PREVIOUSLY ANNOUNCED TIME, DATE, AND PLACE OF THE MEETING: Thursday, December 1, 2022 at 10:00 a.m.

Hybrid Meeting: 1050 First Street NE, Washington, DC (12th floor) and Virtual.

CHANGES IN THE MEETING: The Open Meeting began at 10:30 a.m.

The following matters were also considered:

REG 2013–01 (Technological Modernization): Supplemental Notice of Proposed Rulemaking

Draft Advisory Opinion 2022–24: Allen Blue

CONTACT PERSON FOR MORE INFORMATION: Judith Ingram, Press Officer, Telephone: (202) 694–1220.

(Authority: Government in the Sunshine Act, 5 U.S.C. 552b)

Vicktoria J. Allen,

Acting Deputy Secretary of the Commission.

[FR Doc. 2022–26498 Filed 12–1–22; 4:15 pm]

BILLING CODE 6715–01–P

FEDERAL MARITIME COMMISSION

[Docket No. 22–31]

Thompson Pipe Group, Inc. Complainant v. Omni Logistics LLC, Respondent; Notice of Filing of Complaint and Assignment

Served: November 29, 2022.

Notice is given that a complaint has been filed with the Federal Maritime Commission (Commission) by Thompson Pipe Group, Inc. hereinafter ''Complainant,'' against Omni Logistics LLC (f/k/a Epic Freight Service), hereinafter ''Respondent.'' Complainant states that it is a corporation organized in the State of Texas. Complainant identifies the Respondent as a limited liability company organized under the laws of the State of Texas and a Non-Vessel-Operating Common Carrier.

Complainant alleges that Respondent violated 46 U.S.C. 41102(c),41102(d), and 41104(a) in its practices, and assessment of charges, including demurrage and other non-freight charges, related to the movement of containers. The full text of the complaint can be found in the Commission's Electronic Reading Room at *https://www2.fmc.gov/readingroom/proceeding/22-31/.*

This proceeding has been assigned to Office of Administrative Law Judges. The initial decision of the presiding officer in this proceeding shall be issued by November 29, 2023, and the final decision of the Commission shall be issued by June 12, 2024.

William Cody,

Secretary.

[FR Doc. 2022–26315 Filed 12–2–22; 8:45 am]

BILLING CODE 6730–02–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–6092–N]

RIN 0938–ZB73

Medicare, Medicaid, and Children's Health Insurance Programs; Provider Enrollment Application Fee Amount for Calendar Year 2023

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

ACTION: Notice.

SUMMARY: This notice announces a $688.00 calendar year (CY) 2023 application fee for institutional providers that are initially enrolling in the Medicare or Medicaid program or the Children's Health Insurance Program (CHIP); revalidating their Medicare, Medicaid, or CHIP enrollment; or adding a new Medicare practice location. This fee is required with any enrollment application submitted on or after January 1, 2023 and on or before December 31, 2023.

DATES: The application fee announced in this notice is effective on January 1, 2023.

FOR FURTHER INFORMATION CONTACT: Frank Whelan, (410) 786–1302.

SUPPLEMENTARY INFORMATION:

I. Background

In the February 2, 2011 **Federal Register** (76 FR 5862), we published a final rule with comment period titled ''Medicare, Medicaid, and Children's Health Insurance Programs; Additional Screening Requirements, Application Fees, Temporary Enrollment Moratoria, Payment Suspensions and Compliance Plans for Providers and Suppliers.'' This rule finalized, among other things, provisions related to the submission of application fees as part of the Medicare, Medicaid, and CHIP provider enrollment processes. As provided in section 1866(j)(2)(C)(i) of the Social Security Act (the Act) and in 42 CFR 424.514, ''institutional providers'' that are initially enrolling in the Medicare or Medicaid programs or CHIP, revalidating their enrollment, or adding a new Medicare practice location are required to submit a fee with their enrollment application. An ''institutional provider'' for purposes of Medicare is defined at § 424.502 as ''any provider or supplier that submits a paper Medicare enrollment application using the CMS–855A, CMS–855B (not including physician and non-physician practitioner organizations), CMS–855S, or associated internet-based PECOS enrollment application.'' As we explained in the February 2, 2011 final rule (76 FR 5914), in addition to the providers and suppliers subject to the application fee under Medicare, Medicaid-only and CHIP-only institutional providers would include nursing facilities, intermediate care facilities for persons with intellectual disabilities (ICF/IID), and psychiatric residential treatment facilities; they may also include other institutional provider types designated by a state in accordance with their approved state plan.

As indicated in § 424.514 and § 455.460, the application fee is not required for either of the following:

- A Medicare physician or non-physician practitioner submitting a CMS–855I.
- A prospective or revalidating Medicaid or CHIP provider—

++ Who is an individual physician or non-physician practitioner; or

++ That is enrolled as an institutional provider in Title XVIII of the Act or another state's Title XIX or XXI plan and has paid the application fee to a Medicare contractor or another state.

