lighter lift contractors (600 hours divided by 20 years).

In FY2014, there were 17,302 contractors, 3,460 (20 percent) with a heavier lift and 13,842 (80 percent) with a lighter lift:

Compliance Systems—Heavier Lift

Total Annual Responses: *3,460*
Average Hours per Response: *55*
Total Time Burden (Hours): *190,322*
Total Cost Burden: *$12,940,400*

Compliance Systems—Lighter Lift

Total Annual Responses: *13,842*
Average Hours per Response: *30*
Total Time Burden (Hours): *415,248*
Total Cost Burden: *$28,237,680*

Audits: The GSA Office of Inspector General (OIG) performed an average of 59 pre-award audits of FSS contracts between FY2012 and FY2014, according to the OIG's Semiannual Congressional Reports over that time period. Respondents to a 2012 Coalition for Government Procurement survey estimated that approximately 440–470 hours were spent preparing for audits involving the PRC; the 455 hour figure is the median point in the range:

GSA OIG Audits

Total Annual Responses: *59*
Average Hours per Response: *455*
Total Time Burden (Hours): *26,845*
Total Cost Burden: *$1,825,460*

Price Reduction Notifications: 2,148 price reduction modifications were completed in FY14, with each modification requiring a notification from the contractor. In a survey conducted among GSA FSS contracting officers, respondents estimated it took an average of 4.25 hours to complete a price reduction modification. GSA believes FSS contractors bear a similar burden for this task and is therefore using the same burden estimate.

Price Reduction Notifications

Total Annual Responses: *2,148*
Average Hours per Response: *4.25*
Total Time Burden (Hours): *9,129*
Total Cost Burden: *$620,772*

Commercial Sales Practices Disclosures

The CSP burden results from disclosures required of any contractor submitting an offer for an FSS contract or modifying an FSS contract to increase prices, add items and Special Item Numbers, or exercise options. GSA attributed a negotiations burden to the PRC in the previous information collection, but is now including that burden within the CSP disclosure estimates.

The burden estimates for CSP disclosures are based upon the estimates provided by respondents to the GSA FSS contracting officer survey. While the 77 survey respondents provided estimates regarding the amount of time it takes FSS contracting officers to complete CSP-related tasks, GSA believes FSS contractors bear a similar burden for these tasks and is therefore using the same burden estimates.

Pre-award Disclosures: In FY2014, contractors submitted 3,464 offers for FSS contracts, with 693 (20 percent) offerors having a heavier lift (20 percent) and 2,771 (80 percent) with a lighter lift:

Pre-award Disclosures—Heavier Lift

Total Annual Responses: *693*
Average Hours per Response: *41.48*
Total Time Burden (Hours): *28,746*
Total Cost Burden: *$1,954,704*

Pre-award Disclosures—Lighter Lift

Total Annual Responses: *2,771*
Average Hours per Response: *32.41*
Total Time Burden (Hours): *89,808*
Total Cost Burden: *$6,106,951*

Price Increase Modifications: In FY2014, 2,509 price increase modifications were processed, including 502 (20 percent) with a heavier lift and 2,007 (80 percent) with a lighter lift:

Price Increases—Heavier Lift

Total Annual Responses: *502*
Average Hours per Response: *10.45*
Total Time Burden (Hours): *5,246*
Total Cost Burden: *$356,721*

Price Increases—Lighter Lift

Total Annual Responses: *2,007*
Average Hours per Response: *9.71*
Total Time Burden (Hours): *18,404*
Total Cost Burden: *$1,251,485*

Adding Items and Special Item Numbers (SINs): In FY2014, 6,861 modifications to add contract items or SINs were processed, including 1,372 (20 percent) with a heavier lift and 5,489 (80 percent) with a lighter lift:

Addition Modifications—Heavier Lift

Total Annual Responses: *1,372*
Average Hours per Response: *11.13*
Total Time Burden (Hours): *15,270*
Total Cost Burden: *$1,038,384*

Addition Modifications—Lighter Lift

Total Annual Responses: *5,489*
Average Hours per Response: *10.65*
Total Time Burden (Hours): *58,458*
Total Cost Burden: *$3,975,134*

Exercising Options: In FY2014, 2,237 modifications to exercise options were processed, including 447 (20 percent) with a heavier lift and 1,790 (80 percent) with a lighter lift:

