

(CAT). The information will inform AHRQ's decision in selecting physical function PRO measures for the Challenge Competition and the subsequent pilot test.

Your contribution will be very beneficial to AHRQ's PRO projects. This is a voluntary request for information, and all costs for complying with this request must be borne by the submitter.

This RFI is for planning purposes only and should not be construed as a policy, solicitation for applications, or as an obligation on the part of the Government to provide support for any ideas identified in response to it. AHRQ will use the information submitted in response to this RFI at its discretion and will not provide comments to any responder's submission. However, responses to the RFI may be reflected in future solicitation(s) or policies. Respondents are advised that the Government is under no obligation to acknowledge receipt of the information received or provide feedback to respondents with respect to any information submitted. No proprietary, classified, confidential, or sensitive information should be included in your response. The Government reserves the right to use any non-proprietary technical information in any resultant solicitation(s). The contents of all submissions will be made available to the public upon request. Materials submitted must be publicly available or able to be made public.

#### Submission Instructions

Specific questions of interest to AHRQ include, but are not limited to:

1. What *physical function* PRO measures does your health system/practice currently use to collect PRO data? Which PRO measures in use do you find most useful with respect to clinical management, quality improvement, population health, or for other uses?

2. What is the type of care setting (primary care or specialty care) within which these physical function PRO data are collected? Are similar measures used in other settings (e.g., acute care, post-acute care, rehabilitation, home care, long term care)?

3. How are the PRO data collected? Is the PRO data collection via paper or an electronic mechanism? Please specify the electronic mechanism (e.g., patient portal, tablet) and whether the electronic mechanism is internal or external to an electronic health records system. Is CAT used? What is the typical workflow for collecting PRO data?

4. How are the PRO data used (e.g., patient assessment, shared decision

making, quality improvement, research?) What has been your experience with the use of these measures?

AHRQ is interested in all of the questions listed above, but respondents are welcome to address as many or as few as they choose and to address additional areas of interest not listed. Submission of copies of existing documentation or reports describing the measure and its properties, existing data sources, etc., is highly desirable but not required.

**Gopal Khanna,**

*Director.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency for Healthcare Research and Quality

#### Solicitation for Nominations for Members of the U.S. Preventive Services Task Force (USPSTF)

**AGENCY:** Agency for Healthcare Research and Quality (AHRQ), HHS.

**ACTION:** Solicits nominations for new members of the USPSTF.

**SUMMARY:** The Agency for Healthcare Research and Quality (AHRQ) invites nominations of individuals qualified to serve as members of the U.S. Preventive Services Task Force (USPSTF).

**DATES:** All nominations submitted in writing or electronically will be considered for appointment to the USPSTF. Nominations must be received by May 15th of a given year to be considered for appointment to begin in January 2019.

#### Nomination Submissions

Nominations may be submitted in writing or electronically, but should include:

1. The applicant's current curriculum vitae and contact information, including mailing address, email address, and telephone number; and

2. A letter explaining how this individual meets the qualification requirements and how he or she would contribute to the USPSTF. The letter should also attest to the nominee's willingness to serve as a member of the USPSTF.

AHRQ will later ask people under serious consideration for USPSTF membership to provide detailed information that will permit evaluation of possible significant conflicts of interest. Such information could

include financial holdings, consultancies, non-financial scientific interests, and research grants or contracts.

To obtain a diversity of perspectives, AHRQ particularly encourages nominations of women, members of minority populations, and persons with disabilities. Interested individuals can nominate themselves. Organizations and individuals may nominate one or more people qualified for membership on the USPSTF at any time. Individuals nominated prior to May 15, 2017, who continue to have interest in serving on the USPSTF should be re-nominated.

#### Qualification Requirements

To qualify for the USPSTF and support its mission, an applicant or nominee should, at a minimum, demonstrate knowledge, expertise and national leadership in the following areas:

1. The critical evaluation of research published in peer-reviewed literature and in the methods of evidence review;
2. Clinical prevention, health promotion and primary health care; and
3. Implementation of evidence-based recommendations in clinical practice including at the clinician-patient level, practice level, and health-system level.

Additionally, the Task Force benefits from members with expertise in the following areas:

- Public health
- Health equity and the reduction of health disparities
- Application of science to health policy
- Behavioral medicine
- Communication of scientific findings to multiple audiences including health care professionals, policy makers and the general public.

Candidates with experience and skills in any of these areas should highlight them in their nomination materials.

Applicants must have no substantial conflicts of interest, whether financial, professional, or intellectual, that would impair the scientific integrity of the work of the USPSTF and must be willing to complete regular conflict of interest disclosures.

Applicants must have the ability to work collaboratively with a team of diverse professionals who support the mission of the USPSTF. Applicants must have adequate time to contribute substantively to the work products of the USPSTF.

**ADDRESSES:** Submit your responses either in writing or electronically to: Lydia Hill, ATTN: USPSTF Nominations, Center for Evidence and Practice Improvement, Agency for

Healthcare Research and Quality, 5600 Fishers Lane, Mailstop: 06E53A, Rockville, Maryland 20857, *USPSTF* [membershipnominations@ahrq.hhs.gov](mailto:membershipnominations@ahrq.hhs.gov).

