

2107(b)(1) of the Social Security Act grants CMS authority to collect information from the States. The IPIA requires CMS to produce national error rates in Medicaid and CHIP fee-for-service, including the managed care component. The state-specific Medicaid managed care and CHIP managed care error rates will be based on reviews of managed care capitation payments in each program and will be used to produce national Medicaid managed care and CHIP managed care error rates. *Form Number:* CMS-10178 (OCN: 0938-0994); *Frequency:* Occasionally; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 34; *Total Annual Responses:* 2040; *Total Annual Hours:* 28,050. (For policy questions regarding this collection contact Monetha Dockery at 410-786-0155. For all other issues call 410-786-1326.)

8. *Type of Information Collection Request:* Reinstatement with change of a previously approved information collection; *Title of Information Collection:* Medical Necessity and Claims Denial Disclosures under MHPAEA; *Use:* The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) (P.L.110-343) requires that group health plans and group health insurance issuers offering mental health or substance use disorder (MH/SUD) benefits in addition to medical and surgical (med/surg) benefits ensure that that they do not apply any more restrictive financial requirements (e.g., co-pays, deductibles) and/or treatment limitations (e.g., visit limits) to MH/SUD benefits than those requirements and/or limitations applied to substantially all med/surg benefits.

Medical Necessity Disclosure Under MHPAEA

The MHPAEA section 512(b) specifically amends the Public Health Service (PHS) Act to require plan administrators or health insurance issuers to provide, upon request, the criteria for medical necessity determinations made with respect to MH/SUD benefits to current or potential participants, beneficiaries, or contracting providers. The interim final rules Under the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (75 FR 5410, February 2, 2010) set forth rules for providing criteria for medical necessity determinations. CMS oversees non-federal governmental plans or related health insurance.

Claims Denial Disclosure Under MHPAEA

The MHPAEA section 512(b) specifically amends the Public Health Service (PHS) Act to require plan administrators or health insurance issuers to supply, upon request, the reason for any denial of payment for MH/SUD services to the participant or beneficiary involved in the case. The interim final rules Under the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (75 FR 5410, February 2, 2010) implement 45 CFR 146.136(d)(2), which sets forth rules for providing reasons for denial of payment. We oversee non-federal governmental plans or related health insurance, and the regulation provides a safe harbor such that plans or issuers are deemed to comply with requirements of paragraph (d)(2) of 45 CFR 166.136 if they provide the notice in a form and manner consistent with ERISA requirements found in 29 CFR 2560.503-1. *Form Number:* CMS-10307 (OMB Control No. 0938-1080); *Frequency:* On Occasion; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 20,300; *Number of Responses:* 509,600; *Total Annual Hours:* 2,200. (For policy questions regarding this collection, contact Usree Bandyopadhyay at 410-786-6650. For all other issues call (410) 786-1326.)

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS' Web site address at <http://www.cms.hhs.gov/PaperworkReductionActof1995>, or Email your request, including your address, phone number, OMB number, and CMS document identifier, to Paperwork@cms.hhs.gov, or call the Reports Clearance Office on (410) 786-1326.

In commenting on the proposed information collections please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in one of the following ways by July 30, 2013:

1. *Electronically.* You may submit your comments electronically to <http://www.regulations.gov>. Follow the instructions for "Comment or Submission" or "More Search Options" to find the information collection document(s) accepting comments.

2. *By regular mail.* You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Document Identifier/OMB

Control Number _____, Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: May 28, 2013.

Martique Jones,

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

[FR Doc. 2013-12950 Filed 5-30-13; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-7028-N]

Medicare, Medicaid, and Children's Health Insurance Programs; Renewal of the Advisory Panel on Outreach and Education (APOE) and Request for Nominations

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

ACTION: Notice.

SUMMARY: This notice announces that the charter of the Advisory Panel on Outreach and Education (APOE) has been renewed. It also requests nominations for individuals to serve on the APOE.

DATES: Nominations will be considered if we receive them at the appropriate address, provided in the **ADDRESSES** section of this notice, no later than 5 p.m., Eastern Daylight Time (e.d.t.) on July 1, 2013.

ADDRESSES: Mail or deliver nominations to the following address: Kirsten Knutson, Acting Designated Federal Official, Office of Communications, CMS, 7500 Security Boulevard, Mail Stop S1-13-05, Baltimore, MD 21244-1850 or email to Kirsten.Knutson@cms.hhs.gov.

FOR FURTHER INFORMATION CONTACT: Kirsten Knutson, Acting Designated Federal Official, Office of Communications, CMS, 7500 Security Boulevard, Mail Stop S1-13-05, Baltimore, MD 21244, 410-786-5886, email kirsten.knutson@cms.hhs.gov or visit the Web site at <http://www.cms.gov/Regulations-and-Guidance/Guidance/FACA/APOE.html>. Press inquiries are handled through the CMS Press Office at (202) 690-6145.