II. Provisions of the Notice

Section 1866(j)(2)(C)(i)(I) of the Act established a $500 application fee for institutional providers in CY 2010. Consistent with section 1866(j)(2)(C)(i)(II) of the Act, § 424.514(d)(2) states that for CY 2011 and subsequent years, the preceding year's fee will be adjusted by the percentage change in the consumer price index (CPI) for all urban consumers (all items; United States city average, CPI–U) for the 12-month period ending on June 30 of the previous year. Consequently, each year since 2011 we have published in the **Federal Register** an announcement of the application fee amount for the forthcoming CY based on this formula. Most recently, in the October 25, 2021 **Federal Register** (86 FR 58917), we published a notice announcing a fee amount for the period of January 1, 2022 through December 31, 2022 of $631.00. The $631.00 fee amount for CY 2022 was used to calculate the fee amount for 2023 as specified in § 424.514(d)(2).

According to Bureau of Labor Statistics (BLS) data, the CPI–U increase for the period of July 1, 2021 through June 30, 2022 was 9.1 percent. As required by § 424.514(d)(2), the preceding year's fee of $631 will be adjusted by 9.1 percent. This results in a CY 2023 application fee amount of $688.42 ($631 × 1.091). As we must round this to the nearest whole dollar amount, the resultant application fee amount for CY 2023 is $688.00.

III. Collection of Information Requirements

This document does not impose information collection requirements (that is, reporting, recordkeeping, or third-party disclosure requirements). Accordingly, there is no need for review by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995. However, it does reference previously approved information collections. The CMS–855A, CMS–855B, CMS–855I, and CMS–855S applications are approved under, respectively, OMB control numbers 0938–0685, 0938–1377, 0938–1355, and 0938–1056.

IV. Regulatory Impact Statement

A. Background and Review Requirements

We have examined the impact of this notice as required by Executive Order 12866 on Regulatory Planning and Review (September 30, 1993), Executive Order 13563 on Improving Regulation and Regulatory Review (January 18, 2011), the Regulatory Flexibility Act (RFA) (September 19, 1980, Pub. L. 96–354), section 1102(b) of the Act, section 202 of the Unfunded Mandates Reform Act of 1995 (March 22, 1995; Pub. L. 104–4), Executive Order 13132 on Federalism (August 4, 1999), and the Congressional Review Act (5 U.S.C. 804(2)).

Executive Orders 12866 and 13563 direct agencies to assess all costs and benefits of available regulatory alternatives and, if regulation is necessary, to select regulatory approaches that maximize net benefits, including potential economic, environmental, public health and safety effects, distributive impacts, and equity. A regulatory impact analysis (RIA) must be prepared for major rules with economically significant effects ($100 million or more in any 1 year). As explained in this section of the notice, we estimate that the total cost of the increase in the application fee will not exceed $100 million. Therefore, this notice does not reach the $100 million economic threshold and is not considered a major notice.

B. Costs

The costs associated with this notice involve the increase in the application fee amount that certain providers and suppliers must pay in CY 2023. The CY 2023 cost estimates are as follows:

1. Medicare

Based on CMS data, we estimate that in CY 2023 approximately—

- 14,726 newly enrolling institutional providers will be subject to and pay an application fee; and
- 47,000 revalidating institutional providers will be subject to and pay an application fee.

Using a figure of 61,726 (14,726 newly enrolling + 47,000 revalidating) institutional providers, we estimate an increase in the cost of the Medicare application fee requirement in CY 2023 of $3,518,382 (or 61,726 × $57 (or $688 minus $631)) from our CY 2022 projections.

2. Medicaid and CHIP

Based on CMS and state statistics, we estimate that approximately 30,000 (9,000 newly enrolling + 21,000 revalidating) Medicaid and CHIP institutional providers will be subject to an application fee in CY 2023. Using this figure, we project an increase in the cost of the Medicaid and CHIP application fee requirement in CY 2023 of $1,710,000 (or 30,000 × $57 (or $688 minus $631)) from our CY 2022 projections.

3. Total

Based on the foregoing, we estimate the total increase in the cost of the application fee requirement for Medicare, Medicaid, and CHIP providers and suppliers in CY 2023 to be $5,228,382 ($3,518,382 + $1,710,000) from our CY 2022 projections.

We do not anticipate any negative impact on equity from the increase in the application fee amount, which we calculated in accordance with the requirements specified in statute and regulation. Prior application fee increases have had no such discernable effect, and we reiterate that the fee requirement does not apply to individual physicians and non-physician practitioners completing the CMS–855I, who represent the overwhelming preponderance of the more than 2 million Medicare-enrolled providers and suppliers.

The RFA requires agencies to analyze options for regulatory relief of small businesses. For purposes of the RFA, small entities include small businesses, nonprofit organizations, and small governmental jurisdictions. Most hospitals and most other providers and suppliers are small entities, either by nonprofit status or by having revenues of less than $8 million to $41.5 million in any 1 year. Individuals and states are not included in the definition of a small entity. As we stated in the RIA for the February 2, 2011 final rule (76 FR 5952), we do not believe that the application fee will have a significant impact on small entities.

