

feedback in a standardized fashion, and to ensure continued improvement of key measurement aspects of the QIs based on new data sources, data enhancements, and methodological advances. The standing workgroup may potentially provide guidance for the development of new indicators or the modification or retirement of existing indicators. Annual topics include: (1) Strategic areas for AHRQ QI program development for the upcoming year, (2) measure specification, software and documentation changes that have been proposed from users, the literature or other sources, (3) results from the analysis of proposed changes and review of recommendations for implementation, and (4) general methodological developments in quality measurement.

The standing workgroup will consist of a diverse group of clinicians and other individuals from a variety of disciplines and settings with expertise and interest in quality measurement and improvement. Members of the standing workgroup may include:

- One or more currently practicing clinicians specialized in various disciplines
- One or more individuals with inpatient nursing and/or nursing management experience
- One or more individuals with experience using AHRQ QI measures for assessing hospital performance and/or public reporting
- One or more individuals with expertise in developing algorithms for relevant quality indicators using administrative data
- One or more individuals with expertise in validating ICD-9-CM codes using chart abstraction (to assess criterion validity), or assessing their accuracy in identifying individuals at risk for specific adverse outcomes (predictive validity)
- One or more individuals with experience using HCUP or similar data for the purpose of quality measurement
- One or more individuals with knowledge of ICD-9-CM and ICD-10-CM coding guidelines and practices

Submission Criteria

To be considered for membership on either work group, please send the following information for each nominee:

1. A brief nomination letter highlighting experience and knowledge in the use of the AHRQ QIs, including any experience with the National Quality Forum (NQF) Consensus Development Process, and the work group of interest. The nominee's profession and specialty, and the spectrum of his or her experience

related to the QIs should be described. Please include full contact information of nominee: Name, title, organization, mailing address, telephone and fax numbers, and email address.

2. Curriculum vita (with citations to any pertinent publications related to quality measure development or use).

3. Description of any financial interest, recent conduct, or current or planned commercial, non-commercial, institutional, intellectual, public service, or other activities pertinent to the potential scope of the workgroup, which could be perceived as influencing the workgroup's process or recommendations. The objective is not to prevent nominees with potential conflicts of interest from serving on the work groups, but to obtain such information so as to best inform the selection of workgroup members, and to help minimize such conflicts.

Nominee Selection Criteria

Selection of standing workgroup members will be based on the following criteria:

- Knowledge of and experience with health care quality measurement using administrative data, including issues of coding, specification, and risk adjustment
- Peer-reviewed publications relevant to developing, testing, or applying health care quality measures based on ICD-coded administrative data
- Knowledge of current quality measurement methodologies published in the literature
- Clinical expertise in the use and applications of the AHRQ QIs
- Knowledge of the NQF measure submission and maintenance process

The selection process will be adapted to ensure that the standing work group includes a diverse group of clinicians and other individuals from a variety of disciplines and settings.

Time Commitment

Time-limited and standing workgroup participants will hold a minimum two year term with an optional extension. The time-limited workgroup will meet by teleconference approximately three times for approximately two hours each in 2013, with a total time commitment of approximately 12 hours. The standing workgroup will meet quarterly by teleconference for approximately two hours with an annual time commitment of approximately 12-15 hours.

Workgroup Activities

1. Workgroup members will receive pre-meeting material to review and to provide written feedback (1.0 hours).
2. The workgroup meeting will be convened by phone or web conference.

Initial feedback and revisions will be discussed during the live meetings along with other relevant topics (2.0 hours).

3. Post meeting, members will review and comment on meeting minutes and associated documents along with any follow-up action items (1 hour).

4. There may be opportunities for workgroup members to collaboratively publish peer-reviewed journal articles or reports based on workgroup activities. However, this is not a mandatory requirement of workgroup members and is not included in the 12-15 hours estimated time commitment.

Background

The AHRQ Quality Indicators (AHRQ QIs) are a unique set of measures of health care quality that make use of readily available hospital inpatient administrative data. The QIs have been used for various purposes. Some of these include tracking, hospital self-assessment, reporting of hospital-specific quality or pay for performance. The AHRQ QIs are provider- and area-level quality indicators and currently consist of four modules: The Prevention Quality Indicators (PQIs), the Inpatient Quality Indicators (IQIs), the Patient Safety Indicators (PSIs), and the Pediatric Quality Indicators (PQIs). In response to feedback from the AHRQ QI user community and guidance from NQF, AHRQ is committed to the ongoing improvement and refinement of the QIs in an accurate and transparent manner. For additional information about the AHRQ QIs, please visit the AHRQ Web site at <http://www.qualityindicators.AHRQ.gov>.

