

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
	PHC labor cost questionnaire	4	1	1.5
	Standard of Care Questionnaire	4	1	1.5
	PHC non-labor cost questionnaire ..	4	12	30/60

Leroy A. Richardson,

Chief, Information Collection Review Office,
Office of Scientific Integrity, Office of the
Associate Director for Science, Office of the
Director, Centers for Disease Control and
Prevention.

[FR Doc. 2017–13735 Filed 6–29–17; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Medicare & Medicaid Services**

[CMS–2431–N2]

Medicaid Program: Zika Health Care Services Program—Round 2

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice.

SUMMARY: This notice announces the April 7, 2017 posting of a funding opportunity for Round Two of the Zika Health Care Services Program which provides up to \$6.45 million to support prevention activities and treatment services for health conditions related to the Zika virus for entities that meet the eligibility requirements of the Zika Health Care Services Program, but that did not receive an award under the Round One Funding Opportunity. The Round Two Funding Opportunity provides two application due dates, May 8, 2017 and July 10, 2017. Entities eligible to apply for this funding opportunity are states, territories, tribes or tribal organizations, with active or local transmission of the Zika virus, as confirmed by the Centers for Disease Control and Prevention (CDC).

DATES: The project period of performance for the Cooperative Agreement will be 36 months from the date of award.

FOR FURTHER INFORMATION CONTACT: Elizabeth Garbarczyk, 410–786–0426.

SUPPLEMENTARY INFORMATION:**I. Background**

The Zika Response and Preparedness Act (Pub. L. 114–223) provides \$387,000,000 in funding to prevent, prepare for, and respond to the Zika

virus. Of the funds appropriated by Public Law (Pub. L.) 114–223, Congress designated \$75 million to support states, territories, tribes, or tribal organizations with active or local transmission cases of the Zika virus, as confirmed by the Centers for Disease Control and Prevention (CDC), to reimburse the costs of health care for health conditions related to the Zika virus not covered by private insurance. No less than \$60 million of this funding is for territories with the highest rates of Zika transmission.

The Zika Health Care Services Program funding opportunities solicit single source emergency applications for a cooperative agreement aimed at supporting prevention activities and treatment services for women (including pregnant women), children, and men adversely or potentially impacted by the Zika virus.

On January 18, 2017, CMS issued \$66.1 million in awards to eligible entities that applied for Round One of the Zika Health Care Services Program (American Samoa, Puerto Rico, U.S. Virgin Islands, and Florida). The Round One Funding Opportunity sought to issue funds to areas of greatest need, while maintaining additional funds to prevent, detect, and respond to future Zika outbreaks.

II. Provisions of the Notice

In accordance with the Zika Response and Preparedness Act (Pub. L. 114–223), entities eligible to apply for this funding opportunity include states, territories, tribes or tribal organizations with active or local transmission of the Zika virus, as confirmed by the Centers for Disease Control and Prevention (CDC). Recipients who previously received a Notice of Award under Round One of the Zika Health Care Services Program, Funding Opportunity Number CMS–1Q1–17–001, are not eligible to apply. As of the first application due date, May 8, 2017, the CDC reports that Texas is the only new area with laboratory-confirmed active or local transmission of the Zika virus; and therefore, this is the only state currently eligible to receive funding as authorized under the legislation.

This funding opportunity has been structured to ensure a comprehensive response to Zika as quickly as possible. Accordingly, the single-source emergency funding opportunity is solely available to the state health department in Texas, based on its ability to quickly and efficiently expand its existing Zika response efforts and to further determine the most effective use and dissemination of funds in its respective jurisdictions. The health department in Texas is uniquely positioned to meet the goals of the emergency cooperative agreement based on its capacity, partnerships, resources, prior experience, and ability to begin implementing the project immediately. Immediate implementation is critical to successfully addressing this rapidly spreading public health threat. The budget and project period under the specific funding opportunity will be 36 months. The total amount of federal funds available in Round Two, for both the May 8, 2017 and July 10, 2017 due dates, is up to \$6.45 million. The Texas Department of State Health Services submitted their application, and was the only entity eligible for an award as of the May 8, 2017 application due date. The proposed award amount is \$1,800,000.

The second application due date for the Round Two Funding Opportunity is July 10, 2017. Eligibility for the second Round Two application due date is based on the state, territory, tribe, or tribal organization meeting all of the following criteria:

- Has active or local transmission cases of the Zika virus, as confirmed by the CDC.
- Did not receive an award in Round One.
- Has not received a response to an application submitted by the first application due date (May 8, 2017).

III. Collection of Information Requirements

This notice establishes funding opportunities for health departments in areas with laboratory-confirmed active or local Zika virus transmission. The funding opportunity application process constitutes an information collection request. Specifically, this notice

pertains to Round Two for which there is only one eligible respondent (Texas). There were 4 total respondents in Round 1 (American Samoa, Puerto Rico, U.S. Virgin Islands, and Florida). In accordance with the implementing regulations of the Paperwork Reduction Act of 1995 (PRA) at 5 CFR 1320.3(c)(4), we estimate the total number of respondents between Round One and Round Two will not exceed 10 in a 12-month period. Therefore, the associated burden is exempt from the requirements of the PRA (44 U.S.C. 3501 *et seq.*).

Dated: June 13, 2017.

Seema Verma,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 2017-13784 Filed 6-29-17; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier CMS-10393]

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

AGENCY: Centers for Medicare & Medicaid Services, Department of Health and Human 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 (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 the necessity and utility of the proposed information collection for the proper performance of the agency's functions, the accuracy of the estimated burden, ways to enhance the quality, utility, and clarity of the information to be collected; and 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 *July 31, 2017*.

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 Web site address at *https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing.html*.

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:

William Parham at (410) 786-4669.

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, revision 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 previously approved collection; *Title of Information Collection:* Beneficiary and Family Centered Data Collection; *Use:*

The CMS Quality Improvement Organization (QIO) Program includes Beneficiary and Family Centered Care (BFCC) QIOs whose functions, as set forth in Section 1862(g) of the Social Security Act, are to improve the effectiveness, efficiency, economy, and quality of services delivered to Medicare beneficiaries. To accomplish these goals, the QIOs review health care services funded under Medicare to determine whether those services are reasonable, medically necessary, furnished in the appropriate setting, and meet professionally recognized standards of quality. The QIOs also review health care services where the beneficiary or a representative has complained about the quality of those services or is appealing alleged premature discharge.

Under the current 11th QIO Statement of Work (SOW), two organizations are providing services as BFCC QIOs across all of the United States. The QIO evaluation criteria have been revised to reflect this national regionalization and it is important for CMS to understand the impact on beneficiaries from this reorganization. The information will be used to evaluate the success of each QIO in meeting its contractual requirements and to understand the experience of Medicare beneficiaries and/or their representative with QIO contract mandated work. *Form Number:* CMS-10393 (OMB control number: 0938-1177); *Frequency:* Once; *Affected Public:* Individuals or households; *Number of Respondents:* 24,970; *Number of Responses:* 24,970; *Total Annual Hours:* 2,899. (For policy questions regarding this collection, contact David Russo at 617-565-1310.)

Dated: June 27, 2017.

William N. Parham, III,

Director, Paperwork Reduction Staff, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2017-13835 Filed 6-29-17; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-3345-N]

Medicare Program; Meeting of the Medicare Evidence Development and Coverage Advisory Committee—August 30, 2017

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice of meeting.