

Leroy A. Richardson,

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Associate Director for Science, Office of the
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Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-1643-N]

Medicare Program; Solicitation of Nominations to the Advisory Panel on Hospital Outpatient Payment

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

ACTION: Notice.

SUMMARY: This notice solicits
nominations for up to seven new
members to the Advisory Panel on
Hospital Outpatient Payment (HOP, the
Panel). There will be vacancies on the
Panel for four-year terms that begin
during Calendar Year 2016.

The purpose of the Panel is to advise
the Secretary of the Department of
Health and Human Services (Secretary)
and the Administrator of the Centers for
Medicare & Medicaid Services on the
clinical integrity of the Ambulatory
Payment Classification groups and their
associated weights, and supervision of
hospital outpatient therapeutic services.

The Secretary re-chartered the Panel
in 2014 for a 2-year period effective
through November 6, 2016.

DATES: *Submission of Nominations:* We
will consider nominations if they are
received no later than 5 p.m. Eastern
Standard Time (E.S.T) October 27, 2015.

ADDRESSES: Please submit nominations
electronically to the following email
address: APCPanel@cms.hhs.gov.

Web site: For additional information
on the Panel and updates to the Panel's
activities, we refer readers to our Web
site at the following address: [http://
www.cms.gov/Regulations-and-
Guidance/Guidance/FACA/Advisory
PanelonAmbulatoryPayment
ClassificationGroups.html](http://www.cms.gov/Regulations-and-Guidance/Guidance/FACA/AdvisoryPanelonAmbulatoryPaymentClassificationGroups.html).

FOR FURTHER INFORMATION CONTACT:

Persons wishing to nominate
individuals to serve on the Panel or to
obtain further information may contact
Carol Schwartz at the following email
address: APCPanel@cms.hhs.gov or call
(410) 786-3985.

News Media: Representatives should
contact the CMS Press Office at (202)
690-6145.

SUPPLEMENTARY INFORMATION:

I. Background

The Secretary of the Department of
Health and Human Services (the
Secretary) is required by section
1833(i)(9)(A) of the Social Security Act
(the Act), and section 222 of the Public
Health Service Act (PHS Act) to consult
with an expert outside advisory panel
regarding the clinical integrity of the
Ambulatory Payment Classification
(APC) groups and relative payment
weights that are components of the
Medicare Hospital Outpatient
Prospective Payment System (OPPS),
and the appropriate supervision level
for hospital therapeutic outpatient
services. The Advisory Panel on
Hospital Outpatient Payment (HOP, 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 may
consider data collected or developed by
entities and organizations (other than
the Department of Health and Human
Services) as part of their deliberations.

The Charter provides that the Panel
shall meet up to 3 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 (CY).

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
that are subject to the OPPS. For
supervision deliberations, the Panel
shall also include members that
represent the interests of Critical Access
Hospitals (CAHs), who advise the
Centers for Medicare & Medicaid
Services (CMS) only regarding the level
of supervision for hospital outpatient
therapeutic services. (For purposes of
the Panel, consultants or independent
contractors are not considered to be full-
time employees in these organizations.)

The current Panel members are as
follows:

(*Note:* The asterisk [*] indicates the
Panel members whose terms end during
CY 2016, along with the month that the
term ends.)

- E.L. Hambrick, M.D., J.D., Chair, a
CMS Medical Officer.
- Karen Borman, M.D., F.A.C.S.* (July 2016)
- Dawn L. Francis, M.D., M.H.S.
- Ruth Lande
- Jim Nelson, M.B.A., C.P.A.,
F.H.F.M.A.* (January 2016)
- Leah Osbahr, M.A., M.P.H.*
(January 2016)

- Jacqueline Phillips* (February
2016)
- Johnathan Pregler, M.D.
- Traci Rabine* (January 2016)
- Michael Rabovsky, M.D.
- Wendy Resnick, F.H.F.M.A.
- Michael K. Schroyer, R.N.
- Marianna V. Spanaki-Varelas M.D.,
Ph.D., M.B.A.* (February 2016)
- Norman Thomson, III, M.D.
- Gale Walker* (January 2016)
- Kris Zimmer

Panel members serve on a voluntary
basis, without compensation, according
to an advance written agreement;
however, for the meetings, CMS
reimburses travel, meals, lodging, and
related expenses in accordance with
standard Government travel regulations.
CMS has a special interest in ensuring,
while taking into account the nominee
pool, that the Panel is diverse in all
respects of the following: Geography;
rural or urban practice; race, ethnicity,
sex, and disability; medical or technical
specialty; and type of hospital, hospital
health system, or other Medicare
provider subject to the OPPS.

