application provides EXIM Bank with the credit information on a foreign buyer credit limit request needed to make a determination of eligibility for EXIM Bank support in adherence to legislatively required reasonable reassurance of repayment and other statutory requirements. The application can be reviewed at: *https://img.exim.gov/s3fs-public/pub/pending/eib-92-51.pdf.* Application for Special Buyer Credit Limit (SBCL) Under Multi-Buyer Export Credit Insurance Policies.

DATES: Comments should be received on or before February 13, 2023 to be assured of consideration.

ADDRESSES: Comments may be submitted electronically on *WWW.REGULATIONS.GOV* or by mail to Ms. Risa Pickle, Export-Import Bank of the United States, 811 Vermont Ave. NW, Washington, DC 20571.

SUPPLEMENTARY INFORMATION:

Titles and Form Number: EIB 92–51 Application for Special Buyer Credit Limit (SBCL) Under Multi-Buyer Export Credit Insurance Policies.

OMB Number: 3048–0015.

Type of Review: Regular.

Need and Use: This application provides EXIM Bank with the credit information on a foreign buyer credit limit request needed to make a determination of eligibility for EXIM Bank support in adherence to legislatively required reasonable reassurance of repayment and other statutory requirements.

The changes to this form are intended to improve the sequence and layout of the foreign buyer credit questions and add description of the drop-down menus.

Affected Public: This form affects business entities involved in the export of U.S. goods and services. The estimated number of respondents and the annual hour burden has been lowered to only count the new applicants. The estimate of the overall burden to the public has been reduced after considering that EXIM automatically processes renewals of Special Buyer Credit Limit requests in the Exim Online (EOL) system, and, thus, the renewing policyholders don't have to manually complete an application.

The number of respondents: 2,000.

Estimated time per respondents: 30 minutes.

The frequency of response: As needed.

Annual hour burden: 1,000 total hours.

Government Expenses:

Reviewing time per hour: 1 hour.

Responses per year: 2,000.

Reviewing time per year: 2,000 hours.

Average Wages per hour: $42.50.

*Average cost per year (time * wages):* $ 85,000.

Benefits and overhead: 20%.

Total Government Cost: $ 102,000.

Andy Chang,

Director, IT Records Management, Agency Clearance Officer, Office of the Chief Information Officer.

[FR Doc. 2022–27165 Filed 12–14–22; 8:45 am]

BILLING CODE 6690–01–P

FEDERAL DEPOSIT INSURANCE CORPORATION

Sunshine Act Meetings

TIME AND DATE: 11:28 a.m. on Tuesday, December 13, 2022.

PLACE: The meeting was held in the Board Room located on the sixth floor of the FDIC Building located at 550 17th Street NW, Washington, DC.

STATUS: Closed.

MATTERS TO BE CONSIDERED: The Board of Directors of the Federal Deposit Insurance Corporation met to consider matters related to the Corporation's supervision, corporate, and resolution activities. In calling the meeting, the Board determined, on motion of Director Rohit Chopra (Director, Consumer Financial Protection Bureau), seconded by, Director Michael J. Hsu (Acting Comptroller of the Currency) and concurred in by Acting Chairman Martin J. Gruenberg, that the public interest did not require consideration of the matters in a meeting open to public observation; and that the matters could be considered in a closed meeting by authority of subsections (c)(2), (c)(4), (c)(6), (c)(8), (c)(9)(A)(ii), and (c)(9)(B) of the ''Government in the Sunshine Act'' (5 U.S.C. 552b(c)(2), (c)(4), (c)(6), (c)(8), (c)(9)(A)(ii), and (c)(9)(B)).

CONTACT PERSON FOR MORE INFORMATION: Requests for further information concerning the meeting may be directed to Debra A. Decker, Executive Secretary of the Corporation, at 202–898–8748.

Dated this the 13th day of December, 2022.

Federal Deposit Insurance Corporation.

James P. Sheesley,

Assistant Executive Secretary.

[FR Doc. 2022–27355 Filed 12–13–22; 4:15 pm]

BILLING CODE 6714–01–P

FEDERAL MARITIME COMMISSION

[Docket No. 22–23]

Marine Transport Logistics, Inc., Complainant v. CMA–CGM (America), LLC, and CMA–CGM S.A Respondents; Notice of Filing of Complaint and Assignment

Served: December 9, 2022.