SUPPLEMENTARY INFORMATION:

I. Background

The Advisory Panel on Medicare Education (the predecessor to the APOE) was created in 1999 to advise and make recommendations to the

Secretary of Health and Human Services (the Secretary), and the Administrator of the Centers for Medicare & Medicaid Services (CMS) on the effective implementation of national Medicare education programs, including with respect to the Medicare+Choice (M+C) program added by the Balanced Budget Act of 1997 (Pub. L. 105–33).

The Medicare Modernization Act of 2003 (MMA) (Pub. L. 108–173) expanded the existing health plan options and benefits available under the M+C program and renamed it the Medicare Advantage (MA) program. We have had substantial responsibilities to provide information to Medicare beneficiaries about the range of health plan options available and better tools to evaluate these options. Successful MA program implementation required us to consider the views and policy input from a variety of private sector constituents and to develop a broad range of public-private partnerships.

In addition, the Secretary, and by delegation, the Administrator of CMS was authorized under Title I of MMA to establish the Medicare prescription drug benefit. The drug benefit allows beneficiaries to obtain qualified prescription drug coverage. In order to effectively administer the MA program and the Medicare prescription drug benefit, we have substantial responsibilities to provide information to Medicare beneficiaries about the range of health plan options and benefits available, and to develop better tools to evaluate these plans and benefits.

The Affordable Care Act (Patient Protection and Affordable Care Act, Pub. L. 111–148 and Health Care and Education Reconciliation Act of 2010, Pub. L. 111–152) enacted a number of changes to Medicare as well as to Medicaid and the Children’s Health Insurance Program (CHIP), and also expanded the availability of other options for health care coverage. In order to effectively implement and administer these changes, we must provide information to Medicare, Medicaid, and CHIP consumers, providers and other stakeholders pursuant to education and outreach programs regarding how these programs will change and the expanded range of health coverage options available. The Advisory Panel on Outreach and Education allows us to consider a broad range of views and information from interested audiences in connection with this effort and to identify opportunities to enhance the effectiveness of education strategies concerning the Affordable Care Act.

II. Provisions of This Notice

A. Renewal of the APOE

Pursuant to the charter approved on January 21, 2013, the APOE was renewed. The APOE will advise the Department of Health and Human Services (DHHS) and CMS on developing and implementing education programs that support individuals with or who are eligible for Medicare, Medicaid, and the Children’s Health Insurance Program (CHIP) about options for selecting health care coverage under these and other programs envisioned under health care reform to ensure improved access to quality care, including prevention services. The scope of this Federal Advisory Committee Act (FACA) group also includes advising on education of providers and stakeholders with respect to health care reform and certain provisions of the Health Information Technology for Economic and Clinical Health (HITECH) Act enacted as part of the American Recovery and Reinvestment Act of 2009 (ARRA).

The charter will terminate on January 21, 2015, unless renewed by appropriate action. The APOE was chartered under 42 U.S.C. 222 of the Public Health Service Act, as amended. The APOE is governed by provisions of Public Law 92–463, as amended (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of advisory committees.

Pursuant to the renewed charter, the APOE will advise the Secretary of Health and Human Services and the CMS Administrator concerning optimal strategies for the following:

- Developing and implementing education and outreach programs for individuals enrolled in or eligible for Medicare, Medicaid, and CHIP.
- Enhancing the Federal government’s effectiveness in informing the Medicare, Medicaid, and CHIP consumers, providers and stakeholders pursuant to education and outreach programs of issues regarding these and other health coverage programs, including the appropriate use of public-private partnerships to leverage the resources of the private sector in educating beneficiaries, providers and stakeholders.
- Expanding outreach to vulnerable and underserved communities, including racial and ethnic minorities, in the context of Medicare, Medicaid, and CHIP education programs.
- Assembling and sharing an information base of “best practices” for helping consumers evaluate health plan options.

- Building and leveraging existing community infrastructures for information, counseling and assistance.
- Drawing the program link between outreach and education, promoting consumer understanding of health care coverage choices, and facilitating consumer selection/enrollment; which in turn support the overarching goal of improved access to quality care, including prevention services, envisioned under health care reform.

B. Requests for Nominations

The APOE shall consist of no more than 20 members. The Chair shall either be appointed from among the 20 members, or a Federal official will be designated to serve as the Chair. The charter requires that meetings shall be held approximately four times per year. Members will be expected to attend all meetings. The members and the Chair shall be selected from authorities knowledgeable in one or more of the following fields:

- Senior citizen advocacy
- Outreach to minority communities
- Health communications
- Disease-related advocacy
- Disability policy and access
- Health economics research
- Health insurers and plans
- Health information technology (IT)
- Direct patient care
- Matters of labor and retirement

Representatives of the general public may also serve on the APOE.

This notice also announces that in July 2013, there will be 3 expired terms of membership and in October 2013, there will be an additional 3 expired terms of membership. This notice is an invitation to interested organizations or individuals to submit their nominations for membership for all six vacancies on the APOE (no self-nominations will be accepted). The CMS Administrator will appoint new members to the APOE from among those candidates determined to have the expertise required to meet specific agency needs, and in a manner to ensure an appropriate balance of membership. We have an interest in ensuring that the interests of both women and men, members of all racial and ethnic groups, and disabled individuals are adequately represented on the APOE. Therefore, we encourage nominations of qualified candidates who can represent these interests. Any interested organization or person may nominate one or more qualified persons. Current members whose terms expire in 2013 may be considered for reappointment, subject to committee service guidelines. Each nomination must include a letter stating that the nominee has expressed

a willingness to serve as a Panel member and must be accompanied by a curricula vitae and a brief biographical summary of the nominee's experience.

