ordered to do so by Puerto Rico’s Office of the Health Advocate. ASES ultimately agreed to Respondents’ demand for higher reimbursement rates. ASES believed it had no choice but to acquiesce to Respondents’ demands because of its concerns over access to nephrology services for Mi Salud patients. On June 13, 2012, ASES abandoned the new reimbursement formula and reinstated the 20 percent COB. The requirement that payers reimburse providers the full 20 percent COB, retroactive to March 16, 2012, is estimated to cost ASES and the Mi Salud program an additional $4 million to $6 million annually. Thus, the denial of nephrology services and the demands for higher reimbursement rates caused substantial harm to the consumers of Puerto Rico.

Finally, the proposed complaint alleges that Respondents’ actions were a naked agreement to fix prices and a collective refusal to deal, not related to any efficiency-enhancing justification or any other state or federal law’s competition or financial integration. Respondents, at all times relevant to the proposed complaint, maintained separate, independent nephrology practices and made no attempt to share the financial risk in the provision of nephrology services or to clinically integrate the delivery of care to patients, which might justify the otherwise illegal joint activity.

The Proposed Consent Order

The proposed consent order is designed to prevent the continuance and recurrence of the illegal conduct alleged in the proposed complaint, while not prohibiting the Respondents to engage in legitimate joint conduct in the future, if they so choose.

Paragraph II of the proposed consent order prevents Respondents from continuing the challenged conduct. In particular, Paragraph II.A prevents Respondents from entering into or participating in agreements: (1) To negotiate on behalf of another physician with any payer, (2) to refuse to deal, or threaten to refuse to deal with any payer, or (3) regarding any term, condition, or requirement upon which another physician deals, or is willing to deal, with any payer, including, but not limited to, price terms.

The other parts of Paragraph II reinforce these general prohibitions. Paragraph II.B prohibits Respondents from exchanging information among physicians concerning any physician’s willingness to offer or withhold services from any person. Paragraph II.E prohibits attempts to engage in the actions precluded by Paragraphs II.A, II.B, II.C, or II.D. Paragraph II.F proscribes encouraging or attempting to induce any action that would be prohibited by Paragraph II. Nothing in Paragraph II prohibits any agreement or conduct among Respondents that is reasonably necessary to a Qualified Arrangement.

Paragraph III requires Respondents to provide the Commission with notice and certain information before entering into a Qualified Arrangement. Paragraph III.A requires Respondents to notify the Commission 60 days prior to entering into any Qualified Arrangement. Paragraph III.B requires Respondents to provide information about the nature and effects of the proposed agreement as part of the Paragraph III.A notification. Paragraph III.C allows the Commission to make a written request for additional information within 60 days, which then prevents the participating Respondents from entering into the proposed agreement until 30 days after substantially complying with the request for additional information. Paragraphs III.D through F state that certain actions with respect to a proposed Qualified Arrangement should not be construed as a determination by the Commission that the action violates the law, is approved, or violates this order.

Paragraph IV is similarly designed to prevent the challenged conduct from recurring by requiring Respondents to send copies of the complaint and consent order to those impacted by its terms. Paragraph IV.A requires each Respondent to send a copy of the complaint and consent order to every physician, officer, manager, and staff member in each Respondent’s medical practice group at any time since January 1, 2010. Paragraph IV.A also requires each Respondent to send a copy of the complaint and consent order to every payer whom Respondent had contacted regarding contracting for physician services at any time since January 1, 2010. Paragraph IV.B carries the provisions in Paragraph IV.A forward for three years from the date of the order.

Paragraphs V, VI, and VII impose various obligations on Respondents to report or to provide access to information to the Commission to facilitate Respondents’ compliance with the consent order. Finally, Paragraph VIII provides that the proposed consent order will expire 20 years from the date it is issued.

By direction of the Commission,
Chairman Leibowitz not participating.

Donald S. Clark,
Secretary.

[FR Doc. 2013–05126 Filed 3–5–13; 8:45 am]

BILLING CODE 6750–01–P

GENERAL SERVICES ADMINISTRATION

[OMB Control No. 3090–0278; Docket 2012–0001; Sequence 19]

National Contact Center; Information Collection; National Contact Center Customer Evaluation Survey

AGENCY: Contact Center Services, Federal Citizen Information Center, Office of Citizen Services and Innovative Technologies, General Services Administration.