Notice is given that a Verified Amended Complaint has been filed with the Federal Maritime Commission (Commission) by Marine Transport Logistics, Inc., hereinafter ''Complainant,'' against CMA–CGM (America), Inc. and CMA–CGM S.A., hereinafter ''Respondents.'' Complainant states that it is a non-vessel-operating common carrier organized under the laws of the State of New York. Complainant identifies CMA–CGM S.A. as a vessel-operating common carrier (VOCC) based in France, and CMA–CGM (America) LLC as the VOCC's agent in the United States with offices in New Jersey and Virginia.

Complainant alleges that Respondents violated 46 U.S.C. 41102(c) in its practices regarding the shipment of Complainant's container cargo and the charges incurred as a result. The full text of the complaint can be found in the Commission's Electronic Reading Room at *https://www2.fmc.gov/readingroom/proceeding/22-23/*.

This proceeding has been assigned to Office of Administrative Law Judges. The initial decision of the presiding officer in this proceeding shall be issued by September 7, 2023, and the final decision of the Commission shall be issued by March 21, 2024.

William Cody,

Secretary.

[FR Doc. 2022–27160 Filed 12–14–22; 8:45 am]

BILLING CODE 6730–02–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed

information collection project ''The AHRQ Safety Program for Telemedicine: Improving the Diagnostic Process and Improving Antibiotic Use.''

DATES: Comments on this notice must be received by February 13, 2023.

ADDRESSES: Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, by email at *doris.lefkowitz@AHRQ.hhs.gov*.

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

FOR FURTHER INFORMATION CONTACT: Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427–1477, or by email at *doris.lefkowitz@AHRQ.hhs.gov*.

SUPPLEMENTARY INFORMATION:

Proposed Project

The AHRQ Safety Program for Telemedicine: Improving the Diagnostic Process and Improving Antibiotic Use

Telemedicine visits increased dramatically in response to the COVID–19 pandemic and resulting changes in third-party payer reimbursement policies. Telemedicine visits increased from 0.3 percent of all ambulatory visits in 2019 to 23.6 percent by Spring 2020. Given this rapid growth, the need to ensure safe and appropriate patient care in this setting is urgent. Telemedicine has many benefits, such as facilitating continuity of care; improving access beyond normal hours; reducing patients' travel burden; overcoming health care provider (HCP) shortages; and providing support for patients managing chronic health conditions. However, transferring clinical practices from an in-person to a virtual environment poses potential risks. Many HCPs have never received formal training in using telemedicine effectively to diagnose and treat patients virtually. Additionally, inadequate internet access, which disproportionately impacts rural and minority populations, and struggles accessing telemedicine platforms may force video-based telemedicine visits to transition to audio-only or be skipped.

This program aims to improve two at-risk areas among telemedicine practices by implementing the AHRQ- and Johns Hopkins Armstrong Institute for Patient Safety and Quality (JHAI)-developed Comprehensive Unit-based Safety Program (CUSP) approach: (1) the diagnostic process for breast, colorectal, and lung cancer; and (2) antibiotic stewardship (AS). The CUSP approach improves safety culture at the practice level, enables harm prevention, and engages providers who are on the front lines while integrating technical and adaptive/cultural approaches to making sustainable changes.

This program constitutes the first large-scale implementation of a quality improvement effort for the cancer diagnostic process and AS in telemedicine. These areas were chosen given the need for clearer guidance and evidence-based telemedicine practices for clinicians and potential for positive impact on outcomes. This program will incorporate CUSP strategies to improve the diagnostic process for breast, colorectal, and lung cancer and to improve antibiotic prescribing in telemedicine. The program goals are to:

- Identify best practices in implementing interventions to improve the cancer diagnostic process and AS in telemedicine.
- Determine how best to adapt CUSP to enhance the cancer diagnostic process and AS in telemedicine.

This study is being conducted by AHRQ through its contractor, NORC at the University of Chicago (NORC) and NORC's subcontractors, the Johns Hopkins Armstrong Institute of Patient Safety and Quality (JHAI) and Baylor College of Medicine (Baylor), pursuant to AHRQ's statutory authority to conduct and support research on health care and on systems for the delivery of such care, including activities with respect to the quality, effectiveness, efficiency, appropriateness and value of healthcare services and with respect to quality measurement and improvement. 42 U.S.C. 299a(a)(1) and (2)

Method of Collection

To achieve the goals of the AHRQ Safety Program for Telemedicine (''Safety Program''), primary and secondary data collection activities will include:

(1) *Structural Assessment:* A brief online assessment will be completed by a leader/champion from each practice to understand practices' infrastructure and capacity to implement the Safety Program.

