

Security Act (42 U.S.C. 1396 et. seq), is amended by adding the following paragraph:

d. The Health Resources and Services Administration shall exercise the authority under section 1905(l)(2)(B)(iii) (42 U.S.C. 1396d(l)(2)(B)(iii)) of the Social Security Act to make determinations that entities meet the requirements for receiving a grant under section 330 of the Public Health Service Act, and to qualify as a federally qualified health center. This authority will not extend to issues of payment rates or provider enrollment under Title XIX of the Act.

I instruct HRSA to consult and collaborate with CMS, as appropriate. HRSA will notify the appropriate regional office of its determination that entities meet the requirements to qualify as an FQHC in order to ensure that CMS' provider enrollment process continues without interruption.

This delegation of authority excludes the authority to issue regulations, to establish advisory committees and councils, and appoint their members, and shall be exercised in accordance with the Department's applicable policies, procedures, and guidelines.

I hereby affirm and ratify any actions taken by the Administrator, HRSA, and Administrator, CMS, or other HRSA and CMS officials, which involve the exercise of the authorities prior to the effective date of this delegation of authority.

These authorities may be re-delegated.

This delegation of authority is effective upon date of signature.

Authority: 44 U.S.C. 3101.

Dated: November 15, 2012.

Kathleen Sebelius,

Secretary.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifiers CMS-10305]

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

AGENCY: Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services, is publishing the

following summary of proposed collections 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 function; (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.

Type of Information Collection Request: Revision of a currently approved collection; **Title:** Medicare Part C and Part D Data Validation (42 CFR 422.516g and 423.514g); **Use:** The Centers for Medicare and Medicaid Services (CMS) established reporting requirements for Medicare Part C and Part D sponsoring organizations (Medicare Advantage Organizations [MAOs], Cost Plans, and Medicare Part D sponsors) under the authority described in 42 CFR 422.516(a) and 423.514(a), respectively. Under these reporting requirements, each sponsoring organization must submit Medicare Part C, Medicare Part D, or Medicare Part C and Part D data (depending on the type of contracts they have in place with CMS).

In order for the reported data to be useful for monitoring and performance measurement, it must be reliable, valid, complete, and comparable among sponsoring organizations. In 2009, CMS developed the data validation program as a mechanism to verify the data reported are accurate, valid, and reliable. To maintain the independence of the validation process, sponsoring organizations do not use their own staff to conduct the data validation. Instead, sponsoring organizations are responsible for hiring external, independent data validation contractors (DVCs) who meet a minimum set of qualifications and credentials.

CMS developed standards and data validation criteria for specific Medicare Part C and Part D reporting requirements that the DVCs use in validating the sponsoring organizations' data. These standards and criteria are described in Appendix 1 "Data Validation Standards." The data validation standards for each reporting section include standard instructions relating to the types of information that should be reviewed, and reporting section criteria (MSC) that are aligned with the "Medicare Part C and Part D

Reporting Requirement Technical Specifications." Furthermore, the standards and criteria describe how the DVCs should validate the sponsoring organizations' compilations of reported data, taking into account appropriate data exclusions, and verifying calculations, source code, and algorithms. The data validation reviews are conducted at the contract level given that the Medicare Part C and Part D data are generally available at the contract level and the contract is the basis of any legal and accountability issues concerning the rendering of services.

The review is conducted over a three-month period following the final submission of data by the sponsoring organizations. In addition to the "Data Validation Standards" described in Appendix 1, the DVCs employ a set of information collection tools when performing their reviews, which are included in the appendices described below:

Appendix 2: "Organizational Assessment Instrument"

Appendix 3: "Data Extraction and Sampling Instructions"

Appendix 4: "Instructions for the Findings Data Collection Form"

Appendix 5: "Findings Data Collection Form (FDCF)"

Data collected via "Medicare Part C and Part D Reporting Requirements Technical Specifications" is an integral resource for oversight, monitoring, compliance and auditing activities necessary to ensure quality provision of the Medicare benefits to beneficiaries. CMS uses the data collected through the Medicare Data Validation Program to substantiate the data collected via "Medicare Part C and Part D Reporting Requirements Technical Specifications." If CMS detects data anomalies, the CMS division with primary responsibility for the applicable reporting requirement assists with determining a resolution.