#### Nominee Selection

Nominated individuals will be selected for the USPSTF on the basis of how well they meet the required qualifications and the current expertise needs of the USPSTF. It is anticipated that new members will be invited to serve on the USPSTF beginning in January 2019. All nominated individuals will be considered; however, strongest consideration will be given to individuals with demonstrated training and expertise in the areas of Pediatrics and Behavioral Health. AHRQ will retain and may consider for future vacancies nominations received this year and not selected during this cycle.

Some USPSTF members without primary health care clinical experience may be selected based on their expertise in methodological issues such as meta-analysis, analytic modeling or clinical epidemiology. For individuals with clinical expertise in primary health care, additional qualifications in methodology would enhance their candidacy.

**FOR FURTHER INFORMATION:** Lydia Hill at (301) 427-1587 or [USPSTFmembershipnominations@ahrq.hhs.gov](mailto:USPSTFmembershipnominations@ahrq.hhs.gov).

#### SUPPLEMENTARY INFORMATION:

##### Background

Under Title IX of the Public Health Service Act, AHRQ is charged with enhancing the quality, appropriateness, and effectiveness of health care services and access to such services. 42 U.S.C. 299(b). AHRQ accomplishes these goals through scientific research and promotion of improvements in clinical practice, including clinical prevention of diseases and other health conditions. See 42 U.S.C. 299(b).

The USPSTF, an independent body of experts in prevention and evidence-based medicine, works to improve the health of all Americans by making evidence-based recommendations about the effectiveness of clinical preventive services and health promotion. The recommendations made by the USPSTF address clinical preventive services for adults and children, and include screening tests, counseling services, and preventive medications.

The USPSTF was first established in 1984 under the auspices of the U.S. Public Health Service. Currently, the USPSTF is convened by the Director of AHRQ, and AHRQ provides ongoing scientific, administrative, and

dissemination support for the USPSTF's operation. USPSTF members serve four-year terms. New members are selected each year to replace those members who are completing their appointments.

The USPSTF is charged with rigorously evaluating the effectiveness, appropriateness and cost-effectiveness of clinical preventive services and formulating or updating recommendations regarding the appropriate provision of preventive services. See 42 U.S.C. 299b-4(a)(1). Current USPSTF recommendations and associated evidence reviews are available on the internet ([www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org)).

USPSTF members currently meet three times a year for two days in the Washington, DC area. A significant portion of the USPSTF's work occurs between meetings during conference calls and via email discussions. Member duties include prioritizing topics, designing research plans, reviewing and commenting on systematic evidence reviews of evidence, discussing and making recommendations on preventive services, reviewing stakeholder comments, drafting final recommendation documents, and participating in workgroups on specific topics and methods. Members can expect to receive frequent emails, can expect to participate in multiple conference calls each month, and can expect to have periodic interaction with stakeholders. AHRQ estimates that members devote approximately 200 hours a year outside of in-person meetings to their USPSTF duties. The members are all volunteers and do not receive any compensation beyond support for travel to in person meetings.

##### Arrangement for Public Inspection

Nominations and applications are kept on file at the Center for Evidence and Practice Improvement, AHRQ, and are available for review during business hours. AHRQ does not reply to individual nominations, but considers all nominations in selecting members. Information regarded as private and personal, such as a nominee's social security number, home and email addresses, home telephone and fax numbers, or names of family members will not be disclosed to the public in accord with the Freedom of Information Act. 5 U.S.C. 552(b)(6); 45 CFR 5.31(f).

**Gopal Khanna,**

*Director.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS-1683-N]

#### Medicare Program; Public Meetings in Calendar Year 2018 for All New Public Requests for Revisions to the Healthcare Common Procedure Coding System (HCPCS) Coding and Payment Determinations

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

**ACTION:** Notice.

**SUMMARY:** This notice announces the dates, time, and location of the Healthcare Common Procedure Coding System (HCPCS) public meetings to be held in calendar year 2018 to discuss our preliminary coding and payment determinations for all new public requests for revisions to the HCPCS. These meetings provide a forum for interested parties to make oral presentations or to submit written comments in response to preliminary coding and payment determinations. The discussion will be focused on responses to our specific preliminary recommendations and will include all items on the public meeting agenda.

**DATES:** *Meeting Dates:* The following are the 2018 HCPCS public meeting dates:

1. Monday, May 14, 2018, 1:00 p.m. to 5 p.m., eastern daylight time (e.d.t.) (Drugs/Biologicals/Radiopharmaceuticals/Radiologic Imaging Agents).
2. Tuesday, May 15, 2018, 9 a.m. to 6 p.m., e.d.t. (Drugs/Biologicals/Radiopharmaceuticals/Radiologic Imaging Agents).
3. Wednesday, May 16, 2018, 9 a.m. to 6 p.m., e.d.t. (Drugs/Biologicals/Radiopharmaceuticals/Radiologic Imaging Agents).
4. Thursday, May 17, 2018, 9 a.m. to 12 p.m., e.d.t. (Drugs/Biologicals/Radiopharmaceuticals/Radiologic Imaging Agents).
5. Tuesday, June 1, 2018, 9 a.m. to 5 p.m., e.d.t. (Durable Medical Equipment (DME), and Accessories, Orthotics and Prosthetics (O&P), Supplies and Other).
6. Wednesday, June 2, 2018, 9 a.m. to 5 p.m., (e.d.t.) (Durable Medical Equipment (DME), and Accessories, Orthotics and Prosthetics (O&P), Supplies and Other).

*Deadlines for Primary Speaker Registration and Presentation Materials:* The deadline for registering to be a primary speaker and submitting materials and writings that will be used