

deemed status under the Medicare program for purposes of this benefit.

EFFECTIVE DATE: This approval of IHS as a national accreditation organization is effective on February 22, 2008.

FOR FURTHER INFORMATION CONTACT: Eva Fung, (410) 786-7539.

SUPPLEMENTARY INFORMATION:

I. Background

To participate in the Medicare program, diabetes self-management training (DSMT) programs must meet conditions for coverage specified in our regulations at 42 CFR part 410, subpart H. One requirement is that entities must satisfy required quality standards. An entity seeking approval as a DSMT supplier must meet the requirements found at § 410.144 as determined by an organization that meets the standards found at § 410.142. These organizations are referred to as national accreditation organizations (NAOs).

II. Review Process

In evaluating an application from an accrediting organization, we consider the following factors under section 1865(b)(2) of the Social Security Act (the Act):

- Accreditation requirements.
- Survey procedures.
- Ability to provide adequate resources for conducting required surveys and to supply information for use in enforcement activities.
- Monitoring procedures.
- Ability to provide us with the necessary data for validation.

After the receipt of a written request to become a NAO or to renew status as a NAO, a proposed notice is published in the **Federal Register**, with a 30 day public comment period. After review of the NAO's application, we are required to publish a final notice of approval or denial no later than 210 days after the date of receipt of a complete application package from the organization requesting to become a NAO.

III. Analysis of and Responses to Public Comments

We received a complete application from the IHS on July 11, 2007. On September 28, 2007, we published a proposed notice in the **Federal Register** (72 FR 55222-55224) announcing the application from the IHS for continued approval as a NAO for accrediting of American Indian (AI) and Alaska Native (AN) entities that wish to furnish outpatient DSMT to Medicare beneficiaries.

We note that no public comments were received on our proposed notice.

IV. Provisions of the Final Notice

On March 22, 2002, we approved the IHS as a NAO for a term of 6 years to accredit AI/AN entities that provide diabetes self-management training (67 FR 13345). We recognize that the IHS has a solid record of experience in past decades in representing the interest of individuals with diabetes. The AI/AN population has one of the highest rates of diabetes in the world and the prevalence of diabetes is substantially higher than in the general U.S. population. Recognizing the size of the AI/AN population affected by diabetes, the Congress, since 1979, has funded the IHS-administered National Diabetes Program to promote collaborative strategies to combat diabetes, to develop standards-of-care policies for diabetes, to disseminate comprehensive information about diabetes, and to advocate for the AI/AN population. The IHS has played a leadership role in the development of diabetic care surveillance and data collection in the AI/AN diabetes programs. It monitors the quality of the AI/AN diabetes education service through its National Diabetes Program, IHS Area Consultants, the IHS Model Diabetes Program, the Special Diabetes Grant Programs, and the IHS Integrated Diabetes Education and Clinical Standards Recognition Program for AI/AN communities. Additionally, the IHS works in partnership with the IHS Model Diabetes Programs to tailor educational materials, treatment programs, nutrition counseling, and physical activities to accommodate cultural, physical, and geographical needs.

A special Task Force consisting of the American Diabetes Association, the American Association of Diabetes Educators, the American Dietetic Association, the Veteran's Health Service, the National Certification Board for Diabetes Educators, the Centers for Disease Control and Prevention, the Department of Veterans Affairs, the Diabetes Research and Training Centers, the Indian Health Service, and the National Certification Board for Diabetes Educators was convened on March 31, 2006 and again on September 19, 2006 as part of the process to update the National Standards for Diabetes Self-Management Education Programs (NSDSMEP). The revised standards were approved on March 25, 2007 and were published in the June 2007 issue of *Diabetes Care*. (Volume 30, Number 6.) Prior to revision, the Task Force reviewed the standards for their appropriateness, relevancy, scientific basis, specificity, and ability to be

implemented in multiple settings. The current NSDSMEP standards (7th Edition) were effectuated in June 2007 and reflect the changing approaches in diabetes training and education.

