

fields for ICD–9–CM, E and V-codes), procedural codes (all available fields for ICD–9 CM, CPT–4) From the abstracted medical chart data contained in the TBI Data Abstraction Tool, a frequency of all observed ICD–9 CM codes will be created. Calculations of frequencies and code sensitivity of the ICD–9 CM codes will be calculated to develop recommendations for specific ICD–9 CM in the CDC IDC–9 Code definition.

The TBI Data Abstraction tool will be used to create the final analytic dataset for the ‘Examining Traumatic Brain Injury in Youth’ project. Data will be abstracted into the dataset in two separate phases during the study. During the first phase, a trained Research Assistant (RA) will review

each sampled medical chart to determine whether the patient experienced a TBI during the specified visit according to the CDC TBI definition. The RA will first review the selection criteria to confirm eligibility into the study. Approximately, 150 medical records from Emergency Department Patients, obtained from emergency medical records (EMR) will be abstracted to determine if they fit the TBI case definition: (1) Any period of observed or self-reported confusion, memory dysfunction, or loss of consciousness, (2) observed signs of neurological/neuropsychological dysfunction or (3) an injury to the head that resulted in amnesia, skull fracture,

or intracranial lesion. It is estimated that this data abstraction will take 105 minutes per record, totaling 263 annual burden hours. Also, 50 Concussion Service Patient records will be obtained from a hospital concussion clinic. These records will be abstracted to determine if they fit the TBI case definition as well. It is estimated that this abstraction will take 105 minutes per record, totaling 88 annual burden hours. The total annualized burden hours per year are 351. The RA will be blinded to all ICD–9 CM codes while reviewing medical charts and entering data into the TBI Data extraction tool.

There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hrs.)	Total burden (in hrs.)
Emergency Department Patient ..	Allscripts ED electronic medical record (EMR) system.	150	1	105/60	263
Concussion Services Patient	Microsoft Access Patient List	50	1	105/60	88
Total					351

Kimberly S. Lane,

*Deputy Director, Office of Scientific Integrity,
Office of the Associate Director for Science,
Office of the Director, Centers for Disease
Control and Prevention.*

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier CMS–10497]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services.

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 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 must be received by October 29, 2013.

ADDRESSES: When commenting, please reference the document identifier or OMB control number (OCN). 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, 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:

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–10497 Evaluation of the Medicare Health Care Quality (MHCQ) Demonstration Evaluation: Focus Group and Interview Protocols

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 Collections

1. Type of Information Collection Request: New collection (Request for a new OMB control number); **Title of Information Collection:** Evaluation of the Medicare Health Care Quality (MHCQ) Demonstration Evaluation: Focus Group and Interview Protocols; **Use:** The Medicare Health Care Quality (MHCQ) Demonstration was developed to address concerns about the U.S. health care system, which typically fragments care while also encouraging both omissions in and duplication of care. To rectify this situation, Congress has directed the Centers for Medicare & Medicaid Services (CMS) to test major changes to the delivery and payment systems to improve the quality of care while also increasing efficiency across the health care system. This would be achieved through several types of interventions: adoption and use of information technology and decision support tools by physicians and their patients, such as evidence-based medicine guidelines, best practice guidelines, and shared decision-making programs; reform of payment methodologies; improved coordination of care among payers and providers serving defined communities; measurement of outcomes; and enhanced cultural competence in the delivery of care.

Section 1866C of the Social Security Act, as amended by Section 646 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Pub. L. 108–173), section 1866C(b)), requires the Secretary of the

Department of Health and Human Services to establish a 5-year demonstration program under which the Secretary may approve demonstration projects that examine health delivery factors that encourage improved quality in patient care. This section also authorizes the Secretary to waive compliance with such requirements of Titles XI and XVIII of the Social Security Act (42 U.S.C. 1395 *et seq.*) as may be necessary for the purposes of carrying out the demonstration project.

The MHCQ Demonstration programs are designed to examine the extent to which major, multifaceted changes to traditional Medicare’s health delivery and financing systems lead to improvements in the quality of care provided to Medicare beneficiaries without increasing total program expenditures. Each demonstration site uses a different approach for changing health delivery and financing systems, but all share the goal of improving the quality and efficiency of medical care provided to Medicare beneficiaries. Focus groups and individual interviews will be conducted at 2 demonstration sites that are active in the demonstration: Gundersen Health System (GHS) and Meridian Health System (MHS).

This MHCQ Demonstration evaluation will include analysis of both quantitative and qualitative sources of information. This multifaceted approach will enable this evaluation to consider a broad variety of evidence for evaluating the nature and impact of each site’s interventions. **Form Number:** CMS–10497 (OCN: 0938–NEW); **Frequency:** Occasionally; **Affected Public:** Individuals or households and Private sector (Not-for-profit organizations); **Number of Respondents:** 36; **Total Annual Responses:** 36; **Total Annual Hours:** 108. (For policy questions regarding this collection contact Normandy Brangan at 410–786–6640.).

Dated: August 27, 2013.

Martique Jones,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifiers: CMS–4040, CMS–10174, CMS–R–285, CMS–10166, CMS–10184, CMS–1572, CMS–10175, CMS–379 and CMS–10336]]

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 September 30, 2013.

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) 395–6974 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>.