Average Burden per Response: 2 hours.
Frequency: On occasion.

SUPPLEMENTARY INFORMATION:

Summary of Information Collection
Currently, CCQAS provides credentialing, privileging, risk-management and adverse actions capabilities which support medical quality assurance activities in the direct care system. CCQAS is fully deployed worldwide and is used by all Services (Army, Navy, Air Force) and Components (Guard, Reserve). CCQAS serves users functioning at the facility (defined by an individual UIC), Service, and DoD levels. Access to CCQAS modules and capabilities within each module is permissions-based, so that users have access tailored to the functions they perform and sensitive information receives maximal protection. Within each module, access control is available to the screen level.

Dated: November 26, 2012.
Aaron Siegel,
Alternate OSD Federal Register Liaison Officer, Department of Defense.

[FR Doc. 2012–28866 Filed 11–28–12; 8:45 am]
BILLING CODE 5001–06–P

DEPARTMENT OF DEFENSE
Office of the Secretary
Meeting of the Uniform Formulary Beneficiary Advisory Panel

AGENCY: Assistant Secretary of Defense (Health Affairs), Department of Defense.

ACTION: Notice of meeting.

SUMMARY: Under the provisions of the Federal Advisory Committee Act of 1972 (5 U.S.C. Appendix, as amended) and the Government in the Sunshine Act of 1976 (5 U.S.C. 552b, as amended) the Department of Defense (DoD) announces a Federal Advisory Committee Meeting of the Uniform Formulary Beneficiary Advisory Panel (hereafter referred to as the Panel).

DATES: January 9, 2013, from 9:00 a.m. to 1:00 p.m.

ADDRESS: Naval Heritage Center Theater, 701 Pennsylvania Avenue, NW., Washington, DC 20004.

FOR FURTHER INFORMATION CONTACT: CDR Joseph Lawrence, DFO, Uniform Formulary Beneficiary Advisory Panel, 4130 Stanley Road, Suite 208, Building 1000, San Antonio, TX 78234–6012, Telephone: (210) 295–1271, Fax: (210) 295–2789, Email Address: Baprequests@tma.osd.mil.

SUPPLEMENTARY INFORMATION:

Purpose of Meeting: The Panel will review and comment on recommendations made to the Director of TRICARE Management Activity, by the Pharmacy and Therapeutics Committee, regarding the Uniform Formulary.

Meeting Agenda
1. Sign-In
2. Welcome and Opening Remarks
3. Public Citizen Comments
4. Scheduled Therapeutic Class Reviews
   (Comments will follow each agenda item)
   a. Hepatitis C Agents
   b. Overactive Bladder Agents
   c. Gastrointestinal—2 Agents
   d. Diabetes: Non-Insulin
   e. Designated Newly Approved Drugs in Already-Reviewed Classes
   f. Pertinent Utilization Management Issues
5. Panel Discussions and Vote

Meeting Accessibility: Pursuant to 5 U.S.C. 552b, as amended, and 41 CFR 102–3.140 through 102–3.165, and the availability of space, this meeting is open to the public. Seating is limited and will be provided only to the first 220 people signing-in. All persons must sign-in legibly.

Administrative Work Meeting: Prior to the public meeting, the panel will conduct an Administrative Work Meeting from 7:30 a.m. to 9:00 a.m. to discuss administrative matters of the Panel. The Administrative Work Meeting will be held at the Naval Heritage Center, 701 Pennsylvania Avenue NW., Washington, DC 20004. Pursuant to 41 CFR 102–3.160, the Administrative Work Meeting will be closed to the public.