Based upon either self-nominations or
nominations submitted by providers or
interested organizations, the Secretary,
or her designee, appoints new members
to the Panel from among those
candidates determined to have the
required expertise. New appointments
are made in a manner that ensures a
balanced membership under the FACA
guidelines. For 2016, we anticipate
doing one solicitation for nominees. Our
appointment schedule will assure that
we have the full complement of
members for each Panel meeting.
Current members' terms expire at
different times throughout the year;
therefore, we will add new members
throughout the year as terms expire.

II. Criteria for Nominees

The Panel must be fairly balanced in
its membership in terms of the points of
view represented and the functions to
be performed. Each panel member must
be employed full-time by a hospital,
hospital system, or other Medicare
provider subject to payment under the
OPPS (except for the CAH members,
since CAHs are not paid under the
OPPS). All members must have
technical expertise to enable them to
participate fully in the Panel's work.
Such expertise encompasses hospital
payment systems; hospital medical care
delivery systems; provider billing
systems; APC groups; Current
Procedural Terminology codes; and
alpha-numeric Health Care Common
Procedure Coding System codes; and
the use of, and payment for, drugs,
medical devices, and other services in

the outpatient setting, as well as other forms of relevant expertise. For supervision deliberations, the Panel shall have members that represent the interests of CAHs, who advise CMS only regarding the level of supervision for hospital outpatient therapeutic services.

It is not necessary for a nominee to possess expertise in all of the areas listed, but each must have a minimum of 5 years experience and currently have full-time employment in his or her area of expertise. Generally, members of the Panel serve overlapping terms up to 4 years, based on the needs of the Panel and contingent upon the rechartering of the Panel. A member may serve after the expiration of his or her term until a successor has been sworn in.

Any interested person or organization may nominate one or more qualified individuals. Self-nominations will also be accepted. Each nomination must include the following:

- Letter of Nomination stating the reasons why the nominee should be considered.
- Curriculum vitae or resume of the nominee that includes an email address where the nominee can be contacted.
- Written and signed statement from the nominee that the nominee is willing to serve on the Panel under the conditions described in this notice and further specified in the Charter.
- The hospital or hospital system name and address, or CAH name and address, as well as all Medicare hospital and or Medicare CAH billing numbers of the facility where the nominee is employee.

III. Copies of the Charter

To obtain a copy of the Panel's Charter, we refer readers to our Web site at <http://www.cms.gov/Regulations-and-Guidance/Guidance/FACA/AdvisoryPanelonAmbulatoryPaymentClassificationGroups.html>.

IV. Collection of Information Requirements

This document does not impose information collection requirements, that is, reporting, recordkeeping or third-party disclosure requirements. Consequently, there is no need for review by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*).

Dated: August 17, 2015.

Andrew M. Slavitt,
Acting Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 2015-21419 Filed 8-27-15; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Purchase, Construction and Major Renovation of Head Start Facilities.

OMB No.: 0970-0193.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Administrative Requirements	225	1	41	9225

Estimated Total Annual Burden Hours: 9225.

Cost per respondent is \$40 estimated at 2 hours x \$20.00 per hour.

Additional Information: Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection. Email address: infocollection@acf.hhs.gov.

OMB Comment: OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this

document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Fax: 202-395-7285, Email: OIRA_SUBMISSION@OMB.EOP.GOV, Attn: Desk Officer for the Administration for Children and Families.

Robert Sargis,
Reports Clearance Officer.

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Description: The Office of Head Start within the Administration for Children and Families, United States Department of Health and Human Services, is proposing to renew authority to collect information on funding for the purchase, construction or renovation of facilities. All information is collected electronically through the Head Start Enterprise System (HSES). The information required is in conformance with Section 644 (f) and (g) of the Act. Federal funding officials use the information to determine that the proposed purchase has resulted in savings when compared to the costs that would be incurred to acquire the use of an alternative facility, or that the lack of alternative facilities will prevent, or would have prevented, the operation of the program. The rule further describes the assurances which are necessary to protect the Federal interest in real property and the conditions under which federal interest may be subordinated and protected when grantees make use of debt instruments when purchasing facilities. The information is used by funding officials to determine if grantee's arrangements adequately conform to other applicable statutes which apply to the expenditure of public funds for the purchase of real property.

Respondents: Head Start and Early Head Start program grant recipients.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Agency Information Collection Activities: Submission for OMB Review; Comment Request; Protection and Advocacy for Assistive Technology (PAAT) Program Performance Report

AGENCY: Administration for Community Living, HHS.

ACTION: Notice.

SUMMARY: The Administration on Intellectual and Developmental Disabilities (AIDD), Administration for