In addition, section 1102(b) of the Act requires us to prepare a regulatory impact analysis if a rule may have a significant impact on the operations of a substantial number of small rural hospitals. This analysis must conform to the provisions of section 604 of the RFA. For purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside of a Metropolitan Statistical Area for Medicare payment regulations and has fewer than 100 beds. We are not preparing an analysis for section 1102(b) of the Act because we have determined, and the Secretary certifies, that this notice would not have a significant impact on the operations of a substantial number of small rural hospitals.

Section 202 of the Unfunded Mandates Reform Act of 1995 (UMRA) also requires that agencies assess anticipated costs and benefits before issuing any rule whose mandates require spending in any 1 year of $100 million in 1995 dollars, updated annually for inflation. In 2022, that threshold was approximately $165 million. The Agency has determined that there will be minimal impact from the costs of this notice, as the threshold is not met under the UMRA.

Executive Order 13132 establishes certain requirements that an agency must meet when it promulgates a proposed rule (and subsequent final rule) that imposes substantial direct requirement costs on state and local governments, preempts state law, or otherwise has federalism implications. Since this notice does not impose substantial direct costs on state or local governments, the requirements of Executive Order 13132 are not applicable.

In accordance with the provisions of Executive Order 12866, this notice was reviewed by the Office of Management and Budget.

The Administrator of the Centers for Medicare & Medicaid Services (CMS), Chiquita Brooks-LaSure, having reviewed and approved this document, authorizes Lynette Wilson, who is the Federal Register Liaison, to electronically sign this document.

Dated: November 29, 2022.

Lynette Wilson,

Federal Register Liaison, Centers for Medicare & Medicaid Services.

[FR Doc. 2022–26340 Filed 12–2–22; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for Office of Management and Budget (OMB) Review; Procedural Justice-Informed Alternatives to Contempt Demonstration (OMB #0970–0505)

AGENCY: Office of Child Support Enforcement, Administration for Children and Families, Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Office of Child Support Enforcement (OCSE), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), is proposing to add additional data collection activities as part of the rigorous evaluation of the Procedural Justice-Informed Alternatives to Contempt (PJAC) Demonstration. The proposed revision to conduct additional data collection is part of a research supplement that builds on the PJAC study to understand the role of bias in child support program enforcement actions.

DATES: *Comments due within 30 days of publication.* OMB must make a decision about the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication.

ADDRESSES: Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to *www.reginfo.gov/public/do/PRAMain.* Find this particular information collection by selecting ''Currently under 30-day Review—Open for Public Comments'' or by using the search function. You can also obtain copies of the proposed collection of information by emailing *infocollection@acf.hhs.gov.* Identify all emailed requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: OCSE is proposing to conduct additional data collection activities as part of the PJAC Demonstration. In September 2016, OCSE issued grants to five state child support agencies to provide alternative approaches to the contempt process with the goal of increasing noncustodial parents' compliance with child support orders by building trust and confidence in the child support agency and its processes. OCSE also awarded a grant to support a rigorous evaluation of PJAC. The PJAC Demonstration is designed to help grantees and OCSE to learn whether incorporating principles of procedural justice into child support business practices increases reliable child support payments, reduces arrears, minimizes the need for continued enforcement actions and sanctions, and reduces the use of contempt proceedings.

The PJAC demonstration will yield information about the efficacy of applying procedural justice principles via a set of alternative services to the current use of a civil contempt process to address nonpayment of child support. As a part of the evaluation, PJAC will build evidence about disparity and bias in the child support system, with a focus on the use of enforcement actions used to coerce child support payments. The research will measure the extent to which bias is embedded within child support policies and practices. The information gathered may help inform future policy decisions to better understand and reduce disparities within the child support program.

The research will document disparities and differences in treatment by race and ethnicity, gender, and income within the child support system in up to three states participating in the PJAC demonstration. Key elements of the study include a quantitative analysis of disparities in the initiation of a child support case, setting of order amounts, order modifications, and use of punitive enforcement actions, including civil contempt; semi-structured interviews with staff from child support agencies and selected partner organizations; and separate semi-structured interviews with study participants to learn about their experiences with and perceptions of bias in the child support process, specifically in the use of enforcement actions.

OCSE is proposing to conduct additional data collection activities as part of the PJAC Demonstration, which include the following: a topic guide for interviews about experiences of bias with noncustodial parents and a topic guide for interviews about experiences of bias with child support staff and partners.

Data collection activities that were previously approved by OMB, following public comment, are the staff data entry on participant baseline information, study Management Information Systems (MIS) to track receipt of services, staff and community partner interview topic guide, the noncustodial parent participant interview protocol, the staff survey, the staff time study, and the custodial parent interview protocol. These instruments are currently in use and this request will extend approval to continue data collection. Supporting materials, including burden estimates related to approved instruments are available at *https://www.reginfo.gov/public/do/PRAICList?ref_nbr=202202-0970-013.* The following burden table includes information for the proposed new interviews.

Respondents: Respondents for the new data collection instruments include study participants and child support program staff and partners at three of the six PJAC demonstration sites.

ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Total burden hours	Annual burden hours
Topic list for interviews about experiences of bias with staff and partners	90	1	1.5	135	45
Topic guide for interviews about experiences of bias with noncustodial parents	90	1	1	90	30