

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](mailto: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:* Extension of a currently approved collection; *Title of Information Collection:* Affordable Care Act Information and Collection Requirements for Section 1115 Demonstration Projects; *Use:* This collection is necessary to ensure that states comply with regulatory and statutory requirements related to the development, implementation and evaluation of demonstration projects. States seeking waiver authority under Section 1115 are required to meet certain requirements for public notice, the evaluation of demonstration projects, and reports to the Secretary on the implementation of approved demonstrations. *Form Number:* CMS-10341 (OMB control number 0938-1162); *Frequency:* Yearly; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 37; *Total Annual Responses:* 130; *Total Annual Hours:* 13,910. (For policy questions regarding this collection

contact Lane Terwilliger at 410-786-2059.)

2. *Type of Information Collection Request:* New collection (Request for a new OMB control number); *Title of Information Collection:* Executive Summary Form for Research Identifiable Data; *Use:* The Centers for Medicare & Medicaid Services (CMS) is responsible for administering the Medicare, Medicaid and State Children's Health Insurance Programs. We collect data to support the Agency's mission and operations. These data include information about Medicare beneficiaries, Medicare claims, Medicare providers, and Medicaid eligibility and claims. We disclose the identifiable data consistent with the routine uses identified in the Privacy Act Systems of Records notices that are published in the **Federal Register** and the limitations on uses and disclosures that are set out in the HIPAA Privacy Rule.

All requests for identifiable data are received and reviewed by the Division of Privacy Operations & Compliance (DPOC) in the Office of E-Health Standards and Services. The DPOC staff and the CMS Privacy Officer review the requests to determine if there is legal authorization for disclosure of the data. If legal authorization exists, the request is reviewed to ensure that the minimal data necessary is requested and approved for the project. Requests for identifiable data for research purposes must be submitted to and approved by the CMS Privacy Board. To assist the CMS Privacy Board with its review of research data requests, OIPDA has developed the Executive Summary (ES) forms. The ES collects all the information that the CMS Privacy Board needs to review and make a determination on whether the request meets the requirements for release of identifiable data for research purposes. We currently have three versions of the ES Form and an ES Supplement for Requestors of the National Death Index (NDI) Causes of Death Variables. Each meets the need for a different type of requestor. *Form Number:* CMS-10522 (OMB control number: 0938-New); *Frequency:* On occasion; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 325; *Total Annual Responses:* 325; *Total Annual Hours:* 650. (For policy questions regarding this collection contact Kim Elmo at 410-786-0161.)

Dated: February 24, 2015.

**William N. Parham, III,**

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

[FR Doc. 2015-04113 Filed 2-26-15; 8:45 am]

**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS-7036-N]

#### Health Insurance Marketplace, 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 the renewal of the Advisory Panel (the Panel) on Outreach and Education (APOE) charter. 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 March 30, 2015.

**ADDRESSES:** Mail nominations to the following address: Abigail Huffinan, Designated Federal Official, Office of Communications, CMS, 7500 Security Boulevard, Mail Stop S1-13-05, Baltimore, MD 21244-1850 or email nominations to [Abigail.Huffinan1@cms.hhs.gov](mailto:Abigail.Huffinan1@cms.hhs.gov).

**FOR FURTHER INFORMATION CONTACT:** Abigail Huffinan, Designated Federal Official, Office of Communications, CMS, 7500 Security Boulevard, Mail Stop S1-13-05, Baltimore, MD 21244, 410-786-0897, email [Abigail.Huffinan1@cms.hhs.gov](mailto:Abigail.Huffinan1@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 (the Panel) on Medicare Education (the predecessor to the APOE) was created in 1999 to advise and make recommendations to the Secretary of the U.S. Department of Health and Human Services (HHS), 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) expanded the availability of other option for health care coverage and enacted a number of changes to Medicare as well as to Medicaid and the Children’s Health Insurance Program (CHIP). Qualified individuals and qualified employers are now able to purchase private health insurance coverage through competitive marketplace called Affordable Insurance Exchange, (also called Health Insurance Marketplace, or “Marketplace”). In order to effectively implement and administer these changes, we must provide information to 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, including private health insurance coverage through the Marketplace. The APOE 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, 2015, the APOE was renewed. The APOE will advise HHS and CMS on developing and implementing education programs that support individuals with or who are eligible for Health Insurance Marketplace, Medicare, Medicaid, and the 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 the Affordable Care Act 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, 2017, 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 and the Administrator 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), or coverage available through the Health Insurance Marketplace.
- Enhancing the federal government’s effectiveness in informing Health Insurance Marketplace, Medicare, Medicaid, and CHIP consumers, issuers, providers, and stakeholders pursuant to education and outreach programs of issues regarding these 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 Health Insurance Marketplace, Medicare, Medicaid, and CHIP education programs.

