

opportunity to validate proper application of the standards.

- In order to meet the requirements of § 488.8(a)(2)(v), AOA has agreed to provide CMS with timely electronic data for effective validation and assessment of the organization's survey process; and

- To comply with the Medicare requirements of conducting unannounced certification and recertification surveys, AOA revised its survey procedures to prohibit any advance mailings of surveyor materials to the facility prior to the survey and will not permit the hospital to mail back the surveyor findings to AOA after completion of the survey.

B. Term of Approval

Based on the review and observations described in section III of this final notice, we have determined that AOA's requirements for CAHs meet or exceed our requirements. Therefore, we approve the AOA as a national accreditation organization for CAHs that request participation in the Medicare program, effective December 28, 2007 through December 28, 2013.

V. Collection of Information Requirements

This document does not impose information collection and recordkeeping requirements. Consequently, it need not be reviewed by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. 35).

Authority: Section 1865 of the Social Security Act (42 U.S.C. 1395bb).

(Catalog of Federal Domestic Assistance Program No. 93.778, Medical Assistance Program; No. 93.773 Medicare—Hospital Insurance Program; and No. 93.774, Medicare—Supplemental Medical Insurance Program)

Dated: October 11, 2007.

Kerry Weems,

Acting Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. E7–22628 Filed 11–21–07; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–1377–N]

Medicare Program; Listening Session on Hospital-Acquired Conditions and Present on Admission Indicator Reporting, December 17, 2007

AGENCY: Centers for Medicare & Medicaid Services, HHS.

ACTION: Notice of meeting.

SUMMARY: This notice announces a listening session being conducted as part of the selection of Hospital-Acquired Conditions (HAC) and implementation of Present on Admission (POA) Indicator Reporting, as authorized by section 5001(c) of the Deficit Reduction Act of 2005 (DRA). The purpose of this listening session is to solicit informal comments in preparation for the fiscal year 2009 inpatient prospective payment system (IPPS) rulemaking process. Hospitals, hospital associations, representatives of consumer purchasers, payors of health care services, and all interested parties are invited to attend and make comments in person or in writing. It will also be possible to listen to the session by teleconference. However, because of time constraints, telephone participants will not be able to make verbal comments. Informal written comments will be accepted. This meeting is open to the public, but registration is required due to limited space and security requirements to enter the meeting location. This Listening Session is being held as a joint partnership between the Centers for Medicare & Medicaid Services and Centers for Disease Control and Prevention.

DATES: *Meeting Date:* The listening session will be held on Monday, December 17, 2007 from 10 a.m. until 5 p.m., e.s.t.

Deadline for Meeting Registration and Submitting Requests for Special Accommodations: Registration must be completed no later than 5 p.m., e.s.t. on Monday, December 10, 2007. Requests for special accommodations must be received no later than 5 p.m., e.s.t. on Monday, December 10, 2007.

Deadline for Presentations and Written Comments: Written comments may be sent electronically to the address specified in the **ADDRESSES** section of this notice and must be received by 5 p.m., e.s.t. on Monday, December 31, 2007.

ADDRESSES: *Meeting Location:* The meeting will be held in the main auditorium of the central building of the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244–1850.

Registration and Special Accommodations: Persons interested in attending the meeting or listening by teleconference must register by completing the on-line registration at <http://registration.intercall.com/go/cms2>. Individuals who need special accommodations should contact Colette Shatto (410) 786–6932, or via e-mail at MFG@cms.hhs.gov.

Written Comments or Statements: Written comments may be sent by e-mail. Please e-mail comments to hacpoa@cms.hhs.gov.

FOR FURTHER INFORMATION CONTACT: Further information regarding the December 17, 2007 listening session will be posted on the HAC & POA section of the CMS Web site at http://www.cms.hhs.gov/HospitalAcqCond/01_Overview.asp. You may also contact Colette Shatto, MFG@cms.hhs.gov, in the Medicare Feedback Group. Press inquiries are handled through the CMS Press Office at 202–690–6145.

I. Background

On February 8, 2006, the President signed the Deficit Reduction Act of 2005 (Pub. L. 109–171) (DRA). Section 5001(c) of the DRA requires the Secretary to identify, by October 1, 2007, at least two conditions that: (1) Are high cost or high volume or both; (2) result in the assignment of a case to a DRG that has a higher payment when present as a secondary diagnosis; and (3) could reasonably have been prevented through the application of evidence-based guidelines.

For discharges occurring on or after October 1, 2008, hospitals will not receive additional payment for cases in which one of the selected conditions occurring during hospitalization was not present on admission. That is, the case would be paid as though the secondary diagnosis was not present. Section 5001(c) of the DRA provides that we can revise the list of conditions from time to time, as long as it contains at least two conditions. In addition, CMS Change Request (CR) 5499 required hospitals to begin reporting the Present On Admission (POA) indicator for all diagnoses on claims beginning October 1, 2007.

