

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS—Continued

| Form name | Number of respondents/ POCs | Number of responses per POC | Hours per response | Total burden hours |
|-----------------------------|-----------------------------|-----------------------------|--------------------|--------------------|
| Data Use Agreement | 51 | 1 | 3/60 | 2.5 |
| Data Files Submission | 13 | 4 | 1 | 52 |
| Total | NA | NA | NA | 63 |

Exhibit 2 shows the estimated annualized cost burden based on the respondents' time to complete one

submission process. The cost burden is estimated to be \$3,162 annually.

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

| Form name | Number of respondents | Total burden hours | Average hourly wage rate * | Total cost burden |
|--------------------------------|-----------------------|--------------------|----------------------------|-------------------|
| Registration Form | 51 | 4.25 | ^a 57.61 | \$245 |
| Program Information Form | 51 | 4.25 | ^a 57.61 | 245 |
| Data Use Agreement | 51 | 2.5 | ^b 102.41 | 256 |
| Data Files Submission | 13 | 52 | ^c 46.46 | 2,416 |
| Total | ** 166 | 63 | NA | 3,162 |

* National Compensation Survey: Occupational wages in the United States May 2021, "U.S. Department of Labor, Bureau of Labor Statistics."

(a) Based on the mean hourly wage for Medical and Health Services Managers (11-9111).

(b) Based on the mean hourly wage for Chief Executives (11-1011).

(c) Based on the mean hourly wages for Computer Programmers (15-1251).

** The 51 POCs listed for the registration form, program information form and the data use agreement are the estimated POCs from the estimated participating programs.

Request for Comments

In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501-3520, comments on AHRQ's information collection are requested with regard to any of the following: (a) whether the proposed collection of information is necessary for the proper performance of AHRQ's health care research and health care information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) of information; (c) ways to enhance the quality, utility and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: November 8, 2022.

Marquita Cullom,
Associate Director.

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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)—RFA-IP-23-002, Understanding Adult Immunization Quality Improvement Approaches Among Adult HCP and Health Departments; and RFA-IP-23-

003, Programmatic Interventions to Increase Uptake of Influenza and COVID-19 Vaccination Among Students Attending Institutions of Higher Education.

Date: March 29, 2023.

Time: 10 a.m.-5 p.m., EDT.

Place: Teleconference, Centers for Disease Control and Prevention, Room 1080, 8 Corporate Boulevard, Atlanta, Georgia 30329.

Agenda: To review and evaluate grant applications.

For Further Information Contact: Gregory Anderson, M.S., M.P.H., Scientific Review Officer, National Center for HIV, Viral Hepatitis, STD, and TB Prevention, CDC, 1600 Clifton Road, NE, Mailstop US8-1, Atlanta, Georgia 30329-4027; Telephone: (404) 718-8833; Email: GAnderson@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.

[FR Doc. 2022-24791 Filed 11-14-22; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-1789-N]

Medicare Program; Request for Nominations to the Advisory Panel on Hospital Outpatient Payment

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

ACTION: Notice.

SUMMARY: The Centers for Medicare & Medicaid Services (CMS) is requesting nominations to fill vacancies on the Advisory Panel (the Panel) on Hospital Outpatient Payment (HOP). 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, supervision of hospital outpatient therapeutic services, and hospital outpatient prospective payment system (OPPS) OPPS APC rates for covered ambulatory surgical centers (ASC) procedures.

DATES: We are accepting HOP Panel member nominations submitted by February 13, 2023 5 p.m. eastern time. We may consider accepting submissions that are received after that date at our discretion.

ADDRESSES: Nominations must be submitted through the "Hospital Outpatient Payment (HOP) Panel Member Nomination" module on MEARIS™. To access the module, visit <https://nearis.cms.gov> to register, log in, and submit your nomination. CMS can only accept HOP Panel Member nominations that are submitted via MEARIS™.

Persons wishing to obtain further information may submit an email to the following email address: APCPanel@cms.hhs.gov.

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

Website: For additional information on the HOP Panel, updates to the Panel's activities, and submission of nominations to the HOP Panel, we refer readers to our website at <http://www.cms.gov/Regulations-and-Guidance/Guidance/FACA/AdvisoryPanelonAmbulatoryPaymentClassificationGroups.html>.

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), and allowed by section 222 of the Public Health Service Act (PHS Act) to consult with an expert outside panel, that is, the Advisory Panel (the Panel) on Hospital Outpatient Payment (HOP) 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), the appropriate supervision level for hospital outpatient therapeutic services, and OPPS APC rates for covered ambulatory surgical center (ASC) procedures.

The Panel is governed by the provisions of the Federal Advisory Committee Act (FACA) (Pub. L. 92-463, enacted October 6, 1972), 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.

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 current members of the Panel are:

- E.L. Hambrick, M.D., J.D., CMS Chairperson
- Terry Bohlke, C.P.A., C.M.A., M.H.A., C.A.S.C
- Carmen Cooper-Oguz, P.T., D.P.T., M.B.A., C.W.S., W.C.C
- Paul Courtney, M.D.
- Peter Duffy, M.D.
- Lisa Gangarosa, M.D.
- Bo Gately, M.B.A.
- Michael Kuettel, M.D., M.B.A., Ph.D.
- Scott Manaker, M.D., Ph.D.
- Matthew Wheatley, M.D., F.A.C.E.P

II. Request for Nominations; Criteria for Nominees

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. The Panel may also include a representative of a provider with ASC expertise, who shall advise CMS only on OPPS APC rates, as appropriate, impacting ASC covered procedures within the context and purview of the Panel's scope. The Secretary or a designee selects the Panel membership based upon either self-nominations or nominations submitted by Medicare providers and other interested organizations of candidates determined to have the required expertise. For supervision deliberations, the Panel may include members that represent the interests of Critical Access Hospitals, who advise CMS only regarding the level of supervision for hospital outpatient therapeutic services. New appointments are made in a manner that ensures a balanced membership under the Federal Advisory Committee Act guidelines.

The HOP Panel currently consists of 9 panel members. Six additional vacancies will occur in CY 2023. The list of current HOP Panel members are located in the Background section of this notice, as well as on the Advisory Panel on Hospital Outpatient Payment Committee page, on the FACA database website at: <https://www.facadatabase.gov/committee/committee.aspx?cid=1791&aid=76>.

Panel members serve on a voluntary basis, without compensation, according to an advance written agreement; however, for the meetings, 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.

Appointment to the HOP Panel shall be made without discrimination on the basis of age, race, ethnicity, gender, sexual orientation, disability, and cultural, religious, or socioeconomic status.

Based upon either self-nominations or nominations submitted through MEARIS™ by providers or interested organizations, the Secretary, or his 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.

Nominations for a person not serving on the committee may be reconsidered as committee vacancies arise, but should be updated and resubmitted no