and concurrence/non-concurrence signatures and dates from 3 CMS System Manager or Business Owners. While the data elements collected are not subject to change, the individualized clauses that are incorporated into any specific DUA are subject to change based on a specific case or situation such as disclosures to states, oversight agencies or DUAs for disproportionate share hospital (DSH) data requests as well as updates to DUAs with additional data descriptions, changes to the requestor or adding custodians to current DUAs. *Form Number:* CMS–R–235 (OCN: 0938–0734) *Frequency:* Once; *Affected Public:* Private Sector—Business or other For-profits and Not-for-profit Institutions; *Number of Respondents:* 2,200; *Number of Responses:* 2,200; *Total Annual Hours:* 916. (For policy questions regarding this collection, contact Sharon Kavanagh at 410–786–5441. For all other issues call (410) 786–1326.)

4. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Medicaid Drug Rebate Program—Labelers Reconciliation of State Invoice (CMS–304) and Prior Quarter Adjustment Statement (CMS–304a); *Use:* Section 1927(b)(2) of the Social Security Act establishes manufacturer requirements for paying quarterly rebates to States as part of the Medicaid Drug Rebate Program. Specifically, in order to receive a rebate on drugs dispensed to Medicaid recipients, States are required to submit quarterly utilization data to drug manufacturers that have national rebate agreements with the Federal Government. Form CMS–304 is used by manufacturers for both unit adjustments and disputes in response to the State's invoice for current quarter utilization. The form CMS–304a is required only in those instances where a manufacturer discovers unit adjustments and/or disputes from a previous quarter's State invoice. Both forms are used to reconcile drug rebate payments made by manufacturer with the State invoices of rebates due; *Form Numbers:* CMS–304 and CMS–304a (OMB#: 0938–0676); *Frequency:* Quarterly; *Affected Public:* Private Sector: Business or other for-profits; *Number of Respondents:* 1,011; *Total Annual Responses:* 4,044; *Total Annual Hours:* 183,120. (For policy questions regarding this collection contact Andrea Wellington at 410–786–3490. For all other issues call 410–786–1326.)

5. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* State Medicaid Drug Rebate Forms: CMS–368 (Administrative Data) and CMS–R–144 (Quarterly Report Data); *Use:* Section 1927(b)(2) of the Social Security Act establishes State requirements for reporting drug utilization data to CMS and to drug manufacturers participating in the Medicaid Drug Rebate Program. Specifically, in order to receive a rebate on drugs dispensed to Medicaid recipients, States are required to submit quarterly utilization data reports to drug manufacturers that have national rebate agreements with the Federal Government. In addition, a copy of these reports must also be submitted to CMS. Form CMS–R–144 is used by the States to submit this utilization information to both manufacturers and CMS. Form CMS–368 is a report of contact for the State to name the individuals involved in the drug rebate program and is required only in those instances where a change to the original data submittal is necessary. The ability to require the reporting of any changes to these data is necessary to the efficient operation of the rebate program; *Form Numbers:* CMS–R–144 and CMS–368 (OMB#: 0938–0852); *Frequency:* Quarterly; *Affected Public:* State, Local or Tribal Governments; *Number of Respondents:* 56; *Total Annual Responses:* 224; *Total Annual Hours:* 12,101. (For policy questions regarding this collection contact Andrea Wellington at 410–786–3490. For all other issues call 410–786–1326.)

6. *Type of Information Collection Request:* Extension of a currently approved collection;

7. *Title of Information Collection:* Notice of Provider Non-Coverage (CMS–10123) and Detailed Explanation of Non-Coverage (CMS–10124); *Use:* The Notice of Medicare Provider Non-Coverage (CMS–10123) is used to inform fee-for-service Medicare beneficiaries of the determination that their provider services will end, and of their right to an expedited review of that determination. The Detailed Explanation of Non-Coverage (CMS–10124) is used to provide beneficiaries who request an expedited determination with detailed information of why the services should end. The revised Notice of Provider Non-Coverage and Detailed Explanation of Provider Non-Coverage will no longer require use of the beneficiary's Medicare number as a patient identifier. Instead, when applicable, providers may use a number that helps to link the notice with a related claim. *Form Number:* CMS–10123 and 10124 (OMB#: 0938–0953); *Frequency:* Occasionally; *Affected Public:* Business or other for-profit, Not-for-profit institutions, and Individuals or households; *Number of Respondents:* 5,314,164; *Total Annual Responses:* 5,314,194; *Total Annual Hours:* 885,699. (For policy questions regarding this collection contact Janet Miller at 404–562–1799. 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 E-mail 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 August 8, 2011.

