

standards for accreditation that meet or exceed Medicare requirements, a provider entity accredited by the national accrediting body's approved program would be deemed to have met the Medicare conditions. A national accrediting organization applying for approval of its accreditation program under part 488, subpart A, must provide us with reasonable assurance that the accrediting organization requires the accredited provider entities to meet requirements that are at least as stringent as the Medicare conditions. Our regulations concerning the approval of accrediting organizations are set forth at § 488.4 and § 488.8(d)(3). The regulations at § 488.8(d)(3) require accrediting organizations to reapply for continued approval of their accreditation programs every 6 years or as determined by CMS.

The Accreditation Association for Ambulatory Health Care (AAAHC) current term of approval for their ASC accreditation program expires on December 20, 2012.

## II. Approval of Deeming Organizations

Section 1865(a)(2) of the Act and our regulations at § 488.8(a) require that our findings concerning review and approval of a national accrediting organization's requirements consider, among other factors, the applying accrediting organization's: Requirements for accreditation; survey procedures; resources for conducting required surveys; capacity to furnish information for use in enforcement activities; monitoring procedures for provider entities found not in compliance with the conditions or requirements; and ability to provide CMS with the necessary data for validation.

Section 1865(a)(3)(A) of the Act also requires that we publish, within 60 days of receipt of an organization's complete application, a notice identifying the national accrediting body making the request, describing the nature of the request, and providing at least a 30-day public comment period. We have 210 days from the receipt of a complete application to publish notice of approval or denial of the application.

The purpose of this proposed notice is to inform the public of AAAHC's request for continued approval of its ASC accreditation program. This notice also solicits public comment on whether AAAHC's requirements meet or exceed the Medicare conditions for coverage.

## III. Evaluation of Deeming Authority Request

AAAHC submitted all the necessary materials to enable us to make a

determination concerning its request for continued approval of its ASC accreditation program. This application was determined to be complete on April 27, 2012. Under section 1865(a)(2) of the Act and our regulations at § 488.8 (Federal review of accrediting organizations), our review and evaluation of AAAHC would be conducted in accordance with, but not necessarily limited to, the following factors:

- The equivalency of AAAHC's standards for an ASC as compared with CMS' ASC conditions for coverage.
- AAAHC's survey process to determine the following:
  - + The composition of the survey team, surveyor qualifications, and the ability of the organization to provide continuing surveyor training.
  - + The comparability of AAAHC's processes to those of state agencies, including survey frequency, and the ability to investigate and respond appropriately to complaints against accredited facilities.
- AAAHC's processes and procedures for monitoring an ASC found out of compliance with AAAHC's program requirements. These monitoring procedures are used only when AAAHC identifies noncompliance. If noncompliance is identified through validation reviews or complaint surveys, the State survey agency monitors corrections as specified at § 488.7(d).

- AAAHC's capacity to report deficiencies to the surveyed facilities and respond to the facility's plan of correction in a timely manner.

- AAAHC's capacity to provide CMS with electronic data and reports necessary for effective validation and assessment of the organization's survey process.

- The adequacy of AAAHC's staff and other resources, and its financial viability.

- AAAHC's capacity to adequately fund required surveys.

- AAAHC's policies with respect to whether surveys are announced or unannounced, to assure that surveys are unannounced.

- AAAHC's agreement to provide CMS with a copy of the most current accreditation survey, together with any other information related to the survey as we may require (including corrective action plans).

## IV. Collection of Information Requirements

This document does not impose information collection and recordkeeping requirements. Consequently, it need not be reviewed

by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. 35).

## V. Response to Public Comments

Because of the large number of public comments we normally receive on **Federal Register** documents, we are not able to acknowledge or respond to them individually. We will consider all comments we receive by the date and time specified in the **DATES** section of this preamble, and, when we proceed with a subsequent document, we will respond to the comments in the preamble to that document.

Upon completion of our evaluation, including evaluation of comments received as a result of this notice, we will publish a final notice in the **Federal Register** announcing the result of our evaluation.

(Catalog of Federal Domestic Assistance Program No. 93.778, Medical Assistance Program; No. 93.773, Medicare—Hospital Insurance Program; and No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: June 14, 2012.

**Marilyn Tavenner,**

*Acting Administrator, Centers for Medicare & Medicaid Services.*

[FR Doc. 2012-15309 Filed 6-21-12; 8:45 am]

**BILLING CODE P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS-7025-N]

### Medicare, Medicaid, and Children's Health Insurance Programs; Meeting of the Advisory Panel on Outreach and Education (APOE), August 2, 2012

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

**ACTION:** Notice.

**SUMMARY:** This notice announces a meeting of the Advisory Panel on Outreach and Education (APOE) (the Panel) in accordance with the Federal Advisory Committee Act. The Panel advises and makes recommendations to the Secretary of Health and Human Services and the Administrator of the Centers for Medicare & Medicaid Services on opportunities to enhance the effectiveness of consumer education strategies concerning Medicare, Medicaid, and the Children's Health Insurance Program (CHIP). This meeting is open to the public.

