Alternative and provides rationale for the decision. Written comments must be received on or before Monday, October 6, 2014.

ADDRESSES: The FEIS is available on the *Federal eRulemaking Portal: http://www.regulations.gov,* identified by Docket No. CDC–012–0013. Hard copies of the FEIS are also available for review at locations listed in the Availability of the FEIS under **SUPPLEMENTARY INFORMATION**.

You may submit written comments identified by Docket No. CDC–2012–0013, by the following methods:

- *Federal eRulemaking Portal: http://www.regulations.gov.* Follow the instructions for submitting comments.
- *Mail:* George F. Chandler, Senior Advisor, Centers for Disease Control and Prevention, 1600 Clifton Road NE., Mailstop A–22, Atlanta, Georgia 30333.

Instructions: All submissions received must include the agency name and Docket Number. All relevant comments received will be posted without change to *http://www.regulations.gov,* including any personal information provided. For access to the docket, to read background documents or previous comments received, go to *http://www.regulations.gov.*

Final comments on the FEIS must be postmarked by Monday, October 6, 2014.

FOR FURTHER INFORMATION CONTACT: George F. Chandler, Senior Advisor, Centers for Disease Control and Prevention, 1600 Clifton Road NE., Mailstop A–22, Atlanta, Georgia 30333. Telephone: (404)639–5153.

SUPPLEMENTARY INFORMATION: HHS/CDC has prepared a new long-range Master Plan to guide the future physical development of the Roybal Campus for the planning horizon of 2015 to 2025. The previous 2000–2009 Master Plan has been implemented, and as a result, a new plan is needed in order to ensure that the campus can support HHS/CDC's mission and program requirements through 2025. Mission change and growth resulting from emerging or reemerging infectious diseases, changes in technology and potential Program staff growth over time are expected to drive increases in laboratory and non-laboratory staff and demand for specialized space. The Master Plan provides an update of baseline existing conditions and examines the potential growth in agency mission, laboratory and laboratory support space, office space and personnel occupying the Roybal Campus, and identifies a preferred alternative for future development.

The FEIS analyzes the effects of the Proposed Action and the No Action Alternative. The Proposed Action Alternative consists of HHS/CDC's implementation of the Master Plan preferred alternative. Improvements proposed under the Master Plan preferred alternative include new laboratory construction, existing building renovation, parking expansion, and infrastructure upgrades. Under the Master Plan preferred alternative, a new laboratory building of approximately 350,000 to 450,000 gross square feet would be constructed on an existing surface parking lot located in the eastern portion of the Roybal Campus. A new approximately 1,600 space parking deck would be constructed in the southeastern portion of the campus. Construction of the new parking deck, along with the new laboratory and supporting infrastructure would eliminate an existing surface parking and result in a net increase of approximately 1,200 parking spaces at the Roybal Campus. The construction of the new parking deck would increase the existing campus parking cap from 3,300 to approximately 4,500 spaces. The employee population at the Roybal Campus is estimated to increase by approximately 1,485 new occupants under the Master Plan preferred alternative by 2025.

The No Action Alternative represents continued operation of the existing facilities at the Roybal Campus without any new construction or any major building additions over the ten-year planning period from 2015 to 2025. However, the employee population at the Roybal Campus is projected to increase by approximately 865 new occupants under the No Action Alternative due to potential background growth of existing Campus programs.

The DEIS for the Roybal Campus 2025 Master Plan was issued for public review in January of 2014. The DEIS was filed with the EPA the week of January 13, 2014 through January 17, 2014 and a Notice of Availability (NOA) for the DEIS was published in the **Federal Register** on January 24, 2014 by the EPA. The public review period for the DEIS extended to April 10, 2014. During the public comment period, a public meeting was held on March 20, 2014. HHS/CDC received 24 sets of comments addressing the DEIS, with a total of 111 individual comments. HHS/CDC reviewed and considered all comments that were received during the public review period. All comments and HHS/CDC's response to comments are contained in the FEIS. Portions of the FEIS were revised in response to comments which called for clarifications or factual changes. Additional mitigation related to potential visual impacts were incorporated in response to public comments.

Availability of the FEIS: Copies of the FEIS were distributed to Federal, State, and local government agencies with jurisdiction by law or expertise, elected officials and all agencies, persons and organizations that submitted comments on the DEIS.

The FEIS is also available online on the *Federal eRulemaking Portal: http://www.regulations.gov,* identified by Docket No. CDC–2012–0013. Copies of the FEIS are available at the following locations: Decatur Library, 215 Sycamore Street, Decatur, GA 30030; Toco Hill-Avis G. Williams Library, 1282 McConnell Drive, Decatur, GA 30030; Atlanta-Public Library Ponce de Leon Branch, 980 Ponce de Leon Ave. NE., Atlanta, GA 30306; Atlanta-Public Library—Central Library, One Margaret Mitchell Square, Atlanta, GA 30303; Atlanta-Public Library—Kirkwood Branch, 11 Kirkwood Rd. NE., Atlanta, GA 30317; and, Emory University-Robert W. Woodruff Library, 540 Asbury Cir., Atlanta, GA 30322.

