

250 or more information returns, must file such returns electronically.

For the voluntary year of reporting, the burden estimates for each form are listed below.

Form	Number of responses	Time per response	Total hours
4423 .....	6	20 min.	2
1094-B .....	15,000	4 hrs.	60,000
1095-C .....	3,850,000	12 min.	750,000
Total .....	.....	.....	810,002

*Estimated Total Burden Hours:*  
86,072.

**Robert Dahl,**

*Treasury PRA Clearance Officer.*

[FR Doc. 2014-28039 Filed 11-25-14; 8:45 am]

**BILLING CODE 4830-01-P**

## DEPARTMENT OF THE TREASURY

### Office of Foreign Assets Control

#### Sanctions Action Pursuant to Executive Order 13448

**AGENCY:** Office of Foreign Assets Control, Treasury.

**ACTION:** Notice.

**SUMMARY:** The Department of the Treasury's Office of Foreign Assets Control (OFAC) is publishing the name of one individual whose property and interests in property are blocked pursuant to Executive Order 13448 of October 18, 2007, "Blocking Property and Prohibiting Certain Transactions Related to Burma" (E.O. 13448) and the Burmese Sanctions Regulations, 31 CFR part 537 (BSR).

**DATES:** The action described in this notice was effective on October 30, 2014.

#### FOR FURTHER INFORMATION CONTACT:

Assistant Director, Sanctions Compliance & Evaluation, Office of Foreign Assets Control, Department of the Treasury, 1500 Pennsylvania Avenue NW. (Treasury Annex), Washington, DC 20220, Tel.: 202/622-2490.

**SUPPLEMENTARY INFORMATION:** Electronic and Facsimile Availability. This document and additional information concerning OFAC are available from OFAC's Web site ([www.treasury.gov/ofac](http://www.treasury.gov/ofac)). Certain general information pertaining to OFAC's sanctions programs is available via facsimile through a 24-hour fax-on-demand service, tel.: 202/622-0077.

#### Notice of OFAC Action

On October 30, 2014, OFAC blocked the property and interests in property of

the following individual pursuant to E.O. 13448 and the BSR: THAUNG, Aung, No. 1099, PuBa Thiri Township, Ottara (South) Ward, Nay Pyi Taw, Burma; DOB 01 Dec 1940; POB Kyauk Kaw Village, Thaung Tha Township, Burma; Gender Male; National ID No. 13/KaLaNa (Naing) 011849 (Burma); Lower House Member of Parliament (individual) [BURMA].

Dated: November 18, 2014.

**John E. Smith,**

*Acting Director, Office of Foreign Assets Control.*

[FR Doc. 2014-27952 Filed 11-25-14; 8:45 am]

**BILLING CODE 4810-AL-P**

## DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900-0621]

#### Proposed Information Collection (National Practitioner Data Bank (NPDB) Regulations) Activity: Comment Request

**AGENCY:** Veterans Health Administration, Department of Veterans Affairs

**ACTION:** Notice.

**SUMMARY:** The Veterans Health Administration (VHA), Department of Veterans Affairs (VA), is announcing an opportunity for public comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act (PRA) of 1995, Federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each revised collection, and allow 60 days for public comment in response to the notice. This notice solicits comments on the information needed for Veterans, Veteran Representatives and health care providers to request reimbursement from the federal government for emergency services at a private institution.

**DATES:** Written comments and recommendations on the proposed

collection of information should be received on or before January 26, 2015.

**ADDRESSES:** Submit written comments on the collection of information through Federal Docket Management System (FDMS) at [www.Regulations.gov](http://www.Regulations.gov); or Audrey Revere, Office of Regulatory and Administrative Affairs, Veterans Health Administration (10B4), Department of Veterans Affairs, 810 Vermont Avenue NW., Washington, DC 20420 or email: [Audrey.revere@va.gov](mailto:Audrey.revere@va.gov). Please refer to "OMB Control No. 2900-0621" in any correspondence. During the comment period, comments may be viewed online through the FDMS.

#### FOR FURTHER INFORMATION CONTACT:

Audrey Revere at (202) 461-5694.

**SUPPLEMENTARY INFORMATION:** Under the PRA of 1995 (Public Law 104-13; 44 U.S.C. 3501-3521), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. This request for comment is being made pursuant to Section 3506(c)(2)(A) of the PRA.

With respect to the following collection of information, VHA invites comments on: (1) Whether the proposed collection of information is necessary for the proper performance of VHA's functions, including whether the information will have practical utility; (2) the accuracy of VHA's estimate of the burden of the proposed collection of information; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or the use of other forms of information technology.

*Titles:* National Practitioner Data Bank.

*OMB Control Number:* 2900-0621.

*Type of Review:* Revision.

*Abstract:* Under the provisions of the Health Care Quality Improvement Act of 1986, which established the National Practitioner Data Bank (NPDB), and a Memorandum of Understanding (MOU) between the Department of Veterans Affairs (VA) and the Department of

Health and Human Services (HHS), VA medical treatment facilities are required to query the NPDB at the time of initial appointment for all licensed, registered, and certified health care professionals which is followed with the enrollment in the NPDB Continuous Query (CQ) process with annual renewal of all licensed independent practitioners appointed to a VA medical treatment facility. In accordance with 38 CFR, Chapter 1, Part 46, information is collected so that VA can consider if malpractice payments were made related to substandard care, professional incompetence, or professional misconduct on the part of a licensed health care practitioner or if any adjudicated adverse action was taken against the licensure or clinical privileges of a these health care practitioner.

