

CMS-10346 Appeals of Quality Bonus Payment Determinations

Under the 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 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 Collections

1. Type of Information Collection Request: Extension of a currently approved collection; **Title of Information Collection:** Application for Hospital Insurance and Supporting Regulations; **Use:** Regulations at 42 CFR 406.6 specifies the individuals who must file an application for Medicare Hospital Insurance (Part A) and those who need not file an application for Part A. Section 406.7 lists CMS-18F5 as the application form. The form elicits information that the Social Security Administration and CMS need to determine entitlement to Part A and Supplementary Medical Insurance (Part B); **Form Number:** CMS-18F5 (OCN: 0938-0251); **Frequency:** Once; **Affected Public:** Individuals or households; **Number of Respondents:** 50,000; **Total Annual Responses:** 50,000; **Total Annual Hours:** 12,500. (For policy questions regarding this collection contact Naomi Rappaport at 410-786-2175).

2. Type of Information Collection Request: Revision of a currently approved collection; **Title of Information Collection:** 1932(a) State Plan Amendment Template, State Plan Requirements, and Supporting Regulations; **Use:** Section 1932(a)(1)(A) of the Social Security Act (the Act) grants states the authority to enroll Medicaid beneficiaries on a mandatory basis into managed care entities (managed care organization (MCOs) and primary care case managers (PCCMs)). Under this authority, a state can amend its Medicaid state plan to require certain categories of Medicaid beneficiaries to enroll in managed care entities without

being out of compliance with provisions of section 1902 of the Act on state-wideness (42 CFR 431.50), freedom of choice (42 CFR 431.51) or comparability (42 CFR 440.230). The template may be used by states to easily modify their state plans if they choose to implement the provisions of section 1932(a)(1)(A); **Form Number:** CMS-10120 (OCN: 0938-0933); **Frequency:** Once and occasionally; **Affected Public:** State, Local, or Tribal Governments; **Number of Respondents:** 56; **Total Annual Responses:** 15; **Total Annual Hours:** 65. (For policy questions regarding this collection contact Camille Dobson at 410-786-7062).

3. Type of Information Collection Request: Extension of a currently approved collection; **Title of Information Collection:** Appeals of Quality Bonus Payment Determinations; **Use:** The information collected from Medicare Advantage organizations is considered by the reconsideration official and potentially the hearing officer to review our determination of the organization's eligibility for a quality bonus payment. **Form Number:** CMS-10346 (OCN: 0938-1129); **Frequency:** Yearly; **Affected Public:** Private sector—Business or other for-profits; **Number of Respondents:** 350; **Total Annual Responses:** 25; **Total Annual Hours:** 200. (For policy questions regarding this collection contact Sarah Gaillot at 410-786-4637).

Dated: December 3, 2013.

Martique Jones,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifiers: CMS-416, CMS-R-26 and CMS-10487]

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

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 any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) 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 6, 2014*.

ADDRESSES: When commenting on the proposed information collections, please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be received by the OMB desk officer via one of the following transmissions: OMB, Office of Information and Regulatory Affairs, Attention: CMS Desk Officer, Fax Number: (202) 395-6974 OR, Email: *OIRA_submission@omb.eop.gov*.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, you may make your request using one of following:

1. Access CMS' Web site address at <http://www.cms.hhs.gov/PaperworkReductionActof1995>.
2. Email your request, including your address, phone number, OMB number, and CMS document identifier, to *Paperwork@cms.hhs.gov*.
3. Call the Reports Clearance Office at (410) 786-1326.

FOR FURTHER INFORMATION CONTACT: Reports Clearance Office at (410) 786-1326

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:* Revision of a currently approved collection; *Title of Information Collection:* Annual Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Participation Report; *Use:* The baseline data collected is used to assess the effectiveness of state early and periodic screening, diagnostic and treatment (EPSDT) programs in reaching eligible children, by age group and basis of Medicaid eligibility, who are provided initial and periodic child health screening services, referred for corrective treatment, and receiving dental, hearing, and vision services. This assessment is coupled with the state's results in attaining the participation goals set for the state. The information gathered from this report, permits federal and state managers to evaluate the effectiveness of the EPSDT law on the basic aspects of the program. The associated 30-day PRA package has been revised subsequent to the publication of the 60-day notice (78 FR 48687). *Form Number:* CMS-416 (OCN: 0938-0354); *Frequency:* Yearly; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 56; *Total Annual Responses:* 56; *Total Annual Hours:* 1,568. (For policy questions regarding this collection contact Marsha Lillie-Blanton at 410-786-8856.)