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

Dated: July 1, 2011.

Michelle Shortt,

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

[FR Doc. 2011–17052 Filed 7–7–11; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10209]

Agency Information Collection Activities: Proposed Collection; 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) 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 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.

1. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Medicare Advantage Chronic Care Improvement Program and Quality Improvement Project Reporting Tools; *Use:* Section 1852e(1), (2), (3)(a)(i) of the Social Security Act and 42 CFR 422.152 of the regulations describe CMS' regulatory authority to require each Medicare Advantage Organization (MAO) coordinated care plan that offers one or more MA plans to have an ongoing quality assessment and performance improvement program. This program must include assessing performance using standard measures required by the Center for Medicare and Medicaid Services (CMS), and reporting its performance to CMS.

MAOs will submit their Chronic Care Improvement Programs (CCIPs) and Quality Improvement Project (QIPs) using the revised CCIP and QIP Reporting Tools that are included in this collection. The tools have been redesigned: (1) To decrease the response burden through limiting the amount of narrative required and using an automated system; (2) to be more aligned with the standard QI reporting format; and (3) to improve the information provided by MAOs by using more structured reporting tools. CMS believes the new reporting tools will provide a simpler, easier way for MAOs to report the required data. The new tool will also generate consistency in reporting among plans so that collected data can be used more efficiently by CMS and the plans. *Form Number:* CMS–10209 (OMB#: 0938–1023); *Frequency:* Yearly; *Affected Public:* Private Sector—Business or other for-profits and Not-for-profit institutions; *Number of Respondents:* 1,904; *Total Annual Responses:* 1,904; *Total Annual Hours:* 9,520. (For policy questions regarding this collection contact Letticia Ramsey at 410–786–5262. 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 at *http://www.cms.gov/PaperworkReductionActof1995/PRAL/list.asp#TopOfPage* 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 at 410–786–1326.

In commenting on the proposed information collections, please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in one of the following ways by *September 6, 2011:*

1. *Electronically.* You may submit 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) 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.

Dated: July 1, 2011.

Michelle Shortt,

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

[FR Doc. 2011–17087 Filed 7–7–11; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Personal Responsibility Education Program (PREP) Multi-Component Evaluation.

OMB No.: New Collection.

Description: The Family and Youth Services Bureau (HHS/ACF/ACYF/FYSB) and the Office of Planning, Research, and Evaluation (HHS/ACF/OPRE) in the Administration for Children and Families (ACF) are proposing a data collection activity to be undertaken for the Personal Responsibility Education Program (PREP) Multi-Component Evaluation.

The impact study included in the PREP Multi-Component Evaluation is a random assignment evaluation which will expand available evidence on whether the replication of evidence-based effective programs, or the substantial incorporation of elements of these programs, funded as part of the Personal Responsibility Education Program, are effective at delaying sexual activity, increasing condom or contraceptive use for sexually active youth, or reducing pregnancy among youth. The evaluation will document and test a range of pregnancy prevention approaches in up to five program sites. The findings from the evaluation will be of interest to the general public, to policy-makers, and to organizations interested in teen pregnancy prevention.

This **Federal Register** Notice is to notify the public regarding field data collection for the ''Impact and In-Depth Implementation Study'' component of the Personal Responsibility 'Education Program (PREP) Multi-Component Evaluation.

The proposed field data collection activity involves the collection of information from interviews, focus groups, and short surveys with a range of experts and persons involved with programs about various aspects of existing prevention programs and topics the experts view as important to address through evaluation. Interviews and short surveys will focus on information leading to site selection. These data will be also used to help enhance decisions about the types of programs to be evaluated in the study.

Respondents

Researchers; Policy Experts; State Level Coordinators; Program Directors; Program Staff; Program Participants; School Administrators.

ANNUAL BURDEN ESTIMATES

Field data collection instrument clearance

Instrument	Annual number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Discussion Guide for Use with Researchers, Policy Experts, and Macro-Level Coordinators	10	1	1	10
Discussion Guide for Use with Program Directors	20	2	2	80