Certification Criteria for EHR Programs and the 2014 Edition changes to the CMS EHR Incentive (77 FR 72985) to create a Stage 2 of issued by CMS (77 FR 53968) and ONC implementation of meaningful use. The for health information technology (HIT) establishment of certification programs also issued a separate final rule on the meaningful use of certified EHR technology. ONC has for certified EHR technology. These payment adjustments do not pertain to Medicaid providers. The first final rule for the Medicare and Medicaid EHR Incentive Program, which was published in the Federal Register on July 28, 2010 (CMS–0033–F), specified the initial criteria. EPs, eligible hospitals and CAHs, and MA organizations must meet in order to qualify for incentive payments; calculation of incentive payment amounts; payment adjustments under Medicare for covered professional services and inpatient hospital services provided by EPs, eligible hospitals and CAHs failing to demonstrate meaningful use of certified EHR technology beginning in 2015; and other program participation requirements. On the same date, the Office of the National Coordinator of Health Information Technology (ONC) issued a closely related final rule (45 CFR part 170, RIN 0991–AB58) that specified the initial set of standards, implementation specifications, and certification criteria for certified EHR technology. ONC has also issued a separate final rule on the establishment of certification programs for health information technology (HIT) (45 CFR part 170, RIN 0991–AB59). The functionality of certified EHR technology should facilitate the implementation of meaningful use. Subsequently, final rules have been issued by CMS (77 FR 53968) and ONC (77 FR 72985) to create a Stage 2 of meaningful use criteria and other changes to the CMS EHR Incentive Programs and the 2014 Edition Certification Criteria for EHR technology. The information collection requirements contained in this information collection request are needed to implement the HIT. In order to avoid duplicate payments, all EPs are enumerated through their National Provider Identifier (NPI), while all eligible hospitals and CAHs are enumerated through their CMS Certification Number (CCN). State Medicaid agencies and CMS use the provider’s tax identification number and NPI or CCN combination in order to make payment, validate payment eligibility and detect and prevent duplicate payments for EPs, eligible hospitals and CAHs. Form Number: CMS–10336 (OCN: 0938–1158); Frequency: Occasionally; Affected Public: Private sector; Number of Respondents: 214,694; Total Annual Responses: 214,694; Total Annual Hours: 2,034,740. (For policy questions regarding this collection contact Travis Broome at 214–767–4450.) Dated: August 27, 2013.

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

[FR Doc. 2013–21257 Filed 8–29–13; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
[CMS–7030–N]

Medicare, Medicaid, and Children’s Health Insurance Programs; Meeting of the Advisory Panel on Outreach and Education

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

ACTION: Notice of meeting.

SUMMARY: This notice announces a meeting of the Advisory Panel on Outreach and Education (APOE) (the Panel) in accordance with the Federal Advisory Committee Act. The Panel advises and makes recommendations to the Secretary of Health and Human Services and the Administrator of the Centers for Medicare & Medicaid Services on opportunities to enhance the effectiveness of consumer education strategies concerning Medicare, Medicaid and the Children’s Health Insurance Program (CHIP). This meeting is open to the public.

DATES: Meeting Date: Monday, September 16, 2013, 8:30 a.m. to 4:00 p.m. Eastern Standard Time (EST).

Deadline for Registration, Presentations and Comments: Monday, September 9, 2013, 5:00 p.m., EST.

Deadline for Requesting Special Accommodations: Monday, September 9, 2013, 5:00 p.m., EST.

ADDRESSES: Meeting Location: Sheraton Silver Spring, 8777 Georgia Avenue, Silver Spring, Maryland 20910.


Registration: The meeting is open to the public, but attendance is limited to the space available. Persons wishing to attend this meeting must register at the Web site http://events.SignUp4.com/APOESEPT2013MTG or by contacting the DFO at the address listed in the ADDRESSES section of this notice or by telephone at number listed in the FOR FURTHER INFORMATION CONTACT section of this notice, by the date listed in the DATES section of this notice. Individuals requiring sign language interpretation or other special accommodations should contact the DFO at the address listed in the ADDRESSES section of this notice by the date listed in the DATES” section of this notice.


