

Total estimated burden hour/cost for Alternate I of GSAR clause 552.238–80, Industrial Funding Fee and Sales Reporting.

Initial Setup.

Total estimated annual burden hours: 34,328

Total estimated annual cost burden: \$2,832,506.26

Monthly Reporting.

Total estimated annual burden hours: 170,412

Total estimated annual cost burden: \$10,007,231.69

Total estimated annual burden hour/cost for 552.216–70, Economic Price Adjustment—FSS Multiple Award Schedule Contracts (Deviation II).

Estimated # of responses per year: 461
Estimated burden hours per response: × 4.25

Total estimated annual burden hours: 1,959.25

Estimated cost per hour: × \$82.51
Total estimate annual cost burden: \$161,663.60

Total estimated annual burden hour/cost for Alternate I of GSAR clause 552.238–81, Price Reductions.

Estimated # of responses per year: 25
Estimated burden hours per response: × 4.25

Total estimated annual burden hours: 106

Estimated cost per hour*: × \$82.51
Total estimate annual cost burden: \$8,775.00

Total estimated annual burden hour/cost for GSAR clause 552.238–83, Examination of Records by GSA.

Estimated # of respondents per year: 8
Estimated burden hours per respondent: × 455

Total estimated annual burden hours: 3,640

Estimated cost per hour*: × \$82.51
Total estimated annual cost burden: \$300,347.32

Total estimated annual burden hour/cost for GSAR clause 552.238–85, Contractor's Billing Responsibilities, is 0 burden hours/\$0.00 burden cost. The reason for zero burden being associated with this clause is because the record keeping requirement contained in this clause does not add any additional burden to what is already captured by Alternate I of GSAR clause 552.238–80, Industrial Funding Fee and Sales Reporting, which is covered by this information collection.

Total Estimated Annual Burden Hour/Cost

The total estimated annual burden hour/cost imposed by this information collection is as follows:

Total estimated annual burden hours
FSS contracts: 210,446

Non-FSS contracts: 72,858

Total estimated annual burden hour: 281,344

Total estimated annual cost burden

FSS contracts: \$13,310,515.87

Non-FSS contracts: \$4,955,632.19

Total estimated annual cost burden: \$18,104,484.46

C. Public Comments

A 60-day notice published in the **Federal Register** at 87 FR 51418 on August 22, 2022. In response, GSA received a letter from the Coalition for Government Procurement (the Coalition). The following is a summary of the letter:

1. Comment: The Coalition supports the TDR program and generally agrees with GSA's assessment of the burden associated with the renewal of this information collection.

Response: GSA appreciates the Coalition's support of the TDR program and its assessment of the burden for this renewal.

2. Comment: The Coalition believes GSA underestimates the average burden of automated reporting in both absolute time required and the complexity of the process. Specifically, the Coalition believes the estimated burden for automated reporting should be 10 hours.

Response: GSA believes the estimated hours for automated reporting is valid given TDR imposes a progressive burden—one that increases with a contractor's sales volume. Namely, reporting time increases with a contractor's applicable sales volume, so contractors with lower to no reportable sales will spend little time on monthly reporting, while those contractors with more reportable sales may have a higher reporting burden, such as the suggested 10 hours.

3. Comment: The Coalition recommends GSA expand the use of TDR as an option across the MAS Program and provide further guidance and training on the use of TDR data.

Response: GSA anticipates expanding the use of TDR as an option across the MAS program as well as providing any additional guidance and training as part of any such expansion.

Obtaining Copies of Proposals: Requesters may obtain a copy of the information collection documents from the GSA Regulatory Secretariat Division, by calling 202–501–4755 or emailing GSARegSec@gsa.gov. Please cite "Information Collection 3090–0306,

Transactional Data Reporting", in all correspondence.

Jeffrey A. Koses,

Senior Procurement Executive, Office of Acquisition Policy, Office of Government-wide Policy.

[FR Doc. 2022–25229 Filed 11–17–22; 8:45 am]

BILLING CODE 6820–61–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection 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) reapprove the proposed information collection project: "Medical Expenditure Panel Survey—Insurance Component."

This proposed information collection was previously published in the **Federal Register** on September 6th, 2022 and allowed 60 days for public comment. AHRQ received no substantive comments from members of the public during this period. The purpose of this notice is to allow an additional 30 days for public comment.

DATES: Comments on this notice must be received by December 19, 2022.

ADDRESSES: Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to www.reginfo.gov/public/do/PRAMain. Find this particular information collection by selecting "Currently under 30-day Review—Open for Public Comments" or by using the search function.

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

SUPPLEMENTARY INFORMATION:

Proposed Project

Medical Expenditure Panel Survey—Insurance Component

In 2021 employer-sponsored health insurance was the source of coverage for 90.5 million current and former workers, plus many of their family members, and is a cornerstone of the U.S. health care system. The Medical

Expenditure Panel Survey—Insurance Component (MEPS–IC) measures the extent, cost, and coverage of employer-sponsored health insurance on an annual basis. These statistics are produced at the National, State, and sub-State (metropolitan area) level for private industry. Statistics are also produced for State and Local governments.

