

## ESTIMATED ANNUALIZED BURDEN TABLE—Continued

Forms	Type of respondent	Number of respondents	Number of responses per respondent	Average burden (in hours) per response	Total burden hours
Total .....	Individual .....	1195	.....	.....	437

**Keith Tucker,**

*Office of the Secretary, Paperwork Reduction Act Clearance Officer.*

[FR Doc. 2011–24442 Filed 9–22–11; 8:45 am]

**BILLING CODE 4150–29–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency Information Collection Request; 60-Day Public Comment Request

**AGENCY:** Office of the Assistant Secretary for Planning and Evaluation, Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed information collection request for public comment. Interested persons are invited to send comments regarding this 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.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to [Sherette.funncoleman@hhs.gov](mailto:Sherette.funncoleman@hhs.gov), or call the Reports Clearance Office on (202) 690–6162. Written comments and recommendations for the proposed information collections must be directed to the OS Paperwork Clearance Officer at the above e-mail address within 60 days.

*Proposed Project:* Multi-Payor Claims Database (New—XXXXXXX).

Office of the Assistant Secretary for Planning and Evaluation (ASPE)—American Recovery and Reinvestment Act-funded Comparative Effectiveness Research Program.

#### Abstract

The Multi-Payor Claims Database (MPCD) project is one of a number of initiatives related to comparative effectiveness research (CER) funded by the American Recovery and Reinvestment Act of 2009. The Act provided \$1.1 billion to build the necessary infrastructure and capacity to support CER. Approximately 25% of the \$400 million allocated to the Office of the Secretary for Health and Human Services went towards data

infrastructure projects such as the MPCD. Within HHS, ASPE was tasked with managing the MPCD project in partnership with the Center for Medicare and Medicaid Services (CMS).

The project represents a private/public partnership with the goal of consolidating access to longitudinal data on health services financed by both public and private payers to help facilitate CER. Inclusion of data from multiple sources should allow for adequate coverage of priority patient populations, less common medical conditions, health care interventions, and geographic areas. As the title of the project suggests, the MPCD will initially include claims data, since these data are most readily available. Over time, data with additional clinical detail from other sources, such as EHRs, may be incorporated into the database.

The contract to develop the MPCD is a 3-year contract between Ingenix Public Sector Solutions (as the primary contractor) and ASPE. We envision several types of respondents, accessing data at different tiers within the MPCD, as shown in the table below. The respondents will not be accessing data on any regular frequency, but rather on an ad hoc basis. The affected public will be individual researchers, health policy analysts and researchers at affiliated with MPCD data contributors as well as key stakeholder staff and analysts within HHS.

## ESTIMATED ANNUALIZED BURDEN TABLE

Forms	Type of respondent	Number of respondents	Number of responses per respondent	Average burden (in hours) per response	Total burden hours
Tiers 1, 2 and 3 .....	Principal Investigators, Project Data Analysts and Project Directors.	293	3	35/60	513
Tiers 1 and 2 .....	Healthcare Organization administrators and analysts.	125	3	20/60	125
Tier 1 .....	Patients and consumers .....	50	4	5/60	17
Total .....	.....	.....	.....	.....	655

**Keith Tucker,**

Office of the Secretary, Paperwork Reduction Act Clearance Officer.

[FR Doc. 2011-24444 Filed 9-22-11; 8:45 am]

**BILLING CODE P****DEPARTMENT OF HEALTH AND HUMAN SERVICES**

[Document Identifier: OS-0990-New; 60-Day Notice]

**Agency Information Collection Request. 60-Day Public Comment Request**

**AGENCY:** Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed information collection request for public comment. Interested persons are invited to send comments regarding this 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.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number,

OMB number, and OS document identifier, to [Sherette.funncoleman@hhs.gov](mailto:Sherette.funncoleman@hhs.gov), or call the Reports Clearance Office on (202) 690-6162. Written comments and recommendations for the proposed information collections must be directed to the OS Paperwork Clearance Officer at the above e-mail address within 60 days.

**Proposed Project:** Teen Pregnancy Prevention Replication Evaluation: Implementation Data Collection—OMB No. OS-0990-NEW—The Office of Adolescent Health in collaboration with the Office of the Assistant Secretary for Planning and Evaluation.

**Abstract:** The Office of Adolescent Health (OAH), Office of the Assistant Secretary for Health (OASH), U.S. Department of Health and Human Services (HHS), is overseeing and coordinating adolescent pregnancy prevention evaluation efforts as part of the Teen Pregnancy Prevention Initiative. OAH is working collaboratively with the Office of the Assistant Secretary for Planning and Evaluation (ASPE), the Centers for Disease Control and Prevention (CDC), and the Administration for Children and Families (ACF) on adolescent pregnancy prevention evaluation activities.

OAH in partnership with ASPE will be overseeing the Teen Pregnancy Prevention Replication Evaluation (TPP Replication Evaluation). The TPP Replication Evaluation will be an experimental evaluation which will determine the extent to which a subset of evidence-based program models funded as part of the OAH evidence-based Teen Pregnancy Prevention Initiative demonstrate effects on adolescent sexual risk behavior and

teenage pregnancy when they are replicated in similar and in different settings and for different populations. The findings from this evaluation will be of interest to the general public, to policy-makers, and to organizations interested in teen pregnancy prevention.

OAH and ASPE are proposing implementation data collection activity as part of the TPP Replication Evaluation. The proposed activity involves the collection of information from program records and site visits at two to three points in the program implementation period. The implementation study will enable us to understand the programs, document their implementation and context, assess fidelity of implementation and the factors that influence it, and describe the counterfactual, or the "business as usual" services received by youth in the control group. This information will enable us to describe each implemented program and the treatment-control contrast evaluated in each site. It will also help us interpret impact analysis findings and may help explain any unexpected findings, differences in impacts across programs, and differences in impacts across locations or population subgroups.

**Respondents:** Semi-structured individual and group interviews will be held with agency administrators, program leaders and staff, partners in program participation, participating youths, school and community stakeholders, and other community members knowledgeable about related services for adolescents. All information will be collected by trained professional staff.

**ESTIMATED ANNUALIZED BURDEN TABLE**

Instrument	Annual number of respondents	Number of responses per respondent	Average burden hours per response	Total annual burden hours	Average hourly wage of respondents	Total annual burden cost
TPP Replication Evaluation:						
Discussion guide for grantee head (1) .....	10	1	1.5	15	\$30	\$450
Discussion guide for program director (1) .....	10	1	1.5	15	25	400
Discussion guide for supervisor of frontline staff (1) .....	10	1	1.5	15	25	400
Discussion guide for frontline staff (3) .....	30	1	1.5	45	20	900
Discussion guide for community partners (3) .....	30	1	1	30	20	600
Discussion guide for school stakeholders (3) .....	30	1	1	30	20	600
Discussion guide for community stakeholders (3) .....	30	1	1	30	20	600
Focus group guide for frontline staff (6) .....	60	1	1.5	90	15	1,350