

program, known as the Voluntary Prescription Drug Benefit Program. As required by 42 CFR 423.32(a) and (b), a Part D-eligible individual who wishes to enroll in a Medicare prescription drug plan (PDP) may enroll during the enrollment periods specified in § 423.38, by completing an enrollment form with the PDP, or enrolling through other mechanisms CMS determines are appropriate. *Form Number:* CMS-10718 (OMB control number: 0938-New); *Frequency:* Yearly; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 14,749,256; *Total Annual Responses:* 14,749,256; *Total Annual Hours:* 10,324,481. (For policy questions regarding this collection contact Deme Umo at (410) 786-8854.)

5. *Type of Information Collection Request:* Revision with change of a currently approved collection; *Title of Information Collection:* Notice of Denial of Medicare Prescription Drug Coverage; *Use:* The purpose of this notice is to provide information to enrollees when prescription drug coverage has been denied, in whole or in part, by their Part D plans. The notice must be readable, understandable, and state the specific reasons for the denial. The notice must also remind enrollees about their rights and protections related to requests for prescription drug coverage and include an explanation of both the standard and expedited redetermination processes and the rest of the appeal process.

CMS requests approval of changes to a currently approved collection under section 1860D-4(g)(1) of the Social Security Act which requires Part D plan sponsors that deny prescription drug coverage to provide a written notice of the denial to the enrollee. The written notice must include a statement, in understandable language, of the reasons for the denial and a description of the appeals process.

Medicare beneficiaries who are enrolled in a Part D plan will be informed of adverse decisions related to their prescription drug coverage and their right to appeal these decisions. The notice provides all ways that the beneficiary can file an appeal under one section. The Part D instructions have also been revised to include a paragraph informing providers that in the case that a request for a coverage determination is denied under Part B due to step therapy requirements, a different notice should be given.

This denial notice is primarily issued to Part D plan enrollees (Medicare beneficiaries) and is most commonly sent to enrollees by mail. Relying on electronic transmission of this notice to beneficiaries is impractical. Plans are

required by regulation to maintain a website by which beneficiaries can request an appeal. In this version of the notice, website information is more prominently displayed. *Form Number:* CMS-10146 (OMB control number: 0938-0976); *Frequency:* Yearly; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 525; *Total Annual Responses:* 2,887,866; *Total Annual Hours:* 721,967. (For policy questions regarding this collection contact Sara Klotz at (410) 786-1984.)

Dated: November 13, 2019.  
**William N. Parham, III,**  
*Director, Paperwork Reduction Staff, Office of Strategic Operations and Regulatory Affairs.*

[FR Doc. 2019-24930 Filed 11-15-19; 8:45 am]  
**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS-3392-CN]

#### Medicare Program; Request for Nominations for Members for the Medicare Evidence Development & Coverage Advisory Committee; Correction

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

**ACTION:** Correction notice.

**SUMMARY:** This document corrects a typographical error that appeared in the notice published in the **Federal Register** on October 21, 2019 entitled “Request for Nominations for Members for the Medicare Evidence Development & Coverage Advisory Committee.”

**DATES:** This correcting document is effective on November 15, 2019.

**FOR FURTHER INFORMATION CONTACT:** Leah Cromwell, (410) 786-2243.

#### SUPPLEMENTARY INFORMATION:

##### I. Background and Summary of Errors

In FR Doc. 2019-22947 of October 21, 2019 (84 FR 56193), there was a typographical error that is identified in the **FOR FURTHER INFORMATION CONTACT** section.

On page 56193, we inadvertently made a typographical error in the email address of the Medicare Evidence Development & Coverage Advisory Committee (MEDCAC) coordinator.

##### II. Correction of Errors

In FR Doc. 2019-22947 of October 21, 2019 (84 FR 56193), make the following corrections:

1. On page 56193, second column, third full paragraph, last line, the email address “*Leah.Cromwell@cms.hhs.gov*” is corrected to read “*Leah.Cromwell1@cms.hhs.gov*”.

Dated: November 4, 2019.

**Kate Goodrich,**

*Director, Center for Clinical Standards and Quality, Chief Medical Officer, Centers for Medicare & Medicaid Services.*

[FR Doc. 2019-24934 Filed 11-15-19; 8:45 am]

**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier CMS-10611, CMS-R-282 and CMS-R-235]

#### Agency Information Collection Activities: Submission for OMB Review; Comment Request

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

**ACTION:** Notice.

**SUMMARY:** The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS’ intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, and to allow a second opportunity for public comment on the notice. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including the necessity and utility of the proposed information collection for the proper performance of the agency’s functions, the accuracy of the estimated burden, ways to enhance the quality, utility, and clarity of the information to be collected, and the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

**DATES:** Comments on the collection(s) of information must be received by the OMB desk officer by December 18, 2019.

**ADDRESSES:** When commenting on the proposed information collections, please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be received by the OMB desk officer via one of the