Total Annual Hours: 10,800.

3. *Type of Information Collection Request:* Extension of a currently approved collection.

Title of Information Collection: Medicare Authorization to Disclose Personal Health Information.

Form Number: CMS–10106 (OMB#: 0938–931).

Use: Unless permitted or required by law, § 164.508 of the Standards for Privacy of Individually Identifiable Health Information final rule (67 FR 53182) prohibits Medicare, a Health Insurance Portability and Accountability (HIPAA) covered entity, from disclosing an individual's protected health information without a valid authorization. In order to be valid, an authorization must include specified core elements and statements. Medicare will make available to Medicare beneficiaries a standard, valid authorization to enable beneficiaries to request the disclosure of their protected health information. This standard authorization will simplify the process of requesting information disclosure for beneficiaries and minimize the response time for Medicare. The completed authorization will allow Medicare to disclose an individual's personal health information to a third party at the individual's request.

Frequency: Reporting—On occasion.

Affected Public: Individuals or households.

Number of Respondents: 1,000,000.

Total Annual Responses: 1,000,000.

Total Annual Hours: 250,000.

4. *Type of Information Collection Request:* Extension of a currently approved collection.

Title of Information Collection: Individuals Authorized Access to the CMS Computer Services (IACS).

Form Number: CMS–10173 (OMB#: 0938–0989).

Use: The Centers for Medicare and Medicaid Services (CMS) is requesting the Office of Management and Budget (OMB) approval of the Individuals Authorized to Customer Service Application for Access to CMS Computer Systems. The IACS system provides a centralized user provisioning and administration service that supports the creation, deletion, and lifecycle management of enterprise identities. This service creates accounts, supports Role Based Access Control (RBAC), the form flow approval process and enterprise identity audit and recertification, and provides business application integration points. An application integration point allows business application owners to use the form flow process of the user provisioning service to approve or deny requests for access to business applications. The primary purpose of this system is to implement a unified framework for managing user information and access rights, for those individuals who apply for and are granted access across multiple CMS systems and business contexts. Information in this system will also be used to: (1) Support regulatory and policy functions performed within the Agency or by a contractor or consultant; (2) support constituent requests made to a Congressional representative; and (3) to support litigation involving the Agency related to this system. Although the Privacy Act requires only that the ''routine use'' portion of the system be published for comment, CMS invites comments on all portions of this notice.

Frequency: As required.

Affected Public: Individuals or households; Business or other for-profit and Not-for-profit; State, Local or Tribal governments.

Number of Respondents: 60,000,000.

Total Annual Responses: 15,000,000.

Total Annual Hours: 15,000,000.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS Web Site address at *http://www.cms.hhs.gov/PaperworkReductionActof1995*, or e-mail your request, including your address, phone number, OMB number, and CMS document identifier, to *Paperwork@cms.hhs.gov*, or call the Reports Clearance Office on (410) 786–1326.

Written comments and recommendations for the proposed information collections must be mailed or faxed within 30 days of this notice directly to the OMB desk officer: OMB Human Resources and Housing Branch, Attention: Carolyn Lovett, New Executive Office Building, Room 10235, Washington, DC 20503, Fax Number: (202) 395–6974.

Dated: August 17, 2007.

Michelle Shortt,

Director, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. E7–16814 Filed 8–23–07; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–1542–N2]

Medicare Program; Announcement of New Members to the Advisory Panel on Ambulatory Payment Classification (APC) Groups

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

ACTION: Notice.

SUMMARY: This notice announces two new members selected to serve on the Advisory Panel on Ambulatory Payment Classification (APC) Groups (the Panel). The purpose of the Panel is to review the APC groups and their associated weights and to advise the Secretary of the Department of Health and Human Services (DHHS), and the Administrator of the Centers for Medicare & Medicaid Services (CMS), concerning the clinical integrity of the APC groups and their associated weights. We will consider the Panel's advice as we prepare the annual updates of the hospital outpatient prospective payment system (OPPS).

FOR FURTHER INFORMATION CONTACT: For inquiries about the Panel, please contact the Designated Federal Official (DFO): Shirl Ackerman-Ross, DFO, CMS, CMM, HAPG, DOC, 7500 Security Boulevard, Mail Stop C4–05–17, Baltimore, MD 21244–1850, Phone (410) 786–4474.

APC Panel E-Mail Address: The E-mail address for the Panel is as follows: *CMS APCPanel@cms.hhs.gov.*

News Media Contact: News media representatives must contact our Public Affairs Office at (202) 690–6145.

CMS Advisory Committee Hotlines: The CMS Federal Advisory Committee Hotline is 1–877–449–5659 (toll free) and (410) 786–9379 (local) for additional Panel information.

Web Sites: For additional information regarding the APC Panel membership, meetings, agendas, and updates to the Panel's activities, please search our Web site at the following Uniform Resource Locator (URL): *http://www.cms.hhs.gov/FACA/05_AdvisoryPanelonAmbulatoryPaymentClassificationGroups.asp#TopOfPage.*

The public may also access the following URL for the Federal Advisory Committee Act Web site to obtain APC Panel information: *https://www.fido.gov/facadatabase/logon.asp.*

A copy of the Panel's Charter and other pertinent information are on both Web sites mentioned above. You may

also e-mail the Panel DFO at the above e-mail address for a copy of the Charter.

SUPPLEMENTARY INFORMATION:

I. Background

The Secretary is required by section 1833(t)(9)(A) of the Social Security Act (the Act), [as amended by section 201(h) of the Medicare, Medicaid, and SCHIP Balanced Budget Refinement Act of 1999 (BBRA) (Pub. L. 106–113), and re-designated by section 202(a)(2) of the BBRA] to establish and consult with an expert outside advisory panel regarding the clinical integrity of the APC groups and weights that are components of the hospital OPPS.