Our findings indicate that the IHS continues to meet our criteria as "a nonprofit organization with demonstrated experience in representing the interests of individuals with diabetes" to accredit entities to furnish training as specified in § 410.142(a) and continues to meet all applicable requirements in § 410.140 through § 410.146.

The Iowa Foundation for Medicare Care (IFMC) is under contract (#GS-35F-5831 H/HHSM 500-2006-0015IG) to CMS to validate the DSMT accreditation policies of NAOs including IHS. IFMC surveyed a sample of IHS accredited facilities. Based on these reviews, we have determined that the IHS deeming authority has been exercised in compliance with published requirements and have approved IHS' continued recognition as a NAO, effective for 6 years, beginning February 22, 2008.

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: Sections 1865 of the Social Security Act (42 U.S.C. 1395bb). (Catalog of Federal Domestic Program No. 93.773, Medicare-Hospital Insurance Program; and No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: December 6, 2007.

Kerry Weems,

Acting Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. E8-2803 Filed 2-21-08; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-7008-N]

Medicare Program; Announcement of Meeting of the Advisory Panel on Medicare Education; March 11, 2008

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

ACTION: Notice of meeting.

SUMMARY: In accordance with the Federal Advisory Committee Act, this notice announces a meeting of Advisory Panel on Medicare Education (the Panel). The Panel advises and makes recommendations to the Secretary of Health and Human Services and the Administrator of the Centers for Medicare & Medicaid Services on opportunities to enhance the effectiveness of consumer education strategies concerning the Medicare program. This meeting is open to the public.

DATES: *Meeting Date:* March 11, 2008 from 9 a.m. to 3:30 p.m., e.d.t.

Deadline for Meeting Registration, Presentations, and Comments: March 4, 2008, 12 noon, e.s.t.

Deadline for Requesting Special Accommodations: March 4, 2008, 12 noon, e.s.t.

ADDRESSES: *Meeting Location:* Hilton Washington Embassy Row, 2015 Massachusetts Avenue, NW., Washington, DC 20036, (202) 265-1600.

Meeting Registration, Presentations, and Written Comments: Lynne Johnson, Designated Federal Official, Division of Forum and Conference Development, Office of External Affairs, Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Mailstop S1-05-06, Baltimore, MD 21244-1850 or contact Ms. Johnson via e-mail at Lynne.Johnson@cms.hhs.gov.

Registration: The meeting is open to the public, but attendance is limited to the space available. Persons wishing to attend this meeting must register by contacting Lynne Johnson at the address listed in the **ADDRESSES** section of this notice or by telephone at (410) 786-0090 by date listed in the **DATES** section of this section.

FOR FURTHER INFORMATION CONTACT: Lynne Johnson, (410) 786-0090. Please refer to the CMS Advisory Committees' Information Line (1-877-449-5659 toll free)/(410-786-9379 local) or the Internet (http://www.cms.hhs.gov/FACA/04_APME.asp) for additional information and updates on committee activities. Press inquiries are handled through the CMS Press Office at (202) 690-6145.

SUPPLEMENTARY INFORMATION: Section 9(a)(2) of the Federal Advisory Committee Act authorizes the Secretary of Health and Human Services (the Secretary) to establish an advisory panel if the Secretary determines that the panel is "in the public interest in connection with the performance of duties imposed * * * by law." Such duties are imposed by section 1804 of the Social Security Act (the Act), requiring the Secretary to provide

informational materials to Medicare beneficiaries about the Medicare program, and section 1851(d) of the Act, requiring the Secretary to provide for "activities * * * to broadly disseminate information to Medicare beneficiaries on the coverage options provided under [Medicare Advantage] in order to promote an active, informed selection among such options."

The Panel is also authorized by 1114(f) of the Act (42 U.S.C. 1311(f)) and section 222 of the Public Health Service Act (42 U.S.C. 217a). The Secretary signed the charter establishing this Panel on January 21, 1999 and approved the renewal of the charter on November 14, 2006. The establishment of the charter and the renewal of the charter were announced in the February 17, 1999 **Federal Register** (64 FR 7899), and the March 23, 2007 **Federal Register** (72 FR 13796), respectively. The Panel advises and makes recommendations to the Secretary and the Administrator of the Centers for Medicare & Medicaid Services on opportunities to enhance the effectiveness of consumer education strategies concerning the Medicare program.

