provide information to a third party. Section 3506(c)(2)(A) of the PRA requires federal agencies to publish a 60-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.

**Information Collection**

1. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Medicare Quality of Care Complaint Form; *Use:* Since 1986, Quality Improvement Organizations (QIO) have been responsible for conducting appropriate reviews of written complaints submitted by beneficiaries about the quality of care they have received. In order to receive these written complaints, each QIO has developed its own unique form on which beneficiaries can submit their complaints. CMS has initiated several efforts aimed at increasing the standardization of all QIO activities, and the development of a single, standardized Medicare Quality of Care Complaint Form beneficiaries can use to submit complaints is a key step towards attaining this increased standardization. The Medicare Quality of Care Complaint Form has been revised to improve its content, in order to provide clarity and support to beneficiaries. Section two of the form was updated to replace the Health Insurance Claim Number (HICN) with the current Medicare Beneficiary Identifier (MBI), a randomly generated number that replaced the SSN-based HICN. The information page of the form was revised to provide clear instruction as to how to complete the form and the implication of not providing certain requested information. *Form Number:* CMS–10287 (OMB control number: 0938–1102); *Frequency:* Occasionally; *Affected Public:* Individuals and Households; *Number of Respondents:* 4,350; *Total Annual Responses:* 4,350; *Total Annual Hours:* 725. (For policy questions regarding this collection contact Peter Ajuonuma at 410–786–3580.)

2. *Type of Information Collection Request:* Revision; *Title of Information Collection:* Quality Improvement Strategy Implementation Plan and Progress Report Form; *Use:* Section 1311(c)(1)(E) of the Affordable Care Act requires qualified health plans (QHPs) offered through an Exchange must implement a quality improvement strategy (QIS) as described in section 1311(g)(1). Section 1311(g)(3) of the Affordable Care Act specifies the guidelines under Section 1311(g)(2) shall require the periodic reporting to the applicable Exchange the activities that a qualified health plan has conducted to implement a strategy which is described as a payment structure providing increased reimbursement or other incentives for improving health outcomes of plan enrollees, implementing activities to prevent hospital readmissions, improving patient safety and reducing medical errors, promoting wellness and health, and/or implementing activities to reduce health and health care disparities. CMS has created a separation of the QIS form into a separate Implementation Plan, Progress Report and Modification Summary which is intended to decrease overall burden on issuers. With these separate forms, issuers would no longer need to complete and resubmit an Implementation Plan every year (which is currently the process). Issuers would only submit the Implementation Plan form in the first year of a QIS, and then issuers would submit the Progress Report form in each subsequent year (with the Modification Summary Supplement as necessary). This adjustment will eliminate the need for issuers to enter and submit unchanged data, and allow them to focus their time on reporting new progress achieved for the QIS.

The QIS form will allow: (1) The Department of Health & Human Services (HHS) to evaluate the compliance and adequacy of QHP issuers' quality improvement efforts, as required by Section 1311(c) of the Affordable Care Act, and (2) HHS will use the issuers' validated information to evaluate the issuers' quality improvement strategies for compliance with the requirements of Section 1311(g) of the Affordable Care Act. *Form Number:* CMS–10540 (OMB Control Number: 0938–1286) *Frequency:* Monthly, Annual; *Affected Public:* Private Sector; *Number of Respondents:* 250; *Number of Responses:* 250; *Total Annual Hours:* 11,000. (For policy questions regarding this collection, contact Nidhi Singh-Shah at 301–492–5110.)

Dated: April 29, 2020.

**William N. Parham, III,**

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

[FR Doc. 2020–09452 Filed 5–1–20; 8:45 am]

**BILLING CODE 4120–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

**[CMS–1743–N]**

### Medicare Program; Meeting Announcement for the Medicare Advisory Panel on Clinical Diagnostic Laboratory Tests

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

**ACTION:** Notice of meeting.

**SUMMARY:** This notice announces the virtual public meeting dates for the Medicare Advisory Panel on Clinical Diagnostic Laboratory Tests (the Panel) on Wednesday, July 29, 2020 and Thursday, July 30, 2020. The purpose of the Panel is to advise the Secretary of the Department of Health and Human Services and the Administrator of the Centers for Medicare & Medicaid Services on issues related to clinical diagnostic laboratory tests.