Dated: January 16, 2013.

Carolyn M. Clancy,
Director, AHRQ.

[FR Doc. 2013-01348 Filed 1-25-13; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Toxic Substances and Disease Registry

Statement of Organization, Functions, and Delegations of Authority

Part J (Agency for Toxic Substances and Disease Registry) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (50 FR 25129-25130, dated June 17, 1985, as amended most recently at 77 FR 68125, dated November 15, 2012) is amended to reflect the reorganization of the Office of

Financial Administrative Services, Office of the Director, Agency for Toxic Substances and Disease Registry.

Section T–B, Organization and Functions, is hereby amended as follows: Delete in its entirety the title for the Office of Financial and Administrative Services (JAA2), Office of the Director (JAA), Agency for Toxic Substances and Disease Registry (JA) and insert the title Office of Financial, Administrative, and Information Services (JAA2), Office of the Director (JAA), Agency for Toxic Substances and Disease Registry (JA).

Revise the functional statement for the Office of Financial, Administrative, and Information Services (JAA2), as follows:

After item (6), insert the following item: (7) enables and supports NCEH/ATSDR data management, systems development, and information security needs.

Dated: January 11, 2013.

Sherri A. Berger,

Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2013–01663 Filed 1–25–13; 8:45 am]

BILLING CODE 4160–70–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Committee on Immunization Practices (ACIP)

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) announce the following meeting of the aforementioned committee:

Times and Dates

8:00 a.m.–5:00 p.m., February 20, 2013, 8:00 a.m.–3:00 p.m., February 21, 2013.

Place: CDC, Tom Harkin Global Communications Center, 1600 Clifton Road, NE., Building 19, Kent “Oz” Nelson Auditorium, Atlanta, Georgia 30333.

Status: Open to the public, limited only by the space available.

Purpose: The committee is charged with advising the Director, CDC, on the appropriate uses of immunizing agents. In addition, under 42 U.S.C. 1396s, the committee is mandated to establish and periodically review and, as appropriate, revise the list of vaccines for administration to vaccine-eligible children through the Vaccines for Children (VFC) program, along with

schedules regarding the appropriate periodicity, dosage, and contraindications applicable to the vaccines. Further, under provisions of the Affordable Care Act, at section 2713 of the Public Health Service Act, immunization recommendations of the ACIP that have been adopted by the Director of the Centers for Disease Control and Prevention must be covered by applicable health plans.

Matters To Be Discussed: The agenda will include discussions on: adult immunization, general recommendations, 13-valent pneumococcal conjugate vaccine, influenza, Japanese encephalitis vaccine, pertussis, *Haemophilus influenzae* b (Hib) vaccine, smallpox and vaccine supply. Recommendation votes are scheduled for Hib vaccine, influenza and 13-valent pneumococcal conjugate vaccine. VFC votes are scheduled for *Haemophilus influenzae* b (Hib) vaccine and 13-valent pneumococcal conjugate vaccine. Time will be available for public comment. Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Stephanie B. Thomas, National Center for Immunization and Respiratory Diseases, CDC, 1600 Clifton Road, NE., MS–A27, Atlanta, Georgia 30333, Telephone: (404) 639–8836; Email ACIP@CDC.GOV.

Meeting is Web cast live via the World Wide Web; for instructions and more information on ACIP please visit the ACIP Web site: <http://www.cdc.gov/vaccines/acip/index.html>.

The Director, Management Analysis and Services Office, 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.

Dated: January 22, 2013.

Dana Redford,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 2013–01649 Filed 1–25–13; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772–76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 77 FR 65390, dated October 26, 2012) is amended to reflect the reorganization of the Office of the Director, National Center for Environmental Health, Centers for Disease Control and Prevention.

Section C–B, Organization and Functions, is hereby amended as follows: Delete in its entirety the title Office of Financial and Administrative Services (CUG14), Office of the Director (CUG1), National Center for Environmental Health (CUG) and insert the title Office of Financial, Administrative, and Information Services (CUG14), Office of the Director (CUG1), National Center for Environmental Health (CUG).

Revise the functional statement for the Office of Financial, Administrative, and Information Services (CUG14), as follows:

After item (6), insert the following item: (7) enables and supports NCEH/ATSDR data management, systems development, and information security needs.

Dated: January 11, 2013.

Sherri A. Berger,

Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2013–01660 Filed 1–25–13; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects

Title: Federal Tax Offset, Administrative Offset, and Passport Denial.

OMB No.: 0970–0161.

The Federal Tax Offset, Administrative Offset, and Passport Denial programs collect past-due child