(2) *AHRQ Office Readiness Survey:* A brief online Office Readiness Survey will be completed by all participating staff from each practice in the cancer diagnostic process cohort to understand practices' readiness for implementation of the Safety Program.

(3) *The AHRQ Surveys on Patient Safety Culture:* The Medical Office Survey on Patient Safety Culture (MOSOPS) (both cohorts) and a Diagnostic Safety Supplement (cancer diagnostic process cohort only) will be completed by all participating staff to assess patient safety issues, medical errors, and event reporting practices.

(4) *Participant Experience Survey:* A brief online assessment will be completed by a leader/champion from each practice to assess how practices approached implementation of the Safety Program.

(5) *Semi-Structured Qualitative Interviews:* A proportion of practices from both cohorts will be selected to participate in telephone/virtual discussions to understand the facilitators and barriers to implementing the Safety Program.

(6) *Clinical Data Collection Form:* Practices in the cancer diagnostic process cohort will complete a Clinical Data Collection Form for patients suspected of having breast, colorectal, or lung cancer.

(7) *Electronic Health Record (EHR) Data:* Practice-level antibiotic usage and clinical outcomes data will be extracted from the EHRs of practices in the AS cohort.

This data collection effort will be part of a comprehensive evaluation strategy to assess the adoption of the Safety Program among telemedicine practices comprising the cancer diagnostic process and AS cohorts; measure the effectiveness of the Safety Program among the participating practices and evaluate how providers experienced the program as well as the perceived usefulness of the Safety Program's education materials and metrics; and understand drivers of antibiotic prescribing among practices in the AS cohort and drivers of timely diagnosis for patients suspected of having breast, colorectal, or lung cancer among practices in the cancer diagnostic process cohort.

The evaluation is largely formative in nature as AHRQ seeks information on the implementation and effectiveness of CUSP in a novel setting—telemedicine. The evaluation will utilize a pre-post design, comparing data collected at baseline and at the end of the Safety Program within each cohort.

Estimated Annual Respondent Burden

Exhibit A.1 shows the estimated annualized burden hours for the respondents' time to complete the structural assessments, AHRQ office readiness and patient safety culture surveys, participant experience surveys, semi-structured qualitative interviews, clinical data collection instrument (collected for 3 patients monthly and submitted quarterly), and EHR data extractions (collected monthly and submitted quarterly). Data will be collected from up to 300 practices providing telemedicine for the cancer diagnostic process cohort and from up to 500 practices providing telemedicine

for the AS cohort. For the three-year clearance period, the estimated annualized burden hours for the data collection activities are 5,570.

EXHIBIT A.1—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents *	Number of responses per respondent	Hours per response	Total burden hours
1. Structural Assessments (both cohorts)	200	2	0.2	80
2. AHRQ Office Readiness Survey (cancer diagnostic process cohort only)	350	1	0.1	35
3. AHRQ Patient Safety Culture Surveys:				
a. MOSOPS (both cohorts)	933	2	0.5	933
b. Diagnostic Safety Supplement (cancer diagnostic process cohort only)	350	2	0.2	140
4. Participant Experience Survey (both cohorts):				
a. Cancer diagnostic process cohort survey	75	1	0.17	13
b. AS cohort survey	125	1	0.33	41
5. Semi-structured qualitative interviews (both cohorts)	24	1	1	24
6. Clinical Data Collection Form (cancer diagnostic process cohort)	90	54	0.33	1,604
7. HER data (AS cohort)	150	18	1	2,700
Total				5,570

* Annualized number of respondents is based on maximum practices recruited and 75% response rate for forms 1 and 4a and 4b, 50% response rate for forms 2, 3a and 3b, and 90% response rate for forms 5–7.

Exhibit A.2 shows the estimated annualized cost burden based on the respondents' time to complete the data collection forms. The total cost burden is estimated to be $576,922.

EXHIBIT A.2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents *	Total burden hours	Average hourly wage rate **	Total burden cost
1. Structural Assessments (both cohorts)	200	80	[a] $111.30	$8,904
2. AHRQ Office Readiness Survey (cancer diagnostic process cohort only)	350	35	[a] 111.30	3,896
3. AHRQ Patient Safety Culture Surveys:				
a. MOSOPS (both cohorts):				
i. Physicians	466	466	[a] 111.30	51,866
ii. Other Health Practitioners	467	467	[b] 31.19	14,566
b. Diagnostic Safety Supplement (cancer diagnostic process cohort only):				
i. Physicians	175	70	[a] 111.30	7,791
ii. Other Health Practitioners	175	70	[b] 31.19	2,183
4. Participant Experience Survey (both cohorts)	200	54	[a] 111.30	6,010
5. Semi-structured qualitative interviews (both cohorts)	24	24	[a] 111.30	2,671
6. Clinical Data Collection Form (cancer diagnostic process cohort only)	90	1,604	[a] 111.30	178,525
7. EHR data (AS cohort only)	150	2,700	[a] 111.30	300,510
Total	3,497	5,582		576,922

* Annualized number of respondents is based on maximum practices recruited and 75% response rate for forms 1 and 4, 50% response rate for forms 2, 3a and 3b, and 90% response rate for forms 5–7.