**DATES:**

*Meeting Dates:* The virtual meeting of the Panel is scheduled for Wednesday, July 29, 2020 from 8:30 a.m. to 5:00 p.m., Eastern Daylight Time (E.D.T.) and Thursday, July 30, 2020, from 8:30 a.m. to 5:00 p.m., E.D.T. The Panel is also expected to virtually participate in the Clinical Laboratory Fee Schedule (CLFS) Annual Public Meeting for Calendar Year (CY) 2021 on June 22, 2020 in order to gather information and ask questions to presenters. Notice of the CLFS Annual Public Meeting for CY 2021 is published elsewhere in this issue of the **Federal Register**.

*Deadline Date for Registration:* All stand-by speakers for the Panel meeting must register electronically to our Clinical Diagnostic Laboratory Test (CDLT) Panel dedicated email box, *CDLTPanel@cms.hhs.gov.* Registration is not required for non-speakers. The public may view this meeting via webinar, or listen-only via teleconference.

*Webinar and Teleconference Meeting Information:* Teleconference dial-in instructions, and related webinar details will be posted on the meeting agenda, which will be available on the CMS website approximately 2 weeks prior to the meeting at *https://www.cms.gov/Regulations-and-Guidance/Guidance/FACA/AdvisoryPanelonClinicalDiagnosticLaboratoryTests.html.* A preliminary agenda is described in section II of this notice.

**ADDRESSES:** Due to the current COVID–19 public health emergency, the Panel

meeting will be held *virtually* and *will not* occur at the campus of the Centers for Medicare & Medicaid Services (CMS), Central Building, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

**FOR FURTHER INFORMATION CONTACT:** Rasheeda Arthur, Ph.D., (410) 786–3434, email *CDLTPanel@cms.hhs.gov*. Press inquiries are handled through the CMS Press Office at (202) 690–6145. For additional information on the Panel, please refer to the CMS website at *https://www.cms.gov/Regulations-and-Guidance/Guidance/FACA/AdvisoryPanelonClinicalDiagnosticLaboratoryTests.html*.

**SUPPLEMENTARY INFORMATION:**

## I. Background

The Medicare Advisory Panel on Clinical Diagnostic Laboratory Tests (the Panel) is authorized by section 1834A(f)(1) of the Social Security Act (the Act) (42 U.S.C. 1395m-1), as established by section 216(a) of the Protecting Access to Medicare Act of 2014 (PAMA) (Pub. L. 113–93), enacted on April 1, 2014. The Panel is subject to the Federal Advisory Committee Act (FACA), as amended (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of advisory panels.

Section 1834A(f)(1) of the Act directs the Secretary of the Department of Health and Human Services (the Secretary) to consult with an expert outside advisory panel established by the Secretary, composed of an appropriate selection of individuals with expertise in issues related to clinical diagnostic laboratory tests, which may include the development, validation, performance, and application of such tests. Such individuals may include molecular pathologists, researchers, and individuals with expertise in laboratory science or health economics.

The Panel will provide input and recommendations to the Secretary and the Administrator of the Centers for Medicare & Medicaid Services (CMS), on the following:

- The establishment of payment rates under section 1834A of the Act for new clinical diagnostic laboratory tests, including whether to use ''crosswalking'' or ''gapfilling'' processes to determine payment for a specific new test.
- The factors used in determining coverage and payment processes for new clinical diagnostic laboratory tests.
- Other aspects of the new payment system under section 1834A of the Act.

