

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended, and the Determination of the Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, CDC, pursuant to Public Law 92-463. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP)—PAR 18-812, NIOSH Member Conflict.

Date: February 11, 2020.

Time: 1:00 p.m.–4:00 p.m., EST.

Place: Teleconference.

Agenda: To review and evaluate grant applications.

For further information contact: Nina Turner, Ph.D., Scientific Review Officer, Office of Extramural Programs, CDC, 1095 Willowdale Road, Morgantown, West Virginia 26506; telephone: (304) 285-5976; email: nxt2@cdc.gov.

The Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Kalwant Smagh,

Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services

[Document Identifier CMS-10224]

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

AGENCY: Centers for Medicare & Medicaid Services, HHS.

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 the necessity and utility of the proposed information collection for the proper performance of the agency's functions, the accuracy of the estimated burden, ways to enhance the quality, utility, and clarity of the information to be collected, and 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 December 26, 2019.

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) 395-5806 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' website address at website address at <https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing.html>.

1. Email your request, including your address, phone number, OMB number, and CMS document identifier, to Paperwork@cms.hhs.gov.

2. Call the Reports Clearance Office at (410) 786-1326.

FOR FURTHER INFORMATION CONTACT: William Parham at (410) 786-4669.

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:* Healthcare Common Procedure Coding System (HCPCS)—Level II Code Modification Request Process; *Use:* In October 2003, the Secretary of Health and Human Services (HHS) delegated authority under the Health Insurance Portability and Accountability Act (HIPAA) legislation to Centers for Medicare and Medicaid Services (CMS) to maintain and distribute HCPCS Level II Codes. As stated in 42 CFR Sec. 414.40 (a) CMS establishes uniform national definitions of services, codes to represent services, and payment modifiers to the codes. The HCPCS code set has been maintained and distributed via modifications of codes, modifiers and descriptions, as a direct result of data received from applicants. Thus, information collected in the application is significant to codeset maintenance. The HCPCS code set maintenance is an ongoing process, as changes are implemented and updated annually; therefore, the process requires continual collection of information from applicants on an annual basis. As new technology evolves and new devices, drugs and supplies are introduced to the market, applicants submit applications

to CMS requesting modifications to the HCPCS Level II codeset. Applications have been received prior to HIPAA implementation and must continue to be collected to ensure quality decision-making. The HIPAA of 1996 required CMS to adopt standards for coding systems that are used for reporting health care transactions. The regulation that CMS published on August 17, 2000 (45 CFR 162.10002) to implement the HIPAA requirement for standardized coding systems established the HCPCS Level II codes as the standardized coding system for describing and identifying health care equipment and supplies in health care transactions. HCPCS Level II was selected as the standardized coding system because of its wide acceptance among both public and private insurers. Public and private insurers were required to be in compliance with the August 2000 regulation by October 1, 2002. Modifications to the HCPCS are initiated via application form submitted by any interested stakeholder. These applications have been received on an on-going basis with an annual deadline for each cycle. The purpose of the data provided is to educate the decision-making body about products and services for which a modification is requested so that an informed decision can be reached in response to the recommended coding.

Subsequent to the publication of the 60-day notice (84 FR 48145), we made minor clarifying edits to the information collection request. The edits are highlighted in a crosswalk document that is available for review along with the rest of the information collection request on the CMS PRA website. *Form Number:* CMS-10224 (OMB control number: 0938-1042); *Frequency:* Annually; *Affected Public:* Private Sector (Business or other for-profit and Not-for-profit institutions); *Number of Respondents:* 100; *Total Annual Responses:* 100; *Total Annual Hours:* 1,100. (For policy questions regarding this collection contact Kimberlee Combs Miller at 410-786-6707.)

Dated: November 20, 2019.

William N. Parham, III,

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

[FR Doc. 2019-25559 Filed 11-22-19; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Statement of Organization, Functions, and Delegations of Authority

Part F of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) (last amended at **Federal Register**, Vol. 75, No. 56, pp. 14176-14178, dated March 24, 2010; Vol. 76, No. 203, pp. 65197-65199, dated October 20, 2011; Vol. 78, No. 86, p. 26051, dated May 3, 2013; Vol. 79, No. 2, pp. 397-398, dated January 3, 2014; and Vol. 84, No. 32, p. 4470, dated February 15, 2019) is amended reflect the establishment of the Office of Program Operations and Local Engagement (OPOLE), and the abolishment of the Consortium for Medicare Health Plan Operations (CMHPO), the Consortium for Financial Management and Fee for Service Operations (CFMFFSO), and the Consortium for Quality Improvement and Survey and Certification Operations (CQISCO) to improve business alignment of the regional locations with the program components and improve local engagement with external stakeholders. The Center for Clinical Standards and Quality (CCSQ), Center for Medicaid and CHIP Services (CMCS), Chief Operating Officer (COO), Office of Communications (OC), Office of Financial Management (OFM), and the Office of Human Capital (OHC) were restructured to align audit management activities; change the reporting relationship of the Emergency Preparedness and Response Operations, and modernize CMS's approach to public and internal communications.

In the current structure, CMHPO and CFMFFSO serve as the local focal points for Medicare (both original Medicare and the Medicare Advantage and Part D Health Plans) and for the federally-facilitated exchanges, have been well-aligned with several program areas. The combination of the CMHPO and CFMFFSO functions under the new OPOLE structure will improve coordination across Medicare program lines and integrates communication and local engagement activities into a single structure that reports directly to the CMS Administrator, in alignment with the CMS program centers themselves.

CCSQ administers all quality, clinical, and medical science issues and survey and certification policies for CMS's

programs. The regional employees who conduct the quality and safety surveys of facilities and oversee the enforcement of the quality and safety standards, as well as those who manage the quality improvement organizations will be fully integrated into CCSQ. The changes will improve business processes, leadership alignment, and customer focus, enabling CMS to unify its quality improvement, survey and enforcement activities while preserving its ability to consider local and state requirements. With this integration, CCSQ will be the agency's single point of contact for this work.

CMCS serves as CMS's focal point for assistance with formulation, coordination, integration, and implementation of all national program policies and operations relating to Medicaid, CHIP, and the Basic Health Program. The regional employees who work on Medicaid and CHIP were integrated into CMCS as a single operating unit. It has become clear that additional integration is needed to be successful. The new structure will improve efficiency, alignment, and coordination of Medicaid and CHIP policy and operational activities throughout the regional locations, and create a leaner, more integrated structure that aligns key areas requiring a higher degree of specialization, significantly improving stakeholder experiences. It will also allow for a tighter coordination between financial policy and operations and bolster a national approach to prioritizing efforts across the portfolio of Medicaid and CHIP activities.

The COO facilitates the coordination, integration and execution of CMS policies and activities across CMS components, including new program initiatives. The Emergency Preparedness and Response Operations function that currently reports into the regional organizational component, will report to the COO.

OC serves as CMS's focal point for internal and external strategic and tactical communications providing leadership for CMS in the areas of customer service; website operations; traditional and new media including web initiatives such as social media supported by innovative, increasingly mobile technologies; media relations; call center operations, consumer materials; public information campaigns; and, public engagement. The regional public affairs officers will report to OC to improve consistency of media engagement. Other parts of this component were restructured to successfully leverage technology and to strengthen the Agency commitment to advocates and professional partners.