Option Modifications—Heavier Lift

Total Annual Responses: *447*
Average Hours per Response: *26.14*
Total Time Burden (Hours): *11,685*
Total Cost Burden: *$794,551*

Option Modifications—Lighter Lift

Total Annual Responses: *1,790*
Average Hours per Response: *22.32*
Total Time Burden (Hours): *39,953*
Total Cost Burden: *$2,716,790*

Total Annual Burden

The total estimated burden imposed by Federal Supply Schedule pricing disclosures is as follows:

Estimated Annual Time Burden (Hours)

Price Reductions Clause: *1,056,774*
CSP Disclosures: *267,569*
Total Annual Time Burden: *1,324,343*

Estimated Annual Cost Burden

Price Reductions Clause: *$71,860,632*
CSP Disclosures: *$18,194,721*
Total Annual Cost Burden: *$90,055,353*

C. Public Comments

Public comments are particularly invited on: Whether this collection of information is necessary and whether it will have practical utility; whether our estimate of the public burden of this collection of information is accurate, and based on valid assumptions and methodology; ways to enhance the quality, utility, and clarity of the information to be collected.

Obtaining Copies Of Proposals: Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat Division (MVCB), 1800 F Street NW., Washington, DC 20405, telephone 202–501–4755. Please cite OMB Control No. 3090–0235, Price Reductions Clause, in all correspondence.

Dated: November 12, 2015.

Jeffrey A. Koses,

Director, Office of Acquisition Policy, Office of Government-wide Policy.

[FR Doc. 2015–29396 Filed 11–17–15; 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) approve the proposed changes to the currently approved information collection project: *''Consumer Assessment of Healthcare Providers and Systems (CAHPS) Clinician and Group Survey Comparative Database.''* In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3521, AHRQ invites the public to comment on this proposed information collection.

This proposed information collection was previously published in the **Federal Register** on August 11, 2015 and allowed 60 days for public comment. AHRQ received one substantive comment from the public.

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 18, 2015.

ADDRESSES: Written comments should be submitted to: AHRQ's OMB Desk Officer by fax at (202) 395–6974 (attention: AHRQ's desk officer) or by email at *OIRA_submission@omb.eop.gov* (attention: AHRQ's desk officer).

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

Consumer Assessment of Healthcare Providers and Systems (CAHPS) Clinician and Group Survey Comparative Database

The CAHPS Clinician and Group Survey (''the CAHPS CG Survey'') is a tool for collecting standardized information on patients' experiences with physicians and staff in outpatient medical practices, enabling clinicians and administrators to assess and improve patients' experiences with medical care. The CAHPS CG survey is a product of the CAHPS® program, which is funded and administered by AHRQ. AHRQ works closely with a consortium of public and private research organizations to develop and maintain surveys and tools to advance patient-centered care. CAHPS® is a registered trademark of AHRQ. In 1999, the CAHPS Consortium began work on a survey that would assess patients' experiences with medical groups and clinicians. The CAHPS Consortium developed a preliminary instrument known as the CAHPS Group Practices Survey (G–CAHPS), with input from the Pacific Business Group on Health, whose Consumer Assessment Survey established a precedent for this type of instrument.

In August 2004, AHRQ issued a notice in the **Federal Register** inviting organizations to test the CAHPS CG Survey. These field-test organizations were crucial partners in the evolution and development of the instrument, and provided critical data illuminating key aspects of survey design and administration. In July 2007 the CAHPS CG Survey was endorsed by the National Quality Forum (NQF), an organization established to standardize health care quality measurement and reporting. The endorsement represents the consensus of many health care providers, consumer groups, professional associations, purchasers, Federal agencies, and research and quality organizations. The CAHPS CG Survey and related toolkit materials are available on the CAHPS Web site at *https://cahps.ahrq.gov/surveys-guidance/cg/instructions/index.html.* Since its release, the survey has been used by thousands of physicians and medical practices across the U.S.

The current CAHPS Consortium includes AHRQ, the Centers for Medicare & Medicaid Services (CMS), RAND, Yale School of Public Health, and Westat.