A notice announcing the establishment of the Panel and soliciting nominations for members was published in the October 27, 2014 **Federal Register** (79 FR 63919 through 63920). In the August 7, 2015 **Federal Register** (80 FR 47491), we announced membership appointments to the Panel along with the first public meeting date for the Panel, which was held on August 26, 2015. Subsequent meetings of the Panel and membership appointments were also announced in the **Federal Register**.

## II. Agenda

The Agenda for the July 29 and July 30, 2020 Panel meeting will provide for discussion and comment on the following topics as designated in the Panel's charter:

- Calendar Year (CY) 2021 Clinical Laboratory Fee Schedule (CLFS) new and reconsidered test codes, which will be posted on the CMS website at *https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/Laboratory_Public_Meetings.html*.
- Other CY 2021 CLFS issues designated in the Panel's charter and further described on our Agenda.

A detailed Agenda will be posted approximately 2 weeks before the meeting, on the CMS website at *https://www.cms.gov/Regulations-and-Guidance/Guidance/FACA/AdvisoryPanelonClinicalDiagnosticLaboratoryTests.html*. The Panel will make recommendations to the Secretary and the Administrator of CMS regarding crosswalking and gapfilling for new and reconsidered laboratory tests discussed during the CLFS Annual Public Meeting for CY 2021. The Panel will also provide input on other CY 2021 CLFS issues that are designated in the Panel's charter and specified on the meeting agenda.

## III. Meeting Participation

This meeting is open to the public. Stand-by speakers may participate in the meeting via teleconference and webinar. A stand-by speaker is an individual who will speak on behalf of a company or organization if the Panel has any questions during the meeting about technical information described in the public comments or presentation previously submitted or presented by the organization or company at the recent Clinical Laboratory Fee Schedule (CLFS) Annual Public Meeting for CY 2021 on June 22, 2020. The public may also view or listen-only to the meeting via teleconference and webinar.

## IV. Registration Instructions for Stand-By Speakers

Beginning Friday, May 1, 2020 and ending Wednesday, July 1, 2020 at 5:00 p.m. E.D.T., registration to serve as a stand-by speaker may be completed by sending an email to the following resource box *CDLTPanel@cms.hhs.gov.* The subject of the email should state ''Stand-by Speaker Registration for CDLT Panel Meeting.'' In the email, all of the following information must be submitted when registering:

- Stand-by Speaker name.
- Organization or company name.
- Email addresses that will be used by the speaker in order to connect to the virtual meeting.
- New or Reconsidered Code (s) for which the company or organization you are representing submitted a comment or presentation.

Registration details may not be revised once they are submitted. If registration details require changes, a new registration entry must be submitted by the date specified in the **DATES** section of this notice. In addition, registration information must reflect individual-level content and not reflect an organization entry. Also, each individual may only register one person at a time. That is, one individual may not register multiple individuals at the same time.

When registering, individuals must also specify the new or reconsidered test codes on which the company or organization they are representing submitted a comment or presentation. A confirmation email will be sent upon receipt of the registration. The email will provide information to the speaker in preparation for the meeting. Registration is only required for stand-by speakers and must be submitted by the deadline specified in the **DATES** section of this notice. We note that no registration is required for participants who plan to view the Panel meeting via webinar or listen via teleconference.

## VI. Panel Recommendations and Discussions

The Panel's recommendations will be posted approximately 2 weeks after the meeting on the CMS website at *https://www.cms.gov/Regulations-and-Guidance/Guidance/FACA/AdvisoryPanelonClinicalDiagnosticLaboratoryTests.html*.

## VIII. Special Accommodations

Individuals viewing or listening to the meeting who are hearing or visually impaired and have special requirements, or a condition that requires special assistance, should send an email to the resource box (*CDLTPanel@cms.hhs.gov*). The deadline for submitting this request is listed in the **DATES** section of this notice.

## IX. Copies of the Charter

The Secretary's Charter for the Medicare Advisory Panel on Clinical Diagnostic Laboratory Tests is available on the CMS website at *http://cms.gov/Regulations-and-Guidance/Guidance/FACA/AdvisoryPanelonClinicalDiagnosticLaboratoryTests.html* or you may obtain a copy of the charter by submitting a request to the contact listed in the **FOR FURTHER INFORMATION CONTACT** section of this notice.