The hour burden on industry is estimated at 179,301 total hours, or 879 hours for one contract within one organization reporting both Part C and Part D reporting sections. The validation would require 378 hours from the sponsoring organization and 501 from the DVCs. The estimates are based on the total number of Part C and/or Part D reporting sections, the average number of sponsors, and the average number of contracts by type (Part C, Part D, Part C/D) being validated as well as a level of effort associated with the individual activities associated with the data validation process. **Form Number:** CMS-10305 (OMB#: 0938-1115); **Frequency:** Reporting—Annually;

Affected Public: sponsoring organizations. *Number of Respondents:* 135; *Total Annual Responses:* 657; *Total Annual Hours:* 179,301. (For policy questions regarding this collection contact Terry Lied at 410-786-8973. For all other issues call 410-786-1326.)

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS Web Site address at <http://www.cms.hhs.gov/PaperworkReductionActof1995>, or Email your request, including your address, phone number, OMB number, and CMS document identifier, to Paperwork@cms.hhs.gov, or call the Reports Clearance Office on (410) 786-1326.

To be assured consideration, comments and recommendations for the proposed information collections must be received by the OMB desk officer at the address below, no later than 5 p.m. on *January 4, 2013*.

OMB, Office of Information and Regulatory Affairs, *Attention:* CMS Desk Officer, *Fax Number:* (202) 395-6974, *Email:* OIRA_submission@omb.eop.gov.

Dated: November 29, 2012.

Martique Jones,

Director, Regulations Development Group, Division B, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2012-29308 Filed 12-4-12; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects

Title: Form OCSE-396-A, Child Support Enforcement Program Expenditure Report, Form OCSE-34-A, Child Support Enforcement Program Collection Report.

OMB No.: 0970-0181.

Note: This Comment Request supersedes the Comment Request published November 28, 2012 (77 FR 71005), concerning OMB Control No. 0970-0181.

Description: Form OCSE-396-A is a financial report submitted following the end of each fiscal quarter by each State with an approved plan under title IV-D of the Social Security Act to administer the Child Support Enforcement Program. The purpose of this form is to enable each State to meet its statutory and regulatory requirement to report program expenditures made in the preceding fiscal quarter and to estimate program expenditures to be made in the upcoming fiscal quarter and to estimate the amount of incentive payments to be earned in the upcoming quarter.

Form OCSE-34-A is a financial report submitted following the end of each fiscal quarter by each State and Tribe with an approved plan under title IV-

D of the Social Security Act to administer the Child Support Enforcement Program. The purpose of this form is to enable each State and Tribe to meet its statutory and regulatory requirement to report child support collection activity during the preceding quarter, including collection received, collections remaining undistributed from previous quarters, if any, and the distribution and disbursement of collections.

The Administration for Children and Families provides Federal funding to States for the Child Support Enforcement Program at the rate of 66 percent for all allowable and legitimate administrative costs of this program. (Federal funding is also provided to Tribes at the rates of 80 or 90 percent. However, in accordance with program regulations, Tribes are not required to submit Form OCSE-396-A and use, instead, quarterly submissions of OMB Standard Form 425. SF-425 is not included in this comment request.)

The information collected in these reports is used by this agency to calculate quarterly Federal grant awards and incentive payments to States, to enable oversight of the financial management of the program for both States and Tribes and may be included in statistical and financial reports available to the public.

Respondents: States (including Puerto Rico, Guam, the Virgin Islands and the District of Columbia) and Tribes with approved title IV-D plans.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
OCSE-396A	54	4	6	1,296
OCSE-34A	112	4	14	6,272

Estimated Total Annual Burden Hours: 7,568.

In compliance with the requirements of Section 506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. Email address:

infocollection@acf.hhs.gov. All requests should be identified by the title of the information collection.

The Department specifically requests comments on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or

other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Robert Sargis,

Reports Clearance Officer.

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