II. Listening Session Format

The December 17, 2007 listening session will begin at 10 a.m., e.s.t. with an overview of the objectives for the

session and a presentation on Hospital Acquired Conditions (HAC) and POA background. A brief overview regarding the implementation strategy for selecting the hospital-acquired conditions will then be presented. Next, a review of the conditions included in the FY 2008 hospital inpatient prospective payment systems (IPPS) final rule with comment period will be presented followed by a public comment session. There will be a lunch break from approximately 1 to 2 p.m., e.s.t. Following lunch, there will be presentations on the following: (1) The role of providers in documentation; (2) POA Indicator Reporting; and (3) HAC & POA Outreach and Education. An additional public comment period will follow the presentations. The meeting will conclude by 5 p.m., e.s.t.

III. Registration Instructions

For security reasons, any persons wishing to attend this meeting must register by the date listed in the DATES section of this notice. Persons interested in attending the meeting or listening by teleconference must register by completing the on-line registration located at <http://registration.intercall.com/go/cms2>. The on-line registration system will generate a confirmation page to indicate the completion of your registration. Please print this page as your registration receipt.

Individuals may also participate in the listening session by teleconference. Registration is required as the number of call-in lines will be limited. The call-in number will be provided upon confirmation of registration.

An audio download of the listening session will be available through the CMS HAC and POA Indicator Web site at http://www.cms.hhs.gov/HospitalAcqCond/01_Overview.asp after the listening session.

IV. Security, Building, and Parking Guidelines

This meeting will be held in a Federal government building; therefore, Federal security measures are applicable. In planning your arrival time, we recommend allowing additional time to clear security. The on-site check-in for visitors will begin at 9 a.m., e.s.t. Please allow sufficient time to complete security checkpoints.

Security measures include the following:

- Presentation of government-issued photographic identification to the Federal Protective Service or Guard Service personnel.
- Interior and exterior inspection of vehicles (this includes engine and trunk

inspection) at the entrance to the grounds. Parking permits and instructions will be issued after the vehicle inspection.

- Passing through a metal detector and inspection of items brought into the building. We note that all items brought to CMS, whether personal or for the purpose of demonstration or to support a demonstration, are subject to inspection.

We cannot assume responsibility for coordinating the receipt, transfer, transport, storage, set-up, safety, or timely arrival of any personal belongings or items used for demonstration or to support a demonstration.

Note: Individuals who are not registered in advance will not be permitted to enter the building and will be unable to attend the meeting. The public may not enter the building earlier than 30 to 45 minutes prior to the convening of the meeting.

All visitors must be escorted in areas other than the lower and first floor levels in the Central Building. Seating capacity is limited to the first 550 registrants.

Authority: Section 5001(c) The Deficit Reduction Act (DRA) of 2005.

Dated: November 16, 2007.

Kerry Weems,

Acting Administrator, Centers for Medicare & Medicaid Services.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Privacy Act of 1974; Report of a Modified or Altered System of Records

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

ACTION: Notice of a Modified or Altered System of Records (SOR).

SUMMARY: In accordance with the requirements of the Privacy Act of 1974, we are proposing to modify or alter an SOR, "Employee Building Pass File (EBP) System, System No. 09-70-3002," last published at 67 FR 40937 (June 14, 2002). We propose to assign a new CMS identification number to this system to simplify the obsolete and confusing numbering system originally designed to identify the Bureau, Office, or Center that maintained information in the Health Care Financing Administration systems of records. The new assigned identifying number for this system should read: System No. 09-70-0529.

We propose to modify existing routine use number 2 that permits disclosure to agency contractors and consultants to include disclosure to CMS grantees who perform a task for the agency. CMS grantees, charged with completing projects or activities that require CMS data to carry out that activity, are classified separately from CMS contractors and/or consultants. The modified routine use will remain as routine use number 1. We will delete routine use number 3 authorizing disclosure to support constituent requests made to a congressional representative. If an authorization for the disclosure has been obtained from the data subject, then no routine use is needed. The Privacy Act allows for disclosures with the "prior written consent" of the data subject.

Finally, we will delete the section titled "Additional Circumstances Affecting Routine Use Disclosures," that addresses "Protected Health Information (PHI)" and "small cell size." The requirement for compliance with HHS regulation "Standards for Privacy of Individually Identifiable Health Information" does not apply because this system does not collect or maintain PHI. In addition, our policy to prohibit release if there is a possibility that an individual can be identified through "small cell size" is not applicable to the data maintained in this system.

We are modifying the language in the remaining routine uses to provide a proper explanation as to the need for the routine use and to provide clarity to CMS's intention to disclose individual-specific information contained in this system. The routine uses will then be prioritized and reordered according to their usage. We will also take the opportunity to update any sections of the system that were affected by the recent reorganization or because of the impact of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) (Pub. L. 108-173) provisions and to update language in the administrative sections to correspond with language used in other CMS SORs.

The primary purpose of the SOR is to issue and control United States Government building passes issued to all CMS employees and non-CMS employees who require continuous access to CMS buildings in Baltimore and other CMS and HHS facilities. Information retrieved from this SOR will be used to: (1) Support regulatory and policy functions performed within the Agency or by a contractor, consultant, or grantee; (2) assist other Federal agencies with activities related to this system; and (3) support litigation