AHRQ developed the database for CAHPS CG Survey data following the CAHPS Health Plan Database as a model. The CAHPS Health Plan Database was developed in 1998 in response to requests from health plans, purchasers, and CMS for comparative data to support public reporting of health plan ratings, health plan accreditation and quality improvement (OMB Control Number 0935–0165, expiration 5/31/2017). Demand for comparative results from the CG Survey has grown as well, and therefore AHRQ developed a dedicated CAHPS Clinician and Group Database to support benchmarking, quality improvement, and research (OMB Control Number 0935–0197, expiration 06/30/2015).

The CAHPS Database contains data from AHRQ's standardized CAHPS Surveys which provide comparative measures of quality to health care purchasers, consumers, regulators, and policy makers. The CAHPS Database also provides data for AHRQ's annual National Healthcare Quality and Disparities Report.

Health systems, medical groups and practices that administer the CAHPS Clinician & Group Survey according to CAHPS specifications can participate in this project. A health system is a complex of facilities, organizations, and providers of health care in a specified geographic area. A medical group is defined as a medical group, Accountable Care Organization (ACO), State organization or some other grouping of medical practices. A practice is an outpatient facility in a specific location whose physicians and other providers share administrative and clinical support staff. Each practice located in a building containing multiple medical offices is considered a separate practice.

The goal of this project is to renew the CAHPS CG Database. This database will continue to update the CAHPS CG Database with the latest results of the CAHPS CG Survey. These results consist of 34 items that measure 5 areas or composites of patients' experiences with physicians and staff in outpatient medical practices. This database:

(1) Allows participating organizations to compare their survey results with those of other outpatient medical groups;

(2) Provides data to medical groups and practices to facilitate internal assessment and learning in the quality improvement process; and

(3) Provides information to help identify strengths and areas with potential for improvement in patient care. The five composite measures are:

- Getting Timely Appointments, Care, and Information
- How Well Providers Communicate With Patients
- Helpful, Courteous, and Respectful Office Staff
- Care Coordination
- Patients' Rating of the Provider

The collection of information for the CAHPS CG Database for Clinicians and Groups is being conducted pursuant to AHRQ's statutory authority to conduct and support research on health care and systems for the delivery of such care, including activities with respect to the quality, effectiveness, efficiency, appropriateness and value of health care services; quality measurement and improvement; and health surveys and database development 42 U.S.C. 299a(a)(1), (2) and (8).

Method of Collection

To achieve the goal of this project, the following activities and data collections will be implemented:

(1) Registration Form—The purpose of this form is to determine the eligibility status and initiate the registration process for participating organizations seeking to voluntarily submit their CAHPS CG Survey data to the CAHPS CG Database. The point of contact (POC) at the participating organization (or parent organization) will complete the

form. The POC is either a corporate-level health care manager or a survey vendor who contracts with a participating organization to collect the CAHPS CG Survey data.

(2) Data Use Agreement—The purpose of this DUA is to obtain authorization from participating organizations to use their voluntarily submitted CAHPS CG Survey data for analysis and reporting according to the terms specified in the Data Use Agreement (DUA). The POC at the organization will complete the form. Vendors do not sign the DUA.

(3) Data Submission—The number of submissions to the database may vary each year because medical groups and practices may not administer the survey and submit data each year. Data submission is typically handled by one POC who either is a health system, medical group or practice or a survey vendor who contracts with the medical group or practice to collect their data. After the POC has completed the Registration Form and the Data Use Agreement, they will submit their patient-level data from the CAHPS CG Survey to the CAHPS CG Database. Data on the organizational characteristics such as ownership, number of patient visits per year, medical specialty, and information related to survey administration such as mode, dates of survey administration, sample size, and response rate, which are collected as part of CAHPS CG Survey operations are also submitted. Each submission will consist of 3 data files: (1) A Group File that contains information about the group ownership and size of group, (2) a Practice File containing type of practice, the practice ownership and affiliation (*i.e.,* commercial, hospital or integrated delivery system, insurance company, university or medical school, community health center, VA or military) and number of patient visits per year, and (3) a Sample File that contains one record for each patient surveyed, the date of visit, survey disposition code and information about survey completion.

Survey data from the CAHPS CG Database is used to produce four types of products: (1) An online reporting of results available to the public on the CAHPS Database Web site; (2) individual participant comparative reports that are confidential and customized for each participating organization that submits their data, (3) an annual Chartbook that presents summary-level results in a downloadable PDF file; and (4) a dataset available to researchers for additional analyses.

