pronounced ''H-Cup'') to conduct and support its research activities. HCUP was developed through a Federal-State Industry partnership and sponsored by AHRQ; it includes the largest collection of longitudinal hospital care data in the United States, with all-payer, encounter-level information beginning in 1988. The HCUP databases are annual files that contain anonymous information from hospital discharge records for inpatient care and certain components of outpatient care, such as emergency care and ambulatory surgeries. The project currently releases six types of databases created for research use on a broad range of health issues, including cost and quality of health services, medical practice patterns, access to health care programs, and outcomes of treatments at the national, state, and local market levels. HCUP also produces a large number of software tools to enhance the use of administrative health care data for research and public health use. The software tools use information available from a variety of sources to create new data elements, often through sophisticated algorithms, for use with the HCUP databases.