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Clinical Laboratory Improvement Amendments (CLIA) Regulations; *Use:* The information is necessary to determine an entity's compliance with the Congressionally-mandated program with respect to the regulation of laboratory testing (CLIA). In addition, laboratories participating in the Medicare program must comply with CLIA requirements as required by section 6141 of OBRA 89. Medicaid, under the authority of section 1902(a)(9)(C) of the Social Security Act, pays for services furnished only by laboratories that meet Medicare (CLIA) requirements. *Form Number:* CMS-R-26 (OCN: 0938-0612); *Frequency:* Monthly, occasionally; *Affected Public:* Private sector—Business or other for-profit institutions,

State, Local or Tribal Governments, and the Federal government; *Number of Respondents:* 79,175; *Total Annual Responses:* 88,886,364; *Total Annual Hours:* 15,613,299. (For policy questions regarding this collection contact Raelene Perfetto at 410-786-6876).

3. *Type of Information Collection Request:* New Collection (Request for a new OMB control number); *Title of Information Collection:* Medicaid Emergency Psychiatric Demonstration (MEPD) Evaluation; *Use:* Since the inception of Medicaid, inpatient care provided to adults ages 21 to 64 in institutions for mental disease (IMDs) has been excluded from federal matching funds. The Emergency Medical Treatment and Active Labor Act (EMTALA), however, requires IMDs that participate in Medicare to provide treatment for psychiatric emergency medical conditions (EMCs), even for Medicaid patients for whose services cannot be reimbursed. Section 2707 of the Affordable Care Act (ACA) directs the Secretary of Health and Human Services to conduct and evaluate a demonstration project to determine the impact of providing payment under Medicaid for inpatient services provided by private IMDs to individuals with emergency psychiatric conditions between the ages of 21 and 64. We will use the data to evaluate the Medicaid Emergency Psychiatric Demonstration (MEPD) in accordance with the ACA mandates. This evaluation in turn will be used by Congress to determine whether to continue or expand the demonstration. If the decision is made to expand the demonstration, the data collected will help to inform us as well as our stakeholders about possible effects of contextual factors and important procedural issues to consider in the expansion, as well as the likelihood of various outcomes. Subsequent to publication of the 60-day **Federal Register** notice (78 FR 45205), there was an increase in the burden due to an increase in time assessed for reviewing medical records and the need to obtain additional informed consents for beneficiary interviews. There have also been changes made to the "Key Informant Interview Questions" for clarification purposes. *Form Number:* CMS-10487 (OCN: 0938-NEW); *Frequency:* Annually; *Affected Public:* Individuals and households; State, Local and Tribal governments; Private sector—Business and other for-profit and Not-for-profits; *Number of Respondents:* 98; *Total Annual Responses:* 2,754; *Total Annual Hours:* 2,613. (For policy questions regarding

this collection contact Negussie Tilahun at 410-786-2058.)

Dated: December 3, 2013.

Martique Jones,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-1463-N]

Medicare Program; Semi-Annual Meeting of the Advisory Panel on Hospital Outpatient Payment (HOP Panel) March 10-11, 2014

AGENCY: Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: This notice announces the first semi-annual meeting of the Advisory Panel on Hospital Outpatient Payment (the Panel) for 2014. The purpose of the Panel is to advise the Secretary of the Department of Health and Human Services (the Secretary) and the Administrator of the Centers for Medicare & Medicaid Services (the Administrator) on the clinical integrity of the Ambulatory Payment Classification (APC) groups and their associated weights, and hospital outpatient therapeutic services supervision issues.

DATES: Meeting Dates: The first semi-annual meeting in 2014 is scheduled for the following dates and times. The times listed in this notice are Eastern Standard Time (EST) and are approximate times; consequently, the meetings may last longer than the times listed in this notice, but will not begin before the posted times:

- Monday, March 10, 2014, 1 p.m. to 5 p.m. EST
- Tuesday, March 11, 2014, 9 a.m. to 5 p.m. EST

Meeting Information Updates:

The actual meeting hours and days will be posted in the agenda. As information and updates regarding the onsite and webcasted meeting and agenda become available, they will be posted to the CMS Web site at: <http://cms.gov/Regulations-and-Guidance/Guidance/FACA/AdvisoryPanelonAmbulatoryPaymentClassificationGroups.html>.