

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Respondent type	Form No. & name	Number of respondents	Number of responses per respondent	Average burden per response (hours)
	57.314 Hemovigilance Adverse Reaction—Post Transfusion Purpura.	500	1	20/60
	57.315 Hemovigilance Adverse Reaction—Transfusion Associated Dyspnea.	500	1	20/60
	57.316 Hemovigilance Adverse Reaction—Transfusion Associated Graft vs. Host Disease.	500	1	20/60
	57.317 Hemovigilance Adverse Reaction—Transfusion Related Acute Lung Injury.	500	1	20/60
	57.318 Hemovigilance Adverse Reaction—Transfusion Associated Circulatory Overload.	500	2	20/60
	57.319 Hemovigilance Adverse Reaction—Unknown Transfusion Reaction.	500	1	20/60
	57.320 Hemovigilance Adverse Reaction—Other Transfusion Reaction.	500	1	20/60
	57.400 Outpatient Procedure Component—Annual Facility Survey.	700	1	10/60
	57.401 Outpatient Procedure Component—Monthly Reporting Plan.	700	12	15/60
	57.402 Outpatient Procedure Component Same Day Outcome Measures.	200	1	40/60
	57.403 Outpatient Procedure Component—Monthly Denominators for Same Day Outcome Measures.	200	400	40/60
	57.404 Outpatient Procedure Component—SSI Denominator.	700	100	40/60
	57.405 Outpatient Procedure Component—Surgical Site (SSI) Event.	700	5	40/60
	57.500 Outpatient Dialysis Center Practices Survey .....	7,100	1	127/60
	57.501 Dialysis Monthly Reporting Plan .....	7,100	12	5/60
	57.502 Dialysis Event .....	7,100	30	25/60
	57.503 Denominator for Outpatient Dialysis .....	7,100	12	10/60
	57.504 Prevention Process Measures Monthly Monitoring for Dialysis.	1,760	12	75/60
	57.505 Dialysis Patient Influenza Vaccination .....	860	60	10/60
	57.506 Dialysis Patient Influenza Vaccination Denominator	860	1	5/60
	57.507 Home Dialysis Center Practices Survey .....	430	1	30/60

**Jeffrey M. Zirger,**

Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

[CMS–4186–N]

**Medicare Program; Medicare Appeals; Adjustment to the Amount in Controversy Threshold Amounts for Calendar Year 2020**

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

**ACTION:** Notice.

**SUMMARY:** This notice announces the annual adjustment in the amount in controversy (AIC) threshold amounts for Administrative Law Judge (ALJ) hearings and judicial review under the

Medicare appeals process. The adjustment to the AIC threshold amounts will be effective for requests for ALJ hearings and judicial review filed on or after January 1, 2020. The calendar year 2020 AIC threshold amounts are \$170 for ALJ hearings and \$1,670 for judicial review.

**DATES:** This annual adjustment takes effect on January 1, 2020.

**FOR FURTHER INFORMATION CONTACT:** Liz Hosna (*Katherine.Hosna@cms.hhs.gov*), (410) 786–4993.

**SUPPLEMENTARY INFORMATION:**

**I. Background**

Section 1869(b)(1)(E) of the Social Security Act (the Act), as amended by section 521 of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA), established the amount in controversy (AIC) threshold amounts for Administrative Law Judge (ALJ) hearings and judicial review at \$100 and \$1,000, respectively, for Medicare Part A and Part B appeals. Section 940 of the Medicare Prescription Drug,

Improvement, and Modernization Act of 2003 (MMA), amended section 1869(b)(1)(E) of the Act to require the AIC threshold amounts for ALJ hearings and judicial review to be adjusted annually. Beginning in January 2005, the AIC threshold amounts are to be adjusted by the percentage increase in the medical care component of the consumer price index (CPI) for all urban consumers (U.S. city average) for July 2003 to July of the year preceding the year involved and rounded to the nearest multiple of \$10. Section 940(b)(2) of the MMA provided conforming amendments to apply the AIC adjustment requirement to Medicare Part C/Medicare Advantage (MA) appeals and certain health maintenance organization and competitive health plan appeals. Health care prepayment plans are also subject to MA appeals rules, including the AIC adjustment requirement. Section 101 of the MMA provides for the application of the AIC adjustment requirement to Medicare Part D appeals.

**A. Medicare Part A and Part B Appeals**

The statutory formula for the annual adjustment to the AIC threshold amounts for ALJ hearings and judicial review of Medicare Part A and Part B appeals, set forth at section 1869(b)(1)(E) of the Act, is included in the applicable implementing regulations, 42 CFR 405.1006(b) and (c). The regulations require the Secretary of Health and Human Services (the Secretary) to publish changes to the AIC threshold amounts in the **Federal Register** (§ 405.1006(b)(2)). In order to be entitled to a hearing before an ALJ, a party to a proceeding must meet the AIC requirements at § 405.1006(b). Similarly, a party must meet the AIC requirements at § 405.1006(c) at the time judicial review is requested for the court to have jurisdiction over the appeal (§ 405.1136(a)).