Information for the CAHPS CG Database has been collected by AHRQ through its contractor Westat on an annual basis since 2010. Participating organizations are asked to voluntarily submit their data to the CAHPS CG Database each year. The data is cleaned with standardized programs, then aggregated and used to produce comparative results. In addition, reports are produced that compare the participating organizations' results to the database in a password-protected section of the CAHPS CG Database online reporting system.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated burden hours for the respondent to participate in the CAHPS CG Database. The 20 POCs in exhibit 1 are the number of estimated vendors. The 240 POCs in exhibit 1 are the number of estimated participating Health/Medical entities.

Each vendor will register online for submission. The online Registration form will require about 5 minutes to complete. The data use agreement will be completed by the 240 participating Health/Medical entities. Vendors do not sign DUAs. The DUA requires about 3 minutes to sign and return by fax, mail or to upload directly in the submission system. Each submitter will provide a copy of their questionnaire and the survey data file in the required file format. Survey data files must conform to the data file layout specifications provided by the CAHPS CG Database. The number of data submissions per POC will vary because some may submit data for multiple practices, while others may submit data for only one. Once a data file is uploaded the file will be automatically checked to ensure it conforms to the specifications and a data file status report will be produced and made available to the submitter. Submitters will review each report and will be expected to fix any errors in their data file and resubmit if necessary. It will take about one hour to complete each file submission. The total burden is estimated to be 454 hours annually.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents/ POCs	Number of responses for each POC	Hours per response	Total burden hours
Registration Form	20	1	5/60	2
Data Use Agreement	240	1	3/60	12
Data Files Submission	440	1	1	440
Total	700	NA	NA	454

Exhibit 2 shows the estimated annualized cost burden based on the respondents' time to complete the submission process. The cost burden is estimated to be $18,613 annually.

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents/ POCs	Total burden hours	Average hourly wage rate*	Total cost burden
Registration Form	20	2	39.75[a]	$80
Data Use Agreement	240	12	86.88[b]	$1043
Data Files Submission	20	440	39.75[c]	$17,490

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN—Continued

Form name	Number of respondents/ POCs	Total burden hours	Average hourly wage rate*	Total cost burden
Total	280	454	NA	$18,613

* National Compensation Survey: Occupational wages in the United States May 2014, ''U.S. Department of Labor, Bureau of Labor Statistics.'' a) and c) Based on the mean hourly wages for Computer Programmer (15–1131). b) Based on the mean hourly wage for Chief Executives (11–1011). *http://www.bls.gov/oes/current/oes_nat.htm#15–0000.*

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 health care research and 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. 2015–29440 Filed 11–17–15; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifiers: CMS–10433]

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

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 a second opportunity for public comment on the notice. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

DATES: Comments on the collection(s) of information must be received by the OMB desk officer by *December 18, 2015:*

ADDRESSES: When commenting on the proposed information collections, please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be received by the OMB desk officer via one of the following transmissions:

OMB, Office of Information and Regulatory Affairs
Attention: CMS Desk Officer
Fax Number: (202) 395–5806 *OR*
Email: *OIRA_submission@omb.eop.gov*

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' 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: Under the Paperwork Reduction Act of 1995 (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 (44 U.S.C. 3506(c)(2)(A)) requires federal agencies to publish a 30-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 that summarizes the following proposed collection(s) of information for public comment:

1. *Type of Information Collection Request:* Revision of a currently approved information collection; *Title of Information Collection:* Initial Plan Data Collection to Support Qualified Health Plan (QHP) Certification and Other Financial Management and Exchange Operations; *Use:* As required by the CMS–9989–F, Patient Protection and Affordable Care Act; Establishment of Exchanges and Qualified Health Plans; Exchange Standards for Employers (77 FR 18310) (Exchange Establishment Rule), published on March 27, 2012, each Exchange must assume responsibilities related to the certification and offering of Qualified Health Plans (QHPs). To offer insurance through an Exchange, a health insurance issuer must have its health plans certified as QHPs by the Exchange.

A QHP must meet certain minimum certification standards, such as those pertaining to essential community providers, essential health benefits, and actuarial value. In order to meet those standards, the Exchange is responsible for collecting data and validating that QHPs meet these minimum requirements as described in the Exchange rule under 45 CFR parts 155 and 156, based on the Affordable Care Act, as well as other requirements determined by the Exchange. In