Written Statements: Pursuant to 41 CFR 102–3.105(j) and 102–3.140, the public or interested organizations may submit written statements to the membership of the Panel at any time or in response to the stated agenda of a planned meeting. Written statements should be submitted to the Panel’s Designated Federal Officer (DFO). The DFO’s contact information can be obtained from the General Services Administration’s Federal Advisory Committee Act Database at https://www.fido.gov/facadatabase/public.asp. Written statements that do not pertain to the scheduled meeting of the Panel may be submitted at any time. However, if individual comments pertain to a specific topic being discussed at a planned meeting, then these statements must be submitted no later than 5 business days prior to the meeting in question. The DFO will review all submitted written statements and provide copies to all the committee members.

Public Comments: In addition to written statements, the Panel will set aside 1 hour for individuals or interested groups to address the Panel. To ensure consideration of their comments, individuals and interested groups should submit written statements as outlined in this notice; but if they still want to address the Panel, then they will be afforded the opportunity to register to address the Panel. The Panel’s DFO will have a “Sign-Up Roster” available at the Panel meeting for registration on a first-come, first-serve basis. Those wishing to address the Panel will be given no more than 5 minutes to present their comments, and at the end of the 1 hour time period, no further public comments will be accepted. Anyone who signs-up to address the Panel, but is unable to do so due to the time limitation, may submit their comments in writing; however, they must understand that their written comments may not be reviewed prior to the Panel’s deliberation.

To ensure timeliness of comments for the official record, the Panel encourages that individuals and interested groups consider submitting written statements instead of addressing the Panel.

Dated: November 26, 2012.
Aaron Siegel,
Alternate OSD Federal Register Liaison Officer, Department of Defense.

[FR Doc. 2012–28889 Filed 11–28–12; 8:45 am]
BILLING CODE 5001–06–P

DEPARTMENT OF DEFENSE
Office of the Secretary
Termination of Department of Defense Federal Advisory Committees

AGENCY: Department of Defense.

ACTION: Termination of Federal Advisory Committee.


FOR FURTHER INFORMATION CONTACT: Jim Freeman, Advisory Committee Management Officer for the Department of Defense, 703–692–5952.
The following reflect an update of 2.6 percent for Fiscal Year 2013.

**REGIONAL-SPECIFIC RATES FOR PSYCHIATRIC HOSPITALS AND UNITS WITH LOW TRICARE VOLUME FOR FISCAL YEAR 2013**

<table>
<thead>
<tr>
<th>United States Census region</th>
<th>Regional rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northeast</td>
<td>$807</td>
</tr>
<tr>
<td>New England</td>
<td>$807</td>
</tr>
<tr>
<td>Mid-Atlantic</td>
<td>778</td>
</tr>
<tr>
<td>Mid-Atlantic</td>
<td>778</td>
</tr>
<tr>
<td>Midwest</td>
<td>672</td>
</tr>
<tr>
<td>East North Central</td>
<td>634</td>
</tr>
<tr>
<td>West North Central</td>
<td></td>
</tr>
<tr>
<td>South</td>
<td></td>
</tr>
<tr>
<td>South Atlantic</td>
<td>800</td>
</tr>
<tr>
<td>East South Central</td>
<td>856</td>
</tr>
<tr>
<td>West South Central</td>
<td>729</td>
</tr>
<tr>
<td>West</td>
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</tr>
<tr>
<td>Mountain</td>
<td>728</td>
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<tr>
<td>Pacific</td>
<td>860</td>
</tr>
<tr>
<td>Puerto Rico</td>
<td>549</td>
</tr>
</tbody>
</table>

Beneficiary cost-share: Beneficiary cost-share (other than dependents of Active Duty members) for care paid on the basis of a regional per-diem rate is the lower of $213 per day or 25 percent of the hospital billed charges effective for services rendered on or after October 1, 2012. Cap Amount: Updated cap amount for hospitals and units with high TRICARE volume is $1,015 per day for services rendered on or after October 1, 2012.

The following reflects an update of 2.6 percent for Fiscal Year 2013 for the full day partial hospitalization rates. Partial hospitalization rates for programs of less than 6 hours (with a minimum of three hours) will be paid a per diem rate of 75 percent of the rate for a full-day program.