

Research Advisory Committee, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, 626 Cochrans Mill Road, Pittsburgh, Pennsylvania 15236. Telephone: (412) 386-5688; Email: [SMischler@cdc.gov](mailto:SMischler@cdc.gov).

#### SUPPLEMENTARY INFORMATION:

*Purpose:* The Mine Safety and Health Research Advisory Committee is charged with providing advice to the Secretary, Department of Health and Human Services; the Director, Centers for Disease Control and Prevention; and the Director, National Institute for Occupational Safety and Health (NIOSH), on priorities in mine safety and health research, including grants and contracts for such research, 30 U.S.C. 812(b)(2), Section 102(b)(2).

*Matters To Be Considered:* The agenda will include discussions on NIOSH mining safety and health research organizational structure, capabilities, projects, and outcomes, as well as a verbal report from the Mace Development Workgroup. The meeting will also include an update from the NIOSH Associate Deputy Director, Mine Safety and Research. Agenda items are subject to change as priorities dictate.

#### Public Participation

*Written Public Comment:* The public may submit written comments or questions in advance of the meeting, to the Designated Federal Officer (see **FOR FURTHER INFORMATION CONTACT** above). Written comments received in advance of the meeting will be included in the official record of the meeting, and questions will be answered during the oral comment period open to public participation.

*Oral Public Comment:* The meeting will include time for members of the public to make an oral comment. The public comment session will be held on April 17, 2024, at 3:30 p.m., EDT, or the conclusion of the planned presentations, whichever comes first. Members of the public will be allocated 5 to 10 minutes each for presentations or comments, as a function of the number of commenters.

The Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, 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.

#### Kalwant Smagh,

*Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.*

[FR Doc. 2024-04433 Filed 3-1-24; 8:45 am]

BILLING CODE 4163-18-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Meeting of the Advisory Board on Radiation and Worker Health, National Institute for Occupational Safety and Health

**AGENCY:** Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

**ACTION:** Notice of meeting.

**SUMMARY:** In accordance with the Federal Advisory Committee Act, the Centers for Disease Control (CDC) announces a meeting of the Advisory Board on Radiation and Worker Health (ABRWH or the Advisory Board). This meeting is open to the public, with a public comment period. The public is welcome to submit written comments in advance of the meeting, to the contact person below. Written comments received in advance of the meeting will be included in the official record of the meeting. The public is also welcomed to listen to the meeting by joining the teleconference (information below). The audio conference line has 150 ports for callers.

**DATES:** The meeting will be held on April 17, 2024, from 9:15 a.m. to 6 p.m., EDT. A public comment session will be held at 5 p.m. and will conclude at 6 p.m. or following the final call for public comment, whichever comes first.

Written comments must be received on or before April 10, 2024.

**ADDRESSES:** You may submit comments by mail to: Rashaun Roberts, National Institute for Occupational Safety and Health, 1090 Tusculum Avenue, MS C-24, Cincinnati, Ohio 45226.

*Meeting Information:* The USA toll-free dial-in numbers are: +1 669 254 5252 US (San Jose); +1 646 828 7666 US (New York). The Meeting ID is: 160 6763 3819 and the Passcode is: 98685439; Web conference by Zoom meeting connection: <https://cdc.zoomgov.com/j/16067633819?pwd=RUdiYXlZlZHFkanpJOHZrcGJlbTlaZz09>.

#### FOR FURTHER INFORMATION CONTACT:

Rashaun Roberts, Ph.D., Designated Federal Officer, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, 1090 Tusculum Avenue, Mailstop C-24, Cincinnati, Ohio 45226, Telephone (513) 533-6800, Toll Free 1(800) 232-4636, Email: [ocas@cdc.gov](mailto:ocas@cdc.gov).

#### SUPPLEMENTARY INFORMATION:

*Background:* The Advisory Board was established under the Energy Employees Occupational Illness Compensation Program Act of 2000 to advise the President on a variety of policy and technical functions required to implement and effectively manage the new compensation program. Key functions of the Advisory Board include providing advice on the development of probability of causation guidelines which have been promulgated by the Department of Health and Human Services (HHS) as a final rule, advice on methods of dose reconstruction which have also been promulgated by HHS as a final rule, advice on the scientific validity and quality of dose estimation and reconstruction efforts being performed for purposes of the compensation program, and advice on petitions to add classes of workers to the Special Exposure Cohort (SEC). In December 2000, the President delegated responsibility for funding, staffing, and operating the Advisory Board to HHS, which subsequently delegated this authority to the Centers for Disease Control and Prevention (CDC). The National Institute for Occupational Safety and Health implements this responsibility for CDC.

The charter was issued on August 3, 2001, renewed at appropriate intervals, and rechartered under Executive Order 14109 on March 22, 2022, and will terminate on March 22, 2024.

*Purpose:* This Advisory Board is charged with (a) providing advice to the Secretary, HHS, on the development of guidelines under Executive Order 13179; (b) providing advice to the Secretary, HHS, on the scientific validity and quality of dose reconstruction efforts performed for this program; and (c) upon request by the Secretary, HHS, advising the Secretary on whether there is a class of employees at any Department of Energy (DOE) facility who were exposed to radiation but for whom it is not feasible to estimate their radiation dose, and on whether there is reasonable likelihood that such radiation doses may have endangered the health of members of this class.