Press inquiries are handled through the CMS Press Office at (202) 690–6145.

SUPPLEMENTARY INFORMATION: In accordance with section 10(a) of the Federal Advisory Committee Act (FACA), this notice announces a meeting of the Advisory Panel on Outreach and Education (APOE) (the Panel), Section 9(a)(2) of the Federal Advisory Committee Act authorizes the Secretary of Health and Human Services (the Secretary) to establish an advisory panel if the Secretary determines that the panel is “in the public interest in connection with the performance of duties imposed . . . by law.” Such duties are imposed by section 1804 of the Social Security Act (the Act), requiring the Secretary to provide informational materials to Medicare beneficiaries about the Medicare program, and section 1851(d) of the Act, requiring the Secretary to provide informational materials to Medicare beneficiaries . . . on the
coverage options provided under Medicare Advantage in order to promote an active, informed selection among such options.”

The Panel is also authorized by section 1114(f) of the Act (42 U.S.C. 1314(f)) and section 222 of the Public Health Service Act (42 U.S.C. 217a). The Secretary signed the charter establishing this Panel on January 21, 1999 (64 FR 7899, February 17, 1999) and approved the renewal of the charter on January 21, 2011 (76 FR 11782, March 3, 2011).

Pursuant to the amended charter, the Panel advises and makes recommendations to the Secretary of Health and Human Services and the Administrator of the Centers for Medicare & Medicaid Services (CMS) concerning optimal strategies for the following:

- Developing and implementing education and outreach programs for individuals enrolled in, or eligible for, Medicare, Medicaid and the Children’s Health Insurance Program (CHIP).
- Expanding the federal government’s effectiveness in informing 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.

The current members of the Panel are:
- Samantha Artiga, Principal Policy Analyst, Kaiser Family Foundation.
- Joseph Baker, President, Medicare Rights Center.
- Philip Bergquist, Manager, Health Center Operations, CHIPRA Outreach & Enrollment Project and Director, Michigan Primary Care Association.
- Marjorie Cadogan, Executive Deputy Commissioner, Department of Social Services.
- Jonathan Dauphine, Senior Vice President, AARP.
- Barbara Ferrer, Executive Director, Boston Public Health Commission.
- Shelby Gonzales, Senior Health Outreach Associate, Center on Budget & Policy Priorities.
- Jan Henning, Benefits Counseling & Special Projects Coordinator, North Central Texas Council of Governments’ Area Agency on Aging.
- Warren Jones, Executive Director, Mississippi Institute for Improvement of Geographic Minority Health.
- Cathy Kaufmann, Administrator, Oregon Health Authority.
- Sandy Markwood, Chief Executive Officer, National Association of Area Agencies on Aging.
- Miriam Mobley-Smith, Dean, Chicago State University, College of Pharmacy.
- Ana Natale-Pereira, Associate Professor of Medicine, University of Medicine & Dentistry of New Jersey.
- Megan Padden, Vice President, Sentara Health Plans.
- Winston Wong, Medical Director, Community Benefit Director, Kaiser Permanente and Darlene Yee-Melichar, Professor & Coordinator, San Francisco State University.
- The agenda for the September 16, 2013 meeting will include the following:
  - Welcome and Listening Session with CMS Leadership.
  - Recap of the Previous (June 24, 2013) Meeting.
  - Affordable Care Act Initiatives.
  - An Opportunity for Public Comment.
  - Meeting Summary, Review of Recommendations and Next Steps.

Individuals or organizations that wish to make a 5-minute oral presentation on an agenda topic should submit a written copy of the oral presentation to the DFO at the address listed in the ADDRESSES section of this notice by the date listed in the DATES section of this notice. The number of oral presentations may be limited by the time available. Individuals not wishing to make a presentation may submit written comments to the DFO at the address listed in the ADDRESSES section of this notice by the date listed in the DATES 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: August 27, 2013.

Marilyn Tavenner, Acting Administrator, Centers for Medicare & Medicaid Services.