## X. Collection of Information Requirements

This document does not impose information collection requirements, that is, reporting, recordkeeping or third-party disclosure requirements. Consequently, there is no need for review by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*).

The Administrator of the Centers for Medicare & Medicaid Services (CMS), Seema Verma, having reviewed and approved this document, authorizes Evell J. Barco Holland, who is the Federal Register Liaison, to electronically sign this document for purposes of publication in the **Federal Register**.

Dated: April 28, 2020.

**Evell J. Barco Holland,**

*Federal Register Liaison, Department of Health and Human Services.*

[FR Doc. 2020–09391 Filed 5–1–20; 8:45 am]

**BILLING CODE 4120–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

### Submission for OMB Review; ACF's Generic Clearance for Reviewer Recruitment Forms (OMB #0970–0477)

**AGENCY:** Office of Planning, Research, and Evaluation, Administration for Children and Families, HHS.

**ACTION:** Request for public comment.

**SUMMARY:** The Administration for Children and Families (ACF) proposes to revise the existing overarching generic clearance for Grant Reviewer Recruitment (GRR) forms to expand the focus from recruiting just grant reviewers to recruiting expert reviewers in general.

**DATES:** *Comments due within 30 days of publication.* 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.

**ADDRESSES:** Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to *www.reginfo.gov/public/do/PRAMain.* Find this particular information collection by selecting ''Currently under 30-day Review—Open for Public Comments'' or by using the search function.

**SUPPLEMENTARY INFORMATION:**

*Description:* Currently, the overarching generic 0970–0477 covers recruitment forms for grant reviewers, but it would be beneficial to ACF to collect information from other types of potential reviewers, such as those who review conference proposals or report drafts. This revised Generic Clearance for Reviewer Recruitment Forms would allow ACF to collect information about expertise from potential reviewers of a variety of activities.

ACF developed the original generic for GRR because each program office within ACF has a slightly different need for information about grant reviewer applicants. Similarly, ACF may recruit reviewers for a variety of different activities with slightly different needs for information about the reviewers. This revised overarching generic clearance will allow ACF to request slightly different information from potential reviewers, yet the individual forms will serve an identical function. The purpose is to select qualified reviewers for ACF review processes based on professional qualifications using data entered and documents provided by candidates. Example documents include writing samples and curriculum vitae and/or resume. ACF will use the information collected to recruit well-qualified reviewers with relevant background experience and knowledge.

The abbreviated clearance process of the generic clearance will allow the program offices to gather a suitable pool of candidates within the varied time periods available for reviewer recruitment.

These forms will be voluntary, low-burden and uncontroversial.

*Respondents:* Individuals who may apply to review materials for ACF.

ANNUAL BURDEN ESTIMATES

| Instrument | Total number of respondents | Number of responses per respondent | Average burden hours per response | Annual burden hours |
|---|---|---|---|---|
| Reviewer Recruitment Forms | 3000 | 1 | .5 | 1500 |

Estimated Total Annual Burden Hours: 1500.

**Mary B. Jones,**

*ACF/OPRE Certifying Officer.*

[FR Doc. 2020–09354 Filed 5–1–20; 8:45 am]

**BILLING CODE 4184–79–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

### Proposed Information Collection Activity; Runaway and Homeless Youth Homeless Management Information System (RHY–HMIS; New Collection)

**AGENCY:** Family and Youth Services Bureau (FYSB), Administration on Children, Youth and Families (ACYF), Administration for Children and Families, HHS.

**ACTION:** Request for public comment.

**SUMMARY:** The Administration on Children, Youth and Families (ACYF), Family and Youth Services Bureau has a legislative requirement to collect and maintain client statistical records on the numbers and the characteristics of runaway and homeless youth, and youth at risk of family separation, who receive shelter and supportive services