

This notice announces a forthcoming meeting of a public advisory committee of the Office of the National Coordinator for Health Information Technology (ONC). The meeting will be open to the public.

Name of Committee: HIT Standards Committee.

General Function of the Committee: To provide recommendations to the National Coordinator on standards, implementation specifications, and certification criteria for the electronic exchange and use of health information for purposes of adoption, consistent with the implementation of the Federal Health IT Strategic Plan, and in accordance with policies developed by the HIT Policy Committee.

Date and Time: The meeting will be held on July 19, 2012, from 9:00 a.m. to 3:00 p.m. Eastern Time.

Location: Omni Shoreham Hotel, 2500 Calvert Street, NW., Washington DC 20008. For up-to-date information, go to the ONC Web site, <http://healthit.hhs.gov>.

Contact Person: MacKenzie Robertson, Office of the National Coordinator, HHS, 355 E Street SW., Washington, DC 20201, 202-205-8089, Fax: 202-260-1276, email: mackenzie.robertson@hhs.gov. Please call the contact person for up-to-date information on this meeting. A notice in the **Federal Register** about last minute modifications that impact a previously announced advisory committee meeting cannot always be published quickly enough to provide timely notice.

Agenda: The committee will hear reports from its workgroups and updates from ONC and other Federal agencies. ONC intends to make background material available to the public no later than two (2) business days prior to the meeting. If ONC is unable to post the background material on its Web site prior to the meeting, it will be made publicly available at the location of the advisory committee meeting, and the background material will be posted on ONC's Web site after the meeting, at <http://healthit.hhs.gov>.

Procedure: ONC is committed to the orderly conduct of its advisory committee meetings. Interested persons may present data, information, or views, orally or in writing, on issues pending before the Committee. Written submissions may be made to the contact person on or before two days prior to the Committee's meeting date. Oral comments from the public will be scheduled in the agenda. Time allotted for each presentation will be limited to three minutes. If the number of speakers requesting to comment is greater than can be reasonably accommodated

during the scheduled public comment period, ONC will take written comments after the meeting until close of business on that day.

Persons attending ONC's advisory committee meetings are advised that the agency is not responsible for providing access to electrical outlets.

ONC welcomes the attendance of the public at its advisory committee meetings. Seating is limited at the location, and ONC will make every effort to accommodate persons with physical disabilities or special needs. If you require special accommodations due to a disability, please contact MacKenzie Robertson at least seven (7) days in advance of the meeting.

Notice of this meeting is given under the Federal Advisory Committee Act (Pub. L. 92-463, 5 U.S.C., App. 2).

Dated: June 13, 2012.

MacKenzie Robertson,

FACA Program Lead, Office of Policy and Planning, Office of the National Coordinator for Health Information Technology.

[FR Doc. 2012-15098 Filed 6-20-12; 8:45 am]

BILLING CODE 4150-45-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[CMS-9963-NC]

Request for Domains, Instruments, and Measures for Development of a Standardized Instrument for Use in Public Reporting of Enrollee Satisfaction With Their Qualified Health Plan and Exchange

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

ACTION: Notice.

SUMMARY: The Patient Protection and Affordable Care Act (the Affordable Care Act) requires the Department of Health and Human Services (HHS) to establish an enrollee satisfaction survey system to be administered to members of each qualified health plan offered through an Exchange. This notice solicits input on publicly-available domains (for example, broad functional areas such as access, communication, coordination of care, customer service), instruments, and measures for measuring the level of enrollee satisfaction with qualified health plans plus the experience of the consumer interacting with the health care system and the experience of the consumer interacting with the Exchange (for example, enrollment and customer service) from consumers, researchers, vendors, health plans, Exchanges, stakeholders, and other interested parties.

DATES: Input is sought by June 29, 2012.

ADDRESSES: Electronic submissions are encouraged, preferably as an email with an electronic file in a standard word processing format as an email attachment. Submissions may also be in the form of a letter to: Kathleen Jack, Center for Consumer Information and Insurance Oversight, Centers for Medicare & Medicaid Services, 7500 Security Blvd., Mailstop: C5-17-16, Windsor Mill, MD 21244, Phone: (410) 786-7214, Email: Kathleen.Jack@cms.hhs.gov.

FOR FURTHER INFORMATION CONTACT: Kathleen Jack, 410-786-7214.

SUPPLEMENTARY INFORMATION:

I. Background

On March 23, 2010, the President signed into law the Patient Protection and Affordable Care Act (Pub. L. 111-148). On March 30, 2010, the Health Care and Education Reconciliation Act of 2010 (Pub. L. 111-152) was signed into law. The two laws are collectively referred to as the Affordable Care Act. The Affordable Care Act creates new competitive private health insurance marketplaces, Affordable Insurance Exchanges (Exchanges), that will give millions of Americans and small businesses access to quality, affordable coverage.

Section 1311(c)(4) of the Affordable Care Act directs HHS to establish an enrollee satisfaction survey system to be administered to members of each qualified health plan (QHP) offered through an Exchange. In addition, 45 CFR 156.200(b)(5) (77 FR 18310, at 18469 (Mar. 27, 2012)) requires implementation of the enrollee satisfaction survey as part of QHP certification requirements. Consistent with our intent that QHP-specific quality ratings would be available in 2016 open enrollment for the 2017 coverage year, HHS intends to propose that the enrollee satisfaction survey be implemented in 2016 and available for display on the Internet portal for every Exchange in 2016 open enrollment for the 2017 coverage year. This call for domains, instruments, and measures is occurring now because of the multi-phased survey development and testing process necessary before full implementation.

