ANNUAL BURDEN ESTIMATES

Type of respondents	Number of respondents	Number of responses per respondent	Annual number of responses	Average burden hours per response	Total burden hours
Non-IV–D CPs	2,436,312	1	2,436,312	5 minutes	203,026
Employers	1,283,228	7.38	9,470,223	2 minutes	315,674
e-IWO Employers	5,500	131	720,500	3 seconds	600

Estimated Total Annual Burden Hours: 519,300.

Additional Information: Copies of the proposed collection may be obtained by writing to The Administration for Children and Families, Office of Information Services, 370 L'Enfant Promenade SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer.

OMB Comment: OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, 725 17th Street NW., Washington, DC 20503, Attn: Desk Officer for ACF.

Bob Sargis,

Reports Clearance Officer.

[FR Doc. 2014–07830 Filed 4–7–14; 8:45 am]

BILLING CODE P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Reimbursement Rates for Calendar Year 2014

AGENCY: Indian Health Service, HHS.

ACTION: Notice.

SUMMARY: Notice is given that the Director of the Indian Health Service (IHS), under the authority of sections 321(a) and 322(b) of the Public Health Service Act (42 U.S.C. 248 and 249(b)), Public Law 83–568 (42 U.S.C. 2001(a)), and the Indian Health Care Improvement Act (25 U.S.C. 1601 *et seq.*), has approved the following rates for inpatient and outpatient medical care provided by IHS facilities for Calendar Year 2014 for Medicare and Medicaid beneficiaries, and beneficiaries of other Federal programs, and for recoveries under the Federal Medical Care Recovery Act (42 U.S.C. 2651–2653). The Medicare Part A inpatient rates are excluded from the table below as they are paid based on the prospective payment system. Since the inpatient rates set forth below do not include all physician services and practitioner services, additional payment shall be available to the extent that those services are provided.

	Calendar Year 2014
Inpatient Hospital Per Diem Rate (Excludes Physician/Practitioner Services)	
Lower 48 States	$2,413
Alaska	$2,675
Outpatient Per Visit Rate (Excluding Medicare)	
Lower 48 States	$342
Alaska	$564
Outpatient Per Visit Rate (Medicare)	
Lower 48 States	$297
Alaska	$516
Medicare Part B Inpatient Ancillary Per Diem Rate	
Lower 48 States	$502
Alaska	$862
Outpatient Surgery Rate (Medicare):	
Established Medicare rates for freestanding Ambulatory Surgery Centers..	
Effective Date for Calendar Year 2014 Rates:	
Consistent with previous annual rate revisions, the Calendar Year 2014 rates will be effective for services provided on/or after January 1, 2014 to the extent consistent with payment authorities including the applicable Medicaid State plan..	

Dated: December 2, 2013.

Yvette Roubideaux,

Acting Director, Indian Health Service.

[FR Doc. 2014–07796 Filed 4–7–14; 8:45 am]

BILLING CODE 4165–16–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; 60-Day Comment Request; Specimen Resource Locator (National Cancer Institute)

SUMMARY: In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the National Cancer Institute (NCI), National Institutes of Health (NIH), will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

To Submit Comments and for Further Information: To obtain a copy of the data collection plans and instruments, submit comments in writing, or request more information on the proposed project, contact: Joanne Demchok, Program Director, Cancer Diagnosis Program, Division of Cancer Treatment and Diagnosis, 9609 Medical Center Drive, Rockville, Md. 20892 or call non-toll-free number 240–276–5959 or Email your request, including your address to: *peterjo@mail.nih.gov.* Formal requests for additional plans and instruments must be requested in writing.

DATES: *Comment Due Date:* Comments regarding this information collection are