**DATES:** *Meeting Date:* Thursday, August 2, 2012 from 8:30 a.m. to 4:00 p.m., Eastern Daylight Time (EDT).

*Deadline for Meeting Registration, Presentations and Comments:* Thursday, July 19, 2012, 5:00 p.m., EDT.

*Deadline for Requesting Special Accommodations:* Thursday, July 19, 2012, 5:00 p.m., EDT.

**ADDRESSES:** *Meeting Location:* The Embassy Row Hotel, 2015 Massachusetts Avenue NW., Washington, DC 20036.

*Meeting Registration, Presentations, and Written Comments:* Jennifer Kordonski, Designated Federal Official (DFO), Division of Forum and Conference Development, Office of Communications, Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Mailstop S1-13-05, Baltimore, MD 21244-1850 or contact Ms. Kordonski via email at <mailto:Jennifer.Kordonski@cms.hhs.gov>.

*Registration:* The meeting is open to the public, but attendance is limited to the space available. Persons wishing to attend this meeting must register by contacting the DFO at the address listed in the **ADDRESSES** section of this notice or by telephone at number listed in the **FOR FURTHER INFORMATION CONTACT** section of this notice, by the date listed in the **DATES** section of this notice. Individuals requiring sign language interpretation or other special accommodations should contact the DFO at the address listed in the **ADDRESSES** section of this notice by the date listed in the **DATES** section of this notice.

**FOR FURTHER INFORMATION CONTACT:** Jennifer Kordonski, (410) 786-1840, or on the Internet at [http://www.cms.gov/FACA/04\\_APOE.asp](http://www.cms.gov/FACA/04_APOE.asp) for additional information. Press inquiries are handled through the CMS Press Office at (202) 690-6145.

**SUPPLEMENTARY INFORMATION:** In accordance with section 10(a) of the Federal Advisory Committee Act (FACA), this notice announces a meeting of the Advisory Panel on Outreach and Education (APOE) (the Panel). Section 9(a)(2) of the Federal Advisory Committee Act authorizes the Secretary of Health and Human Services (the Secretary) to establish an advisory panel if the Secretary determines that the panel is "in the public interest in connection with the performance of duties imposed \* \* \* by law." Such duties are imposed by section 1804 of the Social Security Act (the Act), requiring the Secretary to provide informational materials to Medicare beneficiaries about the Medicare program, and section 1851(d) of the Act,

requiring the Secretary to provide for "activities \* \* \* to broadly disseminate information to [M]edicare beneficiaries \* \* \* on the coverage options provided under [Medicare Advantage] in order to promote an active, informed selection among such options."

The Panel is also authorized by section 1114(f) of the Act (42 U.S.C. 1314(f)) and section 222 of the Public Health Service Act (42 U.S.C. 217a). The Secretary signed the charter establishing this Panel on January 21, 1999 (64 FR 7899, February 17, 1999) and approved the renewal of the charter on January 21, 2011 (76 FR 11782, March 3, 2011).

Pursuant to the amended charter, the Panel advises and makes recommendations to the Secretary of Health and Human Services and the Administrator of the Centers for Medicare & Medicaid Services (CMS) 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).
- Enhancing the Federal government's effectiveness in informing Medicare, Medicaid and CHIP consumers, providers and stakeholders pursuant to education and outreach programs of issues regarding these and other health coverage 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 Medicare, Medicaid and CHIP education programs.
- Assembling and sharing an information base of "best practices" for helping consumers evaluate health plan 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 health care reform.

The current members of the Panel are: Samantha Artiga, Principal Policy Analyst, Kaiser Family Foundation; Joseph Baker, President, Medicare Rights Center; Philip Bergquist, Manager, Health Center Operations, CHIPRA Outreach & Enrollment Project

and Director, Michigan Primary Care Association, Marjorie Cadogan, Executive Deputy Commissioner, Department of Social Services; Jonathan Dauphine, Senior Vice President, AARP; Barbara Ferrer, Executive Director, Boston Public Health Commission; Shelby Gonzales, Senior Health Outreach Associate, Center on Budget & Policy Priorities; Jan Henning, Benefits Counseling & Special Projects Coordinator, North Central Texas Council of Governments' Area Agency on Aging; Warren Jones, Executive Director, Mississippi Institute for Improvement of Geographic Minority Health; Cathy Kaufmann, Administrator, Oregon Health Authority; Sandy Markwood, Chief Executive Officer, National Association of Area Agencies on Aging; Miriam Mobley-Smith, Dean, Chicago State University, College of Pharmacy; Ana Natale-Pereira, Associate Professor of Medicine, University of Medicine & Dentistry of New Jersey; Megan Padden, Vice President, Sentara Health Plans; David W. Roberts, Vice-President, Healthcare Information and Management System Society; Julie Bodén Schmidt, Associate Vice President, National Association of Community Health Centers; Alan Spielman, President & Chief Executive Officer, URAC; Winston Wong, Medical Director, Community Benefit Director, Kaiser Permanente and Darlene Yee-Melichar, Professor & Coordinator, San Francisco State University.