Dated: September 2, 2014.

Ron A. Otten,

Acting Deputy Associate Director for Science, Centers for Disease Control and Prevention.

[FR Doc. 2014–21147 Filed 9–4–14; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifiers: CMS–10123 and –10124, CMS–10147, CMS–10252, CMS–10340, CMS–R–235, CMS–R–268 and CMS–10519]

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 October 6, 2014.

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 *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: 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 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:* Extension of a currently approved collection; *Title of Information Collection:* Fast Track Appeals Notices: NOMNC/DENC; *Use:* Providers shall deliver a Notice of Medicare (Provider) Non-Coverage (NOMNC) to beneficiaries, enrollees, or both beneficiaries and enrollees no later than two days prior to the end of Medicare-covered services in skilled nursing facilities, home health agencies, comprehensive outpatient rehabilitation facilities, and hospices. Beneficiaries, enrollees or both beneficiaries and enrollees will use this information to determine whether they want to appeal the service termination to their Quality Improvement Organization (QIO). If the beneficiaries, enrollees or both beneficiaries decide to appeal, the Medicare provider or health plan will send the QIO and appellant a Detailed Explanation of Non-Coverage (DENC) detailing the rationale for the termination decision. *Form Number:* CMS–10123 and –10124 (OMB control number: 0938–0953); *Frequency:* Occasionally; *Affected Public:* Private sector—Business or other for-profits and Not-for-profit institutions; *Number of Respondents:* 24,915; *Total Annual Responses:* 5,347,980; *Total Annual Hours:* 927,901. (For policy questions regarding this collection contact Janet Miller at 404–562–1799).

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Medicare Prescription Drug Coverage and Your Rights; *Use:* Through the delivery of this standardized notice, Part D plan sponsors' network pharmacies are in the best position to inform enrollees (at the point of sale) about how to contact their Part D plan if their prescription cannot be filled and how to request an exception to the Part D plan's formulary. The notice restates certain rights and protections related to the enrollees Medicare prescription drug benefits, including the right to receive a written explanation from the drug plan about why a prescription drug is not covered. *Form Number:* CMS–10147 (OMB control number: 0938–0975); *Frequency:* Occasionally; *Affected Public:* Private sector—Business or other for-profits; *Number of Respondents:* 56,000; *Total Annual Responses:* 37,620,000; *Total Annual Hours:* 626,749. (For policy questions regarding this collection contact Kathryn M. Smith at 410–786–7623).

3. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Data Use Agreement (DUA) Certificate of Disposition (COD) for Data Acquired from the Centers for Medicare & Medicaid Services; *Use:* The Data Use Agreement (DUA) Certificate of Disposition (COD) is required to close out the release of the data under the DUA and to ensure the data are destroyed and not used for another purpose without written authorization from CMS. The Health Insurance Portability and Accountability Act (HIPAA) of 1996, § 1173(d) (Security Standards for Health Information) requires CMS to protect Personally Identifiable Information (PII). Additionally, the Federal Information Security Management Act (FISMA) of 2002, § 3544(b) (Federal Agency Responsibilities—Agency Program) also requires CMS to develop policies and procedures for the protection and destruction of sensitive data to include PII. *Form Number:* CMS–10252 (OMB control number: 0938–1046); *Frequency:* Biennial; *Affected Public:* Private Sector—Business or other for-profits, Not-for-profit institutions; *Number of Respondents:* 500; *Total Annual Responses:* 1000; *Total Annual Hours:* 84. (For policy questions regarding this collection contact Sharon Kavanagh at 410–786–5441.)

4. *Type of Information Collection Request:* Revision of a currently approved collection*; Title of Information Collection:* Collection of Encounter Data from Medicare Advantage Organizations, Section 1876 Cost HMOS/CMPS, Section 1833 Health Care Prepayment Plans (HCPPS), and Pace Organizations; *Use:* We collect encounter data or data on each item or service delivered to enrollees of Medicare Advantage (MA) plans offered by MA organizations. MA organizations currently obtain this data from providers. We collect this information using standard transaction forms and code sets. We will use the data for determining risk adjustment factors for payment, updating the risk adjustment model, calculating Medicare DSH percentages, Medicare coverage purposes, and quality review and improvement activities. The data is also used to verify the accuracy and validity of the costs claimed on cost reports. For PACE organizations, encounter data would serve the same purpose it does related to the MA program and would be submitted in a similar manner. The information collection request has been

revised subsequent to the publication of the 60-day **Federal Register** notice (June 2, 2014; 79 FR 31336). *Form Number:* CMS–10340 (OMB control number: 0938–1152); *Frequency:* Weekly; *Affected Public:* Private sector—Business or other for-profits; *Number of Respondents:* 683; *Total Annual Responses:* 516,493,635; *Total Annual Hours:* 34,433 (For policy questions regarding this collection contact Michael Massimini at 410–786–1566).

5. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Data Use Agreement (DUA) Certificate of Disposition for Data Acquired from the Centers for Medicare & Medicaid Services (CMS); *Use:* The Privacy Act of 1974 allows for discretionary releases of data maintained in Privacy Act protected systems of records under § 552a(b) (Conditions of Disclosure). The mandate to account for disclosures of data under the Privacy Act is found at § 552a(c) (Accounting of Certain Disclosures). This section states that certain information must be maintained regarding disclosures made by each agency. This information is: Date, Nature, Purpose, and Name and Address of Recipient. Section 552a(e) sets the overall Agency Requirements that each agency must meet in order to maintain records under the Privacy Act. The Data Use Agreement (DUA) form is needed as part of the review of each CMS data request to ensure compliance with the requirements of the Privacy Act for disclosures that contain PII. The DUA form also provides data requestors and custodians with a formal means to agree to the data protection and destruction statutory and regulatory requirements of CMS' PII data. The Health Insurance Portability and Accountability Act (HIPAA) of 1996, § 1173(d) (Security Standards for Health Information) requires CMS to protect Personally Identifiable Information (PII). Additionally, the Federal Information Security Management Act (FISMA) of 2002, § 3544(b) (Federal Agency Responsibilities—Agency Program) also requires CMS to develop policies and procedures for the protection and destruction of sensitive data to include PII. The information collected by the DUA form is used by CMS to track disclosures, conditions for disclosure, accounting of disclosures and agency requirements dictated by the Privacy Act, HIPAA and FISMA. *Form Number:* CMS–R–235 (OMB control number: 0938–0734); *Frequency:* Annually; *Affected Public:* Private Sector—Business or other for-profits and Not-for-profit institutions; *Number of Respondents:* 9220; *Total Annual Responses:* 9220; *Total Annual Hours:* 2740. (For policy questions regarding this collection contact Sharon Kavanagh at 410–786–5441.)

6. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Survey Tool for *www.medicare.gov* and *www.cms.hhs.gov*; *Use:* The Balanced Budget Act of 1997 states that the Secretary of Health and Human Services shall maintain a Web site to provide information about CMS activities, programs and topics related to its services. The submission is for OMB authorization to collect data on the reactions of users of the Web sites through the survey tool. We will use the data to improve the Web sites so that they can best serve the needs of their users. Information collected from the survey will be used to make improvements to the sites to make them more user-friendly. *Form Number:* CMS–R–268 (OMB control number: 0938–0756); *Frequency:* Annual; *Affected Public:* Individuals or households; *Number of Respondents:* 7,000; *Total Annual Responses:* 4,900; *Total Annual Hours:* 817. (For policy questions regarding this collection contact Kymeiria Ingram at 410–786–8431.)

7. *Type of Information Collection Request:* New collection (Request for a new OMB control number); *Title of Information Collection:* Physician Quality Reporting System (PQRS) and the Electronic Prescribing Incentive (eRx) Program Data Assessment, Accuracy and Improper Payments Identification Support; Use: The incentive and reporting programs have data integrity issues, such as rejected and improper payments. This four year project will evaluate incentive payment information for accuracy and identify improper payments, with the goal of recovering these payments. Additionally, based on the project's results, recommendations will be made so that we can avoid future data integrity issues.

Data submission, processing, and reporting will be analyzed for potential errors, inconsistencies, and gaps that are related to data handling, program requirements, and clinical quality measure specifications of PQRS and eRx program. Surveys of Group Practices, Registries, and Data Submission Vendors (DSVs) will be conducted in order to evaluate the PQRS and eRx Incentive Program. Follow-up interviews will occur with a small number of respondents. *Form Number:* CMS–10519 (OMB control number: 0938–NEW); *Frequency:* Annually; *Affected Public:* Business or other for-profits; *Number of Respondents:* 115; *Total Annual Responses:* 115; *Total Annual Hours:* 201. (For policy questions regarding this collection contact Sungsoo Oh at 410–786–7611.)

Dated: September 2, 2014.

Martique Jones,

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

[FR Doc. 2014–21179 Filed 9–4–14; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifiers: CMS–10329, CMS–10422, CMS–10532 and CMS–10394]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, HHS.

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 November 4, 2014.

ADDRESSES: When commenting, please reference the document identifier or OMB control number (OCN). To be assured consideration, comments and