Additionally, complete and thorough credentialing is required to assure that only qualified healthcare professionals provide care to our Nation's veterans. The term credentialing refers to the systematic process of screening and evaluating qualifications and other credentials, including licensure, required education, relevant training and experience, current competence and health status.

*Affected Public:* Individuals or Households.

*Estimated Annual Burden:* 2,500 burden hours.

*Estimated Average Burden per Respondent:* 5 minutes.

*Frequency of Response:* Annually.

*Estimated Number of Respondents:* s500.

Dated: November 21, 2014.

By direction of the Secretary.

**Crystal Rennie,**

*Department Clearance Officer, Department of Veterans Affairs.*

[FR Doc. 2014-27849 Filed 11-25-14; 8:45 am]

**BILLING CODE 8320-01-P**

## DEPARTMENT OF VETERANS AFFAIRS

### Publication of Technology Task Force Review of Scheduling System and Software of the Department of Veterans Affairs

**AGENCY:** Department of Veterans Affairs.

**ACTION:** Notice.

**SUMMARY:** The Veterans Access, Choice, and Accountability Act of 2014 directs the Department of Veterans Affairs (VA) to publish a report of the Northern Virginia Technology Council's review of VA's health care scheduling system and software. This **Federal Register** Notice

announces VA's publication of the Council's report.

**ADDRESSES:** The Council's entire report on VA's health care scheduling system and software is available at <http://www.va.gov/opa/choiceact/>.

**FOR FURTHER INFORMATION CONTACT:**

James A. Tuchs Schmidt, MD, Acting Principal Deputy Under Secretary for Health (10A), 810 Vermont Avenue NW., Washington, DC 20420, Telephone: 202-461-7008 (this is not a toll-free number).

**SUPPLEMENTARY INFORMATION:** Section 203 of the Veterans Access, Choice, and Accountability Act of 2014 (Pub. L. 113-146, "the Act") directs the Department of Veterans Affairs (VA), through the use of a technology task force, to conduct a review of VA's needs with respect to its scheduling system and scheduling software used to schedule appointments for veterans for hospital care, medical services, and other health care. The Act requires that the task force provide VA and Congress with a report on its review within 45 days of enactment, and that the report include:

- Proposals for specific actions to be taken by VA to improve its health care scheduling system and scheduling software; and
- A determination as to whether one or more existing off-the-shelf systems would meet VA's needs to schedule health care appointments for veterans and improve the access of veterans to such care.

On September 11, 2014, VA signed a Memorandum of Agreement with the Northern Virginia Technology Council to conduct the review. On October 29, 2014, the Council completed its review and provided VA with a report titled, "Opportunities to Improve the Scheduling of Medical Exams for America's Veterans: A Report Based on a Review of VA's Scheduling Practices by the Northern Virginia Technology Council (NVTC)."

This **Federal Register** Notice announces the Council's report on its review of VA's scheduling system and software. The Executive Summary of the report is as follows:

#### Executive Summary

This section provides a brief summary of this Report by answering three fundamental questions:

- Why was this review performed for the VA?
- What were the findings that informed the NVTC's recommendations to VA?
- What recommendations were rendered by NVTC?

#### Why NVTC Conducted This Review

The impetus for NVTC's review is found in Section 203 of the [Veterans Access, Choice, and Accountability Act of 2014]<sup>1</sup>. Section 203 called for a Technology Task Force to perform a review of VA's scheduling system and software.

Following the law's enactment, NVTC<sup>2</sup> began working with VA to develop a plan for a team of NVTC member companies to evaluate VA's scheduling processes and systems, for the purpose of recommending scheduling improvements. In a Memorandum of Agreement (MoA) signed by both parties on September 11, 2014, VA accepted NVTC as the Technology Task Force required by Section 203 of the [Act]. In a Scope of Work statement, attached to the MoA, the agreed latitude of NVTC's Review was outlined—i.e., for NVTC to examine and propose improvements to:

- The scheduling of a new patient for his or her first visit. This would start with VA's attempt to arrange exam appointments, and include the activities required to schedule, communicate, and confirm each appointment with the Veteran, concluding with the exam itself and the delivery of requested exam results.
- The scheduling of a specialty consult visit from initial request from a primary care physician through the appointment being scheduled,

<sup>1</sup> Public Law 113-146. Signed into law by President Obama on August 7, 2014; the statute's full title is, "To improve the access of Veterans to medical services from the Department of Veterans Affairs, and for other purposes." Besides Section 203, another key provision of this law (Section 101) is relevant to portions of this report because it requires hospital care and medical services to be furnished to Veterans through agreements with specified non-VA facilities if Veterans: (a) Have been unable to schedule an appointment at a VA medical facility within the Veterans Health Administration's (VHA's) wait-time goals for hospital care or medical services and such Veterans opt for non-VA care or services; (b) reside more than 40 miles from a VA medical facility; (c) reside in a state without a VA medical facility that provides hospital care, emergency medical services, and surgical care and such Veterans reside more than 20 miles from such a facility; or (d) reside within 40 miles of a VA medical facility but are required to travel by air, boat, or ferry to reach such facility or such Veterans face an unusual or excessive geographical burden in accessing the facility. Section 101 also provides for such care through agreements with any healthcare provider participating in the Medicare program, any federally-qualified health center, the Department of Defense (DoD), and the Indian Health Service (IHS).

<sup>2</sup> In June 2014, Senator Mark Warner sent a letter to President Obama offering pro bono private sector assistance to address the VA's exam scheduling and workflow challenges. (*The pro bono offer to help VA leveraged a template established in 2010-11, when NVTC, at the request of Senator Warner, partnered with the U.S. Army to help address the serious technology and business process challenges being encountered at Arlington National Cemetery.*)