While we are looking for experts in a number of fields, our most critical needs are for experts in Health IT, Tribal Affairs, Community Health Centers/Medically Underserved Populations, African-American Health/Disparities, Health/Disability/Quality and State Programs/Medicaid/Rural.

We are requesting that all curricula vitae include the following:

- Date of birth
- Place of birth
- Title and current position
- Professional affiliation
- Home and business address
- Telephone and fax numbers
- Email address
- List of areas of expertise

Phone interviews of nominees may also be requested after review of the nominations.

In order to permit an evaluation of possible sources of conflict of interest, potential candidates will be asked to provide detailed information concerning such matters as financial holdings, consultancies, and research grants or contracts.

Members are invited to serve for 2-year terms, contingent upon the renewal of the APOE by appropriate action prior to its termination. A member may serve after the expiration of that member's term until a successor takes office. Any member appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of that term.

III. Copies of the Charter

The Secretary's Charter for the APOE is available on the CMS Web site at: <http://www.cms.gov/Regulations-and-Guidance/Guidance/FACA/APOE.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.

Authority: Sec. 222 of the Public Health Service Act (42 U.S.C. 217a) and sec. 10(a) of Pub. L. 92-463 (5 U.S.C. App. 2, sec. 10(a) and 41 CFR 102-3).

(Catalog of Federal Domestic Assistance Program No. 93.733, Medicare—Hospital Insurance Program; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: May 23, 2013.

Marilyn Tavenner,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 2013-12957 Filed 5-30-13; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-1459-N]

Medicare Program; Notification of Closure of Teaching Hospitals and Opportunity To Apply for Available Slots

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

ACTION: Notice.

SUMMARY: This notice announces the closure of two teaching hospitals and the initiation of an application process where hospitals must apply to the Centers for Medicare & Medicaid Services (CMS) for consideration of Infirmiry West Hospital's and Montgomery Hospital's full time equivalent (FTE) resident cap slots.

DATES: We will consider applications received no later than 5 p.m. (e.s.t) August 29, 2013. Applications must be received, not postmarked, by this date.

FOR FURTHER INFORMATION CONTACT: Miechal Lefkowitz, (212) 616-2517.

SUPPLEMENTARY INFORMATION:

I. Background

Section 5506 of the Patient Protection and Affordable Care Act (Pub. L. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. 111-152) (collectively, the "Affordable Care Act"), "Preservation of Resident Cap Positions from Closed Hospitals," authorizes the Secretary to

redistribute residency slots after a hospital that trained residents in an approved medical residency program closes. Specifically, section 5506 of the Affordable Care Act amended the Social Security Act (the Act) by adding subsection (vi) to section 1886(h)(4)(H) of the Act and modifying language at section 1886(d)(5)(B)(v) of the Act, to instruct the Secretary to establish a process to increase the full time equivalent (FTE) resident caps for other hospitals based upon the FTE resident caps in teaching hospitals that closed "on or after a date that is 2 years before the date of enactment" (that is, March 23, 2008). In the November 24, 2010 Calendar Year (CY) 2011 Outpatient Prospective Payment System (OPPS) final rule (75 FR 72212), we established regulations and an application process for qualifying hospitals to apply to CMS for consideration of the direct graduate medical education (GME) and indirect medical education (IME) FTE resident cap slots from the hospital that closed. We made certain modifications to those regulations in the Fiscal Year (FY) 2013 Hospital Inpatient Prospective Payment System and FY 2013 Long Term Care Hospital Prospective Payment System final rule (FY 2013 IPPS/LTCH PPS final rule (77 FR 53434 through 53447)).

II. Provisions of the Notice

a. Notice of Closure of Teaching Hospitals and Application Process

CMS has learned of the closure of two teaching hospitals; Infirmiry West Hospital of Mobile, AL and Montgomery Hospital of Morristown, PA. The purpose of this notice is to notify the public of the closure of these two teaching hospitals, and to initiate another round of the application and selection process described in section 5506 of the Affordable Care Act. This round will be the fifth round ("Round 5") of the application and selection process. The table below identifies the two closed teaching hospitals, which are part of the Round 5 application process under section 5506 of the Affordable Care Act:

TEACHING HOSPITALS CLOSURE

Provider No.	Provider name	City and state	CBSA code	Terminating date	IME Cap (including +/- MMA Sec. 422 ¹ and +/- ACA Sec. 5503 ² Adjustments)	Direct GME Cap (including +/- MMA Sec. 422 ¹ and +/- ACA Sec. 5503 ² Adjustments)
010152	Infirmiry West Hospital.	Mobile, AL	33660	November 1, 2012 ...	10.08 + 21.66 section 422 increase = 31.74 ³ .	10.08 + 21.76 section 422 increase = 31.84 ⁴ .