**B. Medicare Part C/MA Appeals**

Section 940(b)(2) of the MMA applies the AIC adjustment requirement to Medicare Part C appeals by amending section 1852(g)(5) of the Act. The implementing regulations for Medicare Part C appeals are found at 42 CFR 422, subpart M. Specifically, sections 422.600 and 422.612 discuss the AIC threshold amounts for ALJ hearings and judicial review. Section 422.600 grants any party to the reconsideration (except the MA organization) who is dissatisfied with the reconsideration determination a right to an ALJ hearing as long as the amount remaining in controversy after reconsideration meets the threshold requirement established annually by the Secretary. Section 422.612 states, in part, that any party, including the MA organization, may request judicial review if the AIC meets the threshold requirement established annually by the Secretary.

**C. Health Maintenance Organizations, Competitive Medical Plans, and Health Care Prepayment Plans**

Section 1876(c)(5)(B) of the Act states that the annual adjustment to the AIC

dollar amounts set forth in section 1869(b)(1)(E)(iii) of the Act applies to certain beneficiary appeals within the context of health maintenance organizations and competitive medical plans. The applicable implementing regulations for Medicare Part C appeals are set forth in 42 CFR 422, subpart M and apply to these appeals in accordance with 42 CFR 417.600(b). The Medicare Part C appeals rules also apply to health care prepayment plan appeals in accordance with 42 CFR 417.840.

**D. Medicare Part D (Prescription Drug Plan) Appeals**

The annually adjusted AIC threshold amounts for ALJ hearings and judicial review that apply to Medicare Parts A, B, and C appeals also apply to Medicare Part D appeals. Section 101 of the MMA added section 1860D–4(h)(1) of the Act regarding Part D appeals. This statutory provision requires a prescription drug plan sponsor to meet the requirements set forth in sections 1852(g)(4) and (g)(5) of the Act, in a similar manner as MA organizations. As noted previously, the annually adjusted AIC threshold requirement was added to section 1852(g)(5) of the Act by section 940(b)(2)(A) of the MMA. The implementing regulations for Medicare Part D appeals can be found at 42 CFR 423, subparts M and U. More specifically, § 423.2006 of the Part D appeals rules discusses the AIC threshold amounts for ALJ hearings and judicial review. Sections 423.2002 and 423.2006 grant a Part D enrollee, who is dissatisfied with the independent review entity (IRE) reconsideration determination, a right to an ALJ hearing if, in part, the amount remaining in controversy after the IRE reconsideration meets the threshold amount established annually by the Secretary. Sections 423.2006 and 423.2136 allow a Part D enrollee to request judicial review of an ALJ or Medicare Appeals Council decision if, in part, the AIC meets the threshold

amount established annually by the Secretary.

**II. Provisions of the Notice—Annual AIC Adjustments**

**A. AIC Adjustment Formula and AIC Adjustments**

As previously noted, section 940 of the MMA requires that the AIC threshold amounts be adjusted annually, beginning in January 2005, by the percentage increase in the medical care component of the CPI for all urban consumers (U.S. city average) for July 2003 to July of the year preceding the year involved and rounded to the nearest multiple of \$10.

**B. Calendar Year 2020**

The AIC threshold amount for ALJ hearings will rise to \$170 and the AIC threshold amount for judicial review will rise to \$1,670 for CY 2020. These amounts are based on the 67.234 percent increase in the medical care component of the CPI, which was at 297.600 in July 2003 and rose to 497.687 in July 2019. The AIC threshold amount for ALJ hearings changes to \$167.23 based on the 67.234 percent increase over the initial threshold amount of \$100 established in 2003. In accordance with section 1869(b)(1)(E)(iii) of the Act, the adjusted threshold amounts are rounded to the nearest multiple of \$10. Therefore, the CY 2020 AIC threshold amount for ALJ hearings is \$170.00. The AIC threshold amount for judicial review changes to \$1,672.34 based on the 67.234 percent increase over the initial threshold amount of \$1,000. This amount was rounded to the nearest multiple of \$10, resulting in the CY 2020 AIC threshold amount of \$1,670.00 for judicial review.

**C. Summary Table of Adjustments in the AIC Threshold Amounts**

In the following table we list the CYs 2016 through 2020 threshold amounts.

	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020
ALJ Hearing .....	\$150	\$160	\$160	\$160	\$170
Judicial Review .....	1,500	1,560	1,600	1,630	1,670

**III. 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: September 24, 2019.

**Seema Verma,**

*Administrator, Centers for Medicare & Medicaid Services.*

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