This research has the following goals:

- (1) to provide data for Federal policymakers evaluating the effects of National and State health care reforms.
- (2) to provide descriptive data on the current employer-sponsored health insurance system and data for modeling the differential impacts of proposed health policy initiatives.
- (3) to supply critical State and National estimates of health insurance spending for the National Health Accounts and Gross Domestic Product.

This study is being conducted by AHRQ through the Bureau of the Census, pursuant to AHRQ’s statutory authority to conduct and support research on healthcare and on systems for the delivery of such care, including activities with respect to the cost and use of health care services and with respect to health statistics and surveys. 42 U.S.C. 299a(a)(3) and (8); 42 U.S.C. 299b–2.

Method of Collection

To achieve the goals of this project the following data collections for both private sector and state and local government employers will be implemented:

(1) Prescreener Questionnaire—The purpose of the Prescreener Questionnaire, which is collected via telephone, varies depending on the insurance status of the establishment contacted (establishment is defined as a single, physical location in the private sector and a governmental unit in state and local governments). For establishments that do not offer health insurance to their employees, the prescreener is used to collect basic information such as number of employees. Collection is completed for these establishments through this telephone call. For establishments that do offer health insurance, contact name and address information is collected that is used for the mailout of the establishment and plan questionnaires. Obtaining this contact information helps ensure that the questionnaires are directed to the person in the establishment best equipped to complete them.

(2) Establishment Questionnaire—The purpose of the mailed Establishment Questionnaire is to obtain general information from employers that provide health insurance to their employees. Information such as total active enrollment in health insurance, other employee benefits, demographic characteristics of employees, and retiree health insurance is collected through the establishment questionnaire.

(3) Plan Questionnaire—The purpose of the mailed Plan Questionnaire is to collect plan-specific information on each plan (up to four plans) offered by establishments that provide health insurance to their employees. This

questionnaire obtains information on total premiums, employer and employee contributions to the premium, and plan enrollment for each type of coverage offered—single, employee-plus-one, and family—within a plan. It also asks for information on deductibles, copays, and other plan characteristics.

The primary objective of the MEPS–IC is to collect information on employer-sponsored health insurance. Such information is needed in order to provide the tools for Federal, State, and academic researchers to evaluate current and proposed health policies and to support the production of important statistical measures for other Federal agencies.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated annualized burden hours for the respondent’s time to participate in the MEPS–IC. The Prescreener questionnaire will be completed by 25,200 respondents and takes 5 minutes to complete. The Establishment questionnaire will be completed by 21,738 respondents and takes 20 minutes to complete. The Plan questionnaire will be completed by 19,246 respondents and will require an average of 2.3 responses per respondent. Each Plan questionnaire takes 11 minutes to complete. The total annualized burden hours are estimated to be 17,461 hours.

Exhibit 2 shows the estimated annualized cost burden associated with the respondents’ time to participate in this data collection. The annualized cost burden is estimated to be \$619,691.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS FOR THE 2023–2025 MEPS–IC

Form name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Prescreener Questionnaire	25,200	1	5/60	2,100
Establishment Questionnaire	21,738	1	* 20/60	7,246
Plan Questionnaire	19,246	2.3	11/60	8,115
Total	66,184	na	na	17,461

* The burden estimate printed on the establishment questionnaire is 45 minutes which includes the burden estimate for completing the establishment questionnaire and two plan questionnaires (on average, each establishment completes 2.3 plan questionnaires). The establishment and plan questionnaires are sent to the respondent as a package and are completed by the respondent at the same time.

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN FOR THE 2023–2025 MEPS–IC

Form name	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost burden
Prescreener Questionnaire	25,200	2,100	35.49	\$74,529
Establishment Questionnaire	21,738	7,246	35.49	257,161
Plan Questionnaire	19,246	8,115	35.49	288,001

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN FOR THE 2023–2025 MEPS–IC—Continued

Form name	Number of respondents	Total burden hours	Average hourly wage rate *	Total cost burden
Total	66,184	17,461	na	619,691

*Based upon the mean hourly wage for Compensation, Benefits, and Job Analysis Specialists occupation code 13–1141, at <https://www.bls.gov/oes/current/oes131141.htm> (U.S. Department of Labor, Bureau of Labor Statistics.)

Request for Comments

In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3520, 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’s 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: November 14, 2022.

Marquita Cullom,

Associate Director.

[FR Doc. 2022–25176 Filed 11–17–22; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10227]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, Health and Human 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 (the 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 January 17, 2023.

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, please access the CMS PRA website by copying and pasting the following web address into your web browser: <https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing>.

FOR FURTHER INFORMATION CONTACT:

William N. 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–10227 PACE State Plan Amendment Preprint

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:* PACE State Plan Amendment Preprint; *Use:* If a state elects to offer PACE as an optional Medicaid benefit, it must complete a state plan amendment preprint packet described as “Enclosures 3, 4, 5, 6, and 7.” CMS will review the information provided in order to determine if the state has properly elected to cover PACE services as a state plan option. In the event that the state changes something in the state plan, only the affected page must be updated. *Form Number:* CMS–10227 (OMB control number: 0938–1027); *Frequency:* Once and occasionally; *Affected Public:* State, Local, or Tribal Governments; *Number*