II. Consumer Survey

The Centers for Medicare & Medicaid Services (CMS) is soliciting the submission of publicly-available domains,¹ instruments and measures for

¹ The Agency for Healthcare Research and Quality (AHRQ) defines domains for the purposes of the

capturing the experience of the consumer with a QHP offered through an Exchange. HHS is considering how the scope of the enrollee satisfaction survey may also include the experience of the consumer interacting with the health care system as well as the experience of the consumer interacting with the Exchange (for example, enrollment and customer service). CMS is soliciting the submission of publicly-available domains, instruments and measures for assessing this experience as well. On both issues, CMS is interested in instruments and items which can measure quality of care from the consumer's perspective and track changes over time.

The target population for the enrollee satisfaction survey is the Exchange enrollees (i.e., individuals enrolled in QHPs). Exchange enrollees may differ from the populations who are currently commercially-insured in their experience with health coverage and the health care system, health literacy, and knowledge of quality care. CMS is looking for items for which (1) the people who received care are the best or only judge and (2) consumers and patients identified the information as important to them; for example, enrollees can best acknowledge if the QHP/Exchange met their information needs or explained things in ways they can understand. Existing instruments that have been tested should have a high degree of reliability and validity; evidence of wide use will be helpful.

Section 1311(c)(4) of the Affordable Care Act directs that the enrollee satisfaction survey will "evaluate the level of enrollee satisfaction with qualified health plans offered through an Exchange, for each qualified health plan that had more than 500 enrollees in the previous year." CMS is developing this survey system and intends to submit it to the Agency for Healthcare Research and Quality (AHRQ) for recognition as a Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey. CAHPS® is a registered trademark of AHRQ. The survey will be developed in accordance with CAHPS® Survey Design Principles and implementation instructions will be based on those for CAHPS® instruments (<https://www.cahps.AHRQ.gov/About-CAHPS/Principles.aspx>). Using the CAHPS® mark is advantageous because it assures consumers and stakeholders that the survey data submitted meet the original validity and reliability

standards reported by the CAHPS® program and are comparable to data from other competing organizations. We intend for the enrollee satisfaction survey to be a trademarked CAHPS® survey to ensure efficacy of the enrollee satisfaction survey and to ultimately reduce issuer burden by streamlining potential Exchange and State reporting requirements. All CAHPS® surveys are available to users free of charge and are published on the CMS or AHRQ Web sites.

III. Submission Guidelines

When submitting domains, include, to the extent available:

- Detailed descriptions of question domain and specific purpose.
- Sample questions, in all available languages.

- Relevant peer-reviewed journal articles or full citations.

When submitting instruments, submitter shall include, to the extent available:

- Name of the instrument.
- Copies of the full instrument in all available languages.
- Domains included in the instrument.
- Measures derived from the instrument.
- Instrument reliability (internal consistency, test-retest, etc) and validity (content, construct, criterion-related).
- Results of cognitive testing.
- Results of field testing.
- Current use of the instrument (who is using it, what it is being used for, what population it is being used with, how instrument findings are reported, and by whom the findings are used).
- Relevant peer-reviewed journal articles or full citations.
- CAHPS® trademark status.
- Survey administration instructions.
- Data analysis instructions.
- Guidelines for reporting survey data.

When submitting measures, submitter shall include, to the extent available:

- Measure characteristics.
- Importance of the measure.
- Populations addressed by the measure.
- Measure reliability (internal consistency, test-retest, etc.) and validity (content, construct, criterion-related).
- Results of cognitive testing.
- Results of field testing.
- Current use of the measure (who is using it, what it is being used for, how measure findings are reported, and by whom the findings are used).
- Status of the National Quality Forum (NQF) endorsement and NQF number.

All submissions include:

- A brief cover letter summarizing the information requested above for submitted instruments and domains, respectively and how the submission will help fulfill the intent of the enrollee satisfaction survey;

- (Optional) Complete information about the person submitting the material for the purposes of follow up questions about the submission, including:

- ++ Name
- ++ Title
- ++ Organization
- ++ Mailing address
- ++ Telephone number
- ++ Email address

- Indication that the domain, instrument or measure is publicly-available.

Dated: May 15, 2012.

Marilyn Tavenner,
Acting Administrator, Centers for Medicare & Medicaid Services.

Approved: June 14, 2012.

Kathleen Sebelius,
Secretary.

[FR Doc. 2012-15162 Filed 6-18-12; 11:15 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Board of Scientific Counselors, Office of Public Health Preparedness and Response; Meeting

In accordance with section 10 (a) (2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC), announces the following meeting of the aforementioned committee:

Time and Date: 3:00 p.m.–4:00 p.m., July 10, 2012.

Place: This meeting is accessible by teleconference only. Please contact CDC (see Contact for More Information) to obtain further instructions on how to participate.

Status: Participation by teleconference is limited by the number of open ports available.

Purpose: The Board of Scientific Counselors (BSC) is charged with providing advice and guidance to the Secretary, Department of Health and Human Services (HHS), the Assistant Secretary for Health (ASH), the Director, Centers for Disease Control and Prevention (CDC), and the Director, Office of Public Health Preparedness and Response (OPHPR), concerning strategies and goals for the programs and research within OPHPR, monitoring the overall strategic direction and focus of the OPHPR Divisions and Offices, and administration and oversight of peer review of OPHPR scientific programs. For

Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey as "broad functional areas." See <https://www.cahps.ahrq.gov/About-CAHPS/Glossary.aspx> (last accessed May 18, 2012).