** National Compensation Survey: Occupational wages in the United States May 2021 "U.S. Department of Labor, Bureau of Labor Statistics:" *https://www.bls.gov/oes/current/oes_stru.htm#29-0000*.

[a] Based on the mean wages for *29–1069 Physicians and Surgeons, All Other*.

[b] Based on the mean wages for *29–9099 Miscellaneous Health Practitioners and Technical Workers: Healthcare Practitioners and Technical Workers, All Other*.

Request for Comments

In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3520, comments on AHRQ's information collection are requested with regard to any of the following: (a) whether the proposed collection of information is necessary for the proper performance of AHRQ's health care research and health care information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) of information; (c) ways to enhance the quality, utility and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: December 9, 2022.

Marquita Cullom,

Associate Director.

[FR Doc. 2022–27175 Filed 12–14–22; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier CMS–R–5 & CMS–10146]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, Health and Human 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 (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 the necessity and utility of the proposed information collection for the proper performance of the agency's functions, the accuracy of the estimated burden, ways to enhance the quality, utility, and clarity of the information to be collected, and 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 *January 17, 2023.*

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.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, please access the CMS PRA website by copying and pasting the following web address into your web browser: *https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing.*

FOR FURTHER INFORMATION CONTACT: William Parham at (410) 786–4669.

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:* Physician Certifications/Recertifications in Skilled Nursing Facilities Manual Instruction; *Use:* Section 1814(a) of the Social Security Act (the Act) requires specific certifications in order for Medicare payments to be made for certain services. Before the enactment of the Omnibus Budget Reconciliation Act of 1989 (OBRA1989, Pub. L. 101–239), section 1814(a)(2) of the Act required that, in the case of posthospital extended care services, a physician certify that the services are or were required to be given because the individual needs or needed, on a daily basis, skilled nursing care (provided directly by or requiring the supervision of skilled nursing personnel) or other skilled rehabilitation services that, as a practical matter, can only be provided in a SNF on an inpatient basis.

The Medicare program requires, as a condition for Medicare Part A payment for posthospital skilled nursing facility (SNF) services, that a physician or other authorized practitioner must certify and periodically recertify that a beneficiary requires an SNF level of care. The physician certification and recertification is intended to ensure that the beneficiary's need for services has been established and then reviewed and updated at appropriate intervals. The documentation is a condition for Medicare Part A payment for post-hospital SNF care. *Form Number:* CMS–R–5 (OMB control number 0938–0454); *Frequency:* Occasionally; *Affected Public:* Private Sector (Business or other for-profits); *Number of Respondents:* 2,315,259; *Number of Responses:* 2,315,259; *Total Annual Hours:* 522,199. (For policy questions regarding this collection contact Kia Burwell at 410–786–7816).

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Notice of Denial of Medicare Prescription Drug Coverage; *Use:* Part D plan sponsors are required to issue the Notice of Denial of Medicare Prescription Drug Coverage notice when a request for a prescription drug or payment is denied, in whole or in part. The written notice must include a statement, in understandable language, the reasons for the denial and a description of the appeals process.

The purpose of this notice is to provide information to enrollees when prescription drug coverage has been denied, in whole or in part, by their Part D plans. The notice must be readable, understandable, and state the specific reasons for the denial. The notice must also remind enrollees about their rights and protections related to requests for prescription drug coverage and include an explanation of both the standard and expedited redetermination processes and the rest of the appeal process. *Form Number:* CMS–10146 (OMB control number 0938–0973); *Frequency:* Occasionally; *Affected Public:* Private Sector (Business or other for-profits); *Number of Respondents:* 683; *Number of Responses:* 2,627,898; *Total Annual Hours:* 656,975. (For policy questions regarding this collection contact Coretta Edmondson at 410–786–0512).

Dated: December 9, 2022.

William N. Parham, III,

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

[FR Doc. 2022–27167 Filed 12–14–22; 8:45 am]

BILLING CODE 4120–01–P