- Assembling and sharing an information base of “best practices” for helping consumers evaluate health coverage 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 the Affordable Care Act.

### 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 and underserved communities
- Health communications
- Disease-related advocacy
- Disability policy and access
- Health economics research
- Behavioral health
- Health insurers and plans
- Health IT
- Social media
- 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 2015, there will be 11 expired terms of membership and in October 2015, there will be an additional 2 expired terms of membership. This notice is an invitation to interested organizations or individuals to submit their nominations for membership for all 13 vacancies on the APOE (no self-nominations will be accepted). The 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.

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 aging, social media, tribal affairs, matters of labor and retirement, health economics research, behavioral health, health insurers and plans, direct patient care, racial/ethnic health/disparities, disability, quality, pharmacy, social work, rural health, CHIP, and state programs/Medicaid.

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: February 23, 2015.

**Marilyn Tavenner,**

*Administrator, Centers for Medicare & Medicaid Services.*

[FR Doc. 2015-04174 Filed 2-26-15; 8:45 am]

**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS-1636-N]

#### Medicare Program: Notice of Four Membership Appointments to the Advisory Panel on Hospital Outpatient Payment

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

**ACTION:** Notice.

**SUMMARY:** This notice announces four new membership appointments to the Advisory Panel on Hospital Outpatient Payment (the Panel). The four new appointments to the Panel will each serve a four-year period. The new members have terms that began on January 14, 2015 and continue through January 31, 2019. 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 concerning the clinical integrity of the Ambulatory Payment Classification groups and their relative payment weights. The Panel also addresses and makes recommendations regarding supervision of hospital outpatient services. The advice provided by the Panel will be considered as we prepare the annual updates for the hospital outpatient prospective payment system.

**DATES:** March 30, 2015.

**ADDRESSES:** *Web site:* For additional information on the Panel meeting dates, agenda topics, copy of the charter, and updates to the Panel's activities, we refer readers to our Web site at the following address: <https://www.cms.gov/Regulations-and-Guidance/Guidance/FACA/AdvisoryPanelonAmbulatoryPaymentClassificationGroups.html>.

**FOR FURTHER INFORMATION CONTACT:** Designated Federal Official (DFO): Carol Schwartz, DFO, 7500 Security Boulevard, Mail Stop: C4-04-25, Woodlawn, MD 21244-1850. Phone: (410) 786-3985. Email: [APCPanel@cms.hhs.gov](mailto:APCPanel@cms.hhs.gov).

**SUPPLEMENTARY INFORMATION:**

## I. Background

The Secretary of the Department of Health and Human Services (the Secretary) is required by section 1833(t)(9)(A) of the Social Security Act (the Act) (42 U.S.C. 1395(t)(9)(A)) and is allowed by section 222 of the Public Health Service Act (PHS Act) (42 U.S.C. 217(a)) to consult with an expert outside advisory panel on the clinical integrity of the Ambulatory Payment Classification groups and relative payment weights, which are major elements of the Medicare Hospital Outpatient Prospective Payment System (OPPS), and the appropriate supervision level for hospital outpatient services. The Panel is governed by the provisions of the Federal Advisory Committee Act (FACA) (Pub. L. 92-463), as amended (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of advisory panels. The Panel Charter provides that the Panel shall meet up to three times annually. We consider the technical advice provided by the Panel as we prepare the proposed and final rules to update the OPPS for the following calendar year.

The Panel shall consist of a chair and up to 15 members who are full-time employees of hospitals, hospital systems, or other Medicare providers. The Secretary or a designee selects the Panel membership based upon either self-nominations or nominations submitted by Medicare providers and other interested organizations. New appointments are made in a manner that ensures a balanced membership under the FACA guidelines.

The Panel presently consists of the following members and a Chair.

- Edith Hambrick, M.D., J.D., Chair, CMS Medical Officer
- Karen Borman, M.D., F.A.C.S.
- Jim Nelson, M.B.A., C.P.A., F.H.F.M.A.
- Leah Osbahr, M.A., M.P.H.
- Jacqueline Phillips
- Johnathan Pregler, M.D.
- Traci Rabine
- Michael Rabovsky, M.D.
- Wendy Resnick, F.H.F.M.A.
- Marianna V. Spanaki-Varelas, M.D., Ph.D., M.B.A.
- Gale Walker
- Kris Zimmer

## II. Provisions of the Notice

We published a notice in the **Federal Register** on September 23, 2014, entitled "Medicare Program; Solicitation of Nominations to the Advisory Panel on Hospital Outpatient Payment (79 FR 56808). The notice solicited nominations for up to four new members to fill the vacancies on the