ACTION: Notice of request for comments regarding an extension to an existing OMB clearance.

SUMMARY: Under the provisions of the Paperwork Reduction Act, the General Services Administration will be submitting to the Office of Management and Budget (OMB) a request to review and approve an extension of a previously approved information collection requirement regarding the National Contact Center customer evaluation surveys. In this request, the previously approved surveys have been supplemented with surveys that will temporarily replace those existing surveys for one period of several months. These temporary surveys will allow the National Contact Center to compare its customer service levels to those of private industry contact centers.

DATES: Submit comments on or before: May 6, 2013.

FOR FURTHER INFORMATION CONTACT: Tonya Beres, Federal Information Specialist, Office of Citizen Services and Communications, at telephone (202) 501–1803 or via email to tonya.beres@gsa.gov.

ADDRESSES: Submit comments identified by Information Collection 3090–0278, National Contact Center Evaluation Survey, by any of the following methods:
- OMB: Submit a Comment” link that corresponds with “Information Collection 3090–0278, National Contract
Center Evaluation Survey”. Follow the instructions provided at the “Submit a Comment” screen. Please include your name, company name (if any), and “Information Collection 3090–0278, National Contract Center Evaluation Survey” on your attached document.


Instructions: Please submit comments only and cite Information Collection 3090–0278, National Contract Center Evaluation Survey, in all correspondence related to this collection. All comments received will be posted without change to http://www.regulations.gov, including any personal and/or business confidential information provided.

SUPPLEMENTARY INFORMATION:

A. Purpose

This information collection will be used to assess the public’s satisfaction with the National Contract Center service, to assist in increasing the efficiency in responding to the public’s need for Federal information, and to assess the effectiveness of marketing efforts.

B. Annual Reporting Burden

Temporary Telephone survey (One year only):
Respondents: 300.
Responses per Respondent: 1.
Annual Responses: 300.
Hours per Response: 0.116.
Total Burden Hours: 35.

permanent Telephone Survey:
Respondents (Year one): 900.
Respondents (subsequent years): 1000.
Responses per Respondent: 1.
Annual Responses (year one): 900.
Annual Responses (subsequent years): 1000.
Hours per Response: 0.033.
Total Burden Hours (year one): 30.
Total Burden Hours (subsequent years): 33.33.

Temporary Email survey (One year only):
Respondents: 600.
Responses per Respondent: 1.
Annual Responses: 600.
Hours per Response: 0.0833.
Total Burden Hours: 50.

permanent Email Survey:
Respondents (Year one): 960.
Respondents (subsequent years): 1560.
Responses per Respondent: 1.
Annual Responses (year one): 960.
Annual Responses (subsequent years): 1560.

Annual Burden Hours (year one): 48.
Total Burden Hours (subsequent years): 78.

Temporary Web Chat survey (One year only):
Respondents: 400.
Responses per Respondent: 1.
Annual Responses: 400.
Hours per Response: 0.0833.
Total Burden Hours: 33.33.

permanent Web Chat Survey:
Respondents (Year one): 440.
Respondents (subsequent years): 840.
Responses per Respondent: 1.
Annual Responses (year one): 440.
Annual Responses (subsequent years): 840.
Hours per Response: 0.05.
Total Burden Hours (year one): 22.
Total Burden Hours (subsequent years): 42.

Total Annual Respondents (year one): 3600.
Total Annual Respondents (Combined, Year One): 218.
Total Burden Hours (Combined, Subsequent Years): 153.33.

Obtaining Copies of Proposals:
Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat (MVCB), 1275 First Street NE., Washington, DC 20417, telephone (202) 501–4755. Please citeOMB Control No. 3090–0278, National Contract Center Customer Evaluation Survey, in all correspondence.


Casey Coleman,
Chief Information Officer.

[FR Doc. 2013–05165 Filed 3–5–13; 8:45 am]

BILLING CODE 6820–CX–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES
[Document Identifier: HHS–EGOV–16500–60D]

Agency Information Collection Activities; Proposed Collection; Public Comment Request

AGENCY: Electronic Government Office, HHS.

ACTION: Notice.

SUMMARY: In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Electronic Government Office (EGOV), Department of Health and Human Services, announces plans to submit an Information Collection Request (ICR),

notices. 06MRN1