*Matters to be Considered:* The agenda will include discussions on the

following: NIOSH Program Update; Department of Labor Program Update; Department of Energy Program Update; SEC Petitions Update; Procedures Review Finalization/Document Approvals, Dose Reconstruction Review Methods and TBD 6000 Workgroup updates, Metals and Control Corp SEC Petition 236 (Attleboro, MA; January 1968–March 1997), and a Board Work Session. Agenda items are subject to change as priorities dictate.

The Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, 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.

**Kalwant Smagh,**

*Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

[CMS–0059–N]

RIN 0938–ZB82

**National Plan and Provider Enumeration System (NPPES) Data Changes**

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** This notice provides information on changes to data elements that providers are required to submit to the National Plan and Provider Enumeration System (NPPES) to obtain and maintain a National Provider Identifier (NPI). The changes to the required data elements affect the data that is made available to the public from NPPES in downloadable files and in a query-only database on the internet.

**DATES:** This notice is applicable on April 3, 2024.

**FOR FURTHER INFORMATION CONTACT:** Christopher S. Wilson, (410) 786–3178 or Beth A. Karpiak, (312) 353–1351.

**SUPPLEMENTARY INFORMATION:**

**I. Background**

*A. Legislative and Regulatory Background*

Through subtitle F of title II of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Congress added Part C, “Administrative Simplification” to title XI of the Social Security Act (the Act). (Pub. L. 104–191). Part C of title XI consists of sections 1171 through 1179 of the Act. These sections define various terms and impose requirements on the Secretary of the Department of Health and Human Services (HHS) (hereinafter referred to as the Secretary), health plans, health care clearinghouses, and certain health care providers concerning the adoption of standards and implementation specifications relating to health information. The Secretary delegated authority for administering and enforcing HIPAA Administrative Simplification provisions related to transactions, code sets, unique identifiers, and operating rules, implemented in 45 CFR parts 160 and 162, to the Centers for Medicare & Medicaid Services (CMS) (see 68 FR 60694).

Section 1173(b) of the Act requires the Secretary to adopt a standard unique health identifier for each individual, employer, health plan, and health care provider for use in the health care system and to specify the purposes for which the identifiers may be used. On May 7, 1998 (63 FR 25320), HHS proposed a standard unique health identifier for health care providers and requirements concerning its implementation (hereinafter referred to as the National Provider Identifier (NPI) proposed rule). On January 23, 2004 (69 FR 3434), HHS published a final rule that adopted the NPI as the standard unique health identifier for health care providers (hereinafter referred to as the NPI final rule). The NPI final rule established that HIPAA covered entities must use NPIs to identify health care providers in electronic transactions for which the Secretary has adopted a standard. Covered entities include health plans, health care clearinghouses, and health care providers who transmit any health information in electronic form in connection with a transaction for which the Secretary has adopted a standard.

*B. Operational and System Background*

The NPI final rule established that NPIs are assigned to health care providers through the National Provider System (NPS). The preamble to the NPI final rule included an “NPS Data Elements Table” (69 FR 3457) that listed

the data elements HHS expected to collect about a health care provider and include in the NPS. The NPS, now called the National Plan and Provider Enumeration System (NPPES),<sup>1</sup> uniquely identifies health care providers through an application process and assigns NPIs. NPPES creates a record for each health care provider to whom it assigns an NPI. The records are updated when health care providers furnish updates to NPPES.

Health care providers are categorized by NPPES into two types: Individuals, such as physicians; and organizations, such as hospitals. A health care provider may apply for an NPI in one of three ways, by: (1) completing form CMS–10114 (NPI Application/Update Form) and mailing it to NPPES; (2) applying online at <https://NPPES.cms.hhs.gov/>; or (3) having an approved Electronic File Interchange Organization (EFIO) submit its NPI application data to NPPES in an electronic format defined by HHS.<sup>2,3</sup> Health care providers who apply online have electronic access to the information in their own NPPES records by using user identifiers and passwords they select. This access allows those health care providers to submit updates to their NPPES data electronically via the internet.

The NPI final rule requires that the NPS (now NPPES) disseminate data in response to approved requests. Following publication of the NPI final rule, CMS, as the administrator of NPPES, published a notice in the May 30, 2007 **Federal Register** (72 FR 30011) describing the data dissemination strategy for NPI data maintained in NPPES and the process by which CMS would carry out the strategy (hereinafter referred to as the NPPES Data Dissemination notice). The NPPES Data Dissemination notice included a list of data elements that CMS determined are required to be disclosed under the Freedom of Information Act (FOIA) (see 72 FR 30012).

The health care industry needs NPPES health care provider data to know the NPIs of health care providers to be able to submit HIPAA-compliant health care transactions. In anticipation

<sup>1</sup> <https://nppes.cms.hhs.gov/#/>.

<sup>2</sup> The information collection request is currently approved under OMB control number 0938–0931. (<https://www.reginfo.gov/public/do/DownloadNOA?requestID=311118>).

<sup>3</sup> The Electronic File Interchange (EFI), also referred to as “bulk enumeration,” is a process by which a provider or group of providers can have an EFIO apply for NPIs on their behalf. EFIOs are approved by CMS through a certification process and submit information in a format designated by CMS; <https://www.cms.gov/medicare/regulations-guidance/administrative-simplification/efi>.