The APC Panel meets up to three times annually. The Charter requires that the Panel must be fairly balanced in its membership in terms of the points of view represented and the functions to be performed. The Panel consists of up to 15 members, who are representatives of providers, and a Chair. Each Panel member must be employed full-time by a hospital, hospital system, or other Medicare provider subject to payment under the OPPS. The Secretary or Administrator selects the Panel membership based upon either self-nominations or nominations submitted by Medicare providers and other interested organizations. All members must have technical expertise to enable them to participate fully in the work of the Panel. This expertise encompasses hospital payment systems; hospital medical-care delivery systems; provider billing systems; APC groups, Current Procedural Terminology codes, and alpha-numeric Healthcare Common Procedure Coding System codes; and the use and payment of drugs and medical devices in the outpatient setting, as well as other forms of relevant expertise.

The Charter requires that all members have a minimum of 5 years experience in their area(s) of expertise, but it is not necessary that any member be an expert in all of the areas listed above. For purposes of this Panel, consultants or independent contractors are not considered to be full-time employees of hospitals, hospital systems, or other Medicare providers that are subject to the OPPS. Panel members serve up to 4-year terms. A member may serve after the expiration of his or her term until a successor has been sworn in. All terms are contingent upon the renewal of the Panel's Charter by appropriate action before its termination. The Secretary re-chartered the APC Panel effective November 21, 2006.

II. Announcement of New Members

The Panel may consist of a Chair and up to 15 Panel members who serve without compensation, according to an advance written agreement. Travel, meals, lodging, and related expenses for the meeting are reimbursed in accordance with standard Government travel regulations. We have a special interest in ensuring that women, minorities, representatives from various geographical locations, and the physically challenged are adequately represented on the Panel.

The Secretary, or his designee, appoints new members to the Panel from among those candidates determined to have the required expertise. New appointments are made in a manner that ensures a balanced membership.

The Panel presently consists of the following 15 members and a Chair: (The asterisk [*] indicates a Panel member whose term expires on 09/30/2007.)

- Edith Hambrick, M.D., J.D., Chair.
- Gloryanne Bryant, B.S., R.H.I.A., R.H.I.T., C.C.S.
- Hazel Kimmel, R.N., C.C.S., C.P.C.
- *Sandra J. Metzler, M.B.A., R.H.I.A., C.P.H.Q.
- Michael D. Mills, Ph.D., M.S.P.H.
- Thomas M. Munger, M.D., F.A.C.C.
- Beverly Khnie Philip, M.D.
- Louis Potters, M.D., F.A.C.R.
- Russ Ranallo, M.S.
- James V. Rawson, M.D.
- Michael A. Ross, M.D., F.A.C.E.P.
- Judie S. Snipes, R.N., M.B.A., F.A.C.H.E.
- Patricia Spencer-Cisek, M.S., A.P.R.N.–BC, A.O.C.N.®
- *Lou Ann Schraffenberger, M.B.A., R.H.I.A., C.C.S.–P.
- Kim Allan Williams, M.D., F.A.C.C., F.A.B.C.
- Robert Matthew Zwolak, M.D., Ph.D., F.A.C.S.

On March 23, 2007, we published the notice titled ''Request for Nominations to the Advisory Panel on Ambulatory Payment Classification Groups'' (CMS–1305–N2) in the **Federal Register** requesting nominations to the Panel replacing Panel members whose terms would expire by September 30, 2007. As a result of that **Federal Register** notice, we are announcing two new members to the Panel. One new 3-year appointment commences on August 1, 2007, and one new 4-year appointment commences on October 1, 2007, as indicated below:

New Panel Members/Terms

- Michael D. Mills, Ph.D., M.S.P.H., 08/01/2007–09/30/2010.
- Patrick Grusenmeyer, Sc.D., M.P.A., 10/01/2007–09/30/2011.

Note: Dr. Mills replaces Dr. Tyler whose term expired 03/31/2007. Dr. Grusenmeyer will replace Ms. Schraffenberger whose term expires on 09/30/2007. Agatha L. Nolen, D.Ph., M.S., announced in a previous **Federal Register** notice, will replace Ms. Metzler whose term expires on 09/30/2007.)

Authority: Section 1833(t) of the Act (42 U.S.C. 1395l(t)). The Panel is governed by the provisions of Public Law. 92–463, as amended (5 U.S.C. Appendix 2).

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare-Hospital Insurance; and Program No. 93.774, Medicare-Supplementary Medical Insurance Program).

Dated: July 19, 2007.

Leslie V. Norwalk,

Acting Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. E7–16151 Filed 8–23–07; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Medicaid Program; Notice of Single-Source Grant Award to the States of Alabama, Louisiana, and Mississippi for the Grant Entitled ''Deficit Reduction Act-Hurricane Katrina Healthcare Related Provider Stabilization''

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

ACTION: Single-Source Non-Competitive Supplemental Awards.

Funding Amount: $60,000,000.

Period of Performance: June 18, 2007—September 30, 2009.

CFDA: 93.779.

Authority: Section 6201(a)(4) of the Deficit Reduction Act of 2005 (DRA).

Purpose

The Secretary has authorized an additional $60 million in supplemental DRA grant funds to be made available to the States of Alabama, Louisiana, and Mississippi. The methodology is based on the relative share of each eligible general acute care hospital's, inpatient psychiatric facility's (IPF), community mental health center's (CMHC) and skilled nursing facility's (SNF) total Medicare inpatient payments in the FEMA designated counties in calendar year 2006 (the latest and most complete year of Medicare billing data available to CMS). As a result, this funding is being allocated for each State in the following proportions: 44 percent to Louisiana ($26,223,040), 38 percent to