The agenda for the August 2, 2012 meeting will include the following:

- Welcome and Listening Session with CMS Leadership
- Recap of the Previous (May 2, 2012) Meeting
- Affordable Care Act Initiatives
- An opportunity for public comment
- Meeting Summary, Review of Recommendations, and Next Steps

Individuals or organizations that wish to make a 5-minute oral presentation on an agenda topic should submit a written copy of the oral presentation to the DFO at the address listed in the **ADDRESSES** section of this notice by the date listed in the **DATES** section of this notice. The number of oral presentations may be limited by the time available. Individuals not wishing to make a presentation may submit written comments to the DFO at the address listed in the **ADDRESSES** section of this notice by the date listed in the **DATES** 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: June 14, 2012.

**Marilyn Tavenner,**

*Acting Administrator, Centers for Medicare & Medicaid Services.*

[FR Doc. 2012–15311 Filed 6–21–12; 8:45 am]

**BILLING CODE 4120–01–P**

**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), (**Federal Register**, Vol. 76, No. 64, pp. 18555–18556, dated April 4, 2011) is amended to reflect updates to the functions of the Center for Strategic Planning.

Part F. is described below:

- Section FC. 20 (Functions) reads as follows:

**Center for Strategic Planning (FCK)**

- Directs and oversees the strategic planning process to achieve CMS strategic aims and goals, through a collaborative process with internal and external partners.

- Obtains understanding and concurrence of CMS senior management, the Principal Deputy Administrator, and the CMS Administrator on long term strategic plans and goals, and timelines and actions steps to be taken to achieve strategic aims and goals.

- Performs environmental scans and gap analysis on CMS strategic imperatives and enterprise goals.

- Integrates and aligns CMS strategic plans with Department of Health and Human Services’ 5-year strategic plan and performance goals.

- Provides senior leadership over the strategic planning process and the development of CMS strategic goals, metrics, and plans.

- Confers with CMS’ Centers, Offices and Regions to facilitate the development and update of strategic plans and performance goals.

- Oversees the CMS Challenge Competition, working with components to plan, organize, implement and report on CMS Challenge Competitions.

- Manages and coordinates internal and external inquiries regarding CSP activities.

Dated: June 14, 2012.

**Marilyn Tavenner,**

*Acting Administrator and Chief Operating Officer, Centers for Medicare & Medicaid Services.*

[FR Doc. 2012–15306 Filed 6–21–12; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)**

**National Institutes of Health**

**Proposed Collection; Comment Request; NDAR Data Access Request**

**SUMMARY:** In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the National Institute of Mental Health (NIMH), the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

**ESTIMATES ANNUAL BURDEN HOURS**

Form	Number of respondents	Frequency of response	Average time per response (in hours)	Annual hour burden
NDAR Data Access Request .....	40	1	95/60	63
Total .....	.....	.....	.....	63

**Request For Comments:** Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the

agency, including whether the information will have practical utility; (2) The accuracy of the agency’s estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance

**Proposed Collection**

*Title:* National Database for Autism Research (NDAR) Data Access Request.

*Type of Information Collection Request:* New.

*Need and Use of Information Collection:* The NDAR Data Access Request form is necessary for “Recipient” Principal Investigators and their organization or corporations with approved assurance from the DHHS Office of Human Research Protections to access data or images from the NDAR Central Repository for research purposes. The primary use of this information is to document, track, monitor, and evaluate the use of the NDAR datasets, as well as to notify interested recipients of updates, corrections, or other changes to the database.

*Frequency of Response:* Once per request.

*Affected Public:* Individuals.

*Type of Respondents:* Researchers interested in obtaining access to study data and images from the NDAR Central Repository for research purposes.

The annual reporting burden is as follows:

*Estimated Number of Respondents:* approximately 40.

*Estimated Number of Responses per Respondent:* Once per request.

*Average Burden Hours per Response:* 1.35.

*Estimated Total Annual Burden Hours Requested:* 63.

There are two scenarios for completing the form. The first where the Principal Investigator (PI) completes the entire NDAR Data Access Request form, and the second where the PI has the Research Assistant begin filling out the form and PI provides the final reviews and signs it. The estimated annual burden hours to complete the data request form is listed below.