The goals of the Panel are as follows:

- To provide recommendations on the development and implementation of the national Medicare education program that describes the options for selecting a health plan and prescription drug benefits under Medicare.
- To enhance the Federal government's effectiveness in informing the Medicare consumer, including the appropriate use of public-private partnerships.
- To provide recommendations on how to expand outreach to vulnerable and underserved communities, including racial and ethnic minorities, in the context of a national Medicare education program.
- To assemble an information base of best practices for helping consumers evaluate health plan options and build a community infrastructure for information, counseling, and assistance.

The current members of the Panel are: Anita B. Boles, Executive Director, Society for the Arts in Healthcare; Gwendolyn T. Bronson, SHINE/SHIP Counselor, Massachusetts SHINE Program; Dr. Yanira Cruz, President and Chief Executive Officer, National Hispanic Council on Aging; Clayton Fong, President and Chief Executive Officer, National Asian Pacific Center on Aging; Nan Kirsten-Forte, Executive Vice President, Consumer Services, WebMD; Dr. Jessie C. Gruman, President and Chief Executive Officer, Center for the Advancement of Health; Dr. David

Lansky, Director, Health Program, Markle Foundation; Dr. Daniel Lyons, Senior Vice President, Government Programs, Independence Blue Cross; Dr. Frank B. McArdle, Manager, Hewitt Research Office, Hewitt Associates; Traci McClellan, J.D., Executive Director, National Indian Council on Aging; Dr. Keith Mueller, Professor and Section Head, Health Services Research and Rural Health Policy, University of Nebraska; Lee Partridge, Senior Health Policy Advisor, National Partnership for Women and Families; Rebecca Snead, Executive Vice President/Chief Executive Officer, National Alliance of State Pharmacy Associations; William A. Steel, Past President, The National Grange; Marvin Tuttle, Jr., CAE, Executive Director and Chief Executive Officer, Financial Planning Association; Catherine Valenti, Consultant, American Academy of HIV Medicine; and Grant Wedner, Vice President, Partnerships and Corporate Development, Daily Strength, Inc.

The agenda for the March 11, 2008 meeting will include the following:

- Recap of the previous (December 4, 2007) meeting.
- Medicare Enrollment, Outreach, Education, and Partnership Activities.
- APME Subcommittee Report.
- Public Comment.
- Listening Session with CMS Leadership.
- Next Steps.

Individuals or organizations that wish to make a 5-minute oral presentation on an agenda topic should submit a written copy of the oral presentation to Lynne Johnson at the address listed in the **ADDRESSES** section of this notice by the date listed in the **DATES** section of this notice. The number of oral presentations may be limited by the time available. Individuals not wishing to make a presentation may submit written comments to Ms. Johnson at the address listed in the **ADDRESSES** section of this notice by the date listed in the **DATES** section of this notice.

Individuals requiring sign language interpretation or other special accommodations should contact Ms. Johnson at the address listed in the **ADDRESSES** section of this notice by the date listed in the **DATES** section of this notice.

Authority: Sec. 222 of the Public Health Service Act (42 U.S.C. 217a) and sec. 10(a) of Pub. L. 92-463 (5 U.S.C. App. 2, sec. 10(a) and 41 CFR 102-3).

(Catalog of Federal Domestic Assistance Program No. 93.733, Medicare—Hospital Insurance Program; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: February 7, 2008.

Kerry Weems,

Acting Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. E8-2790 Filed 2-21-08; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-1549-N]

Medicare Program; Public Meetings in Calendar Year 2008 for All New Public Requests for Revisions to the Healthcare Common Procedure Coding System (HCPCS) Coding and Payment Determinations

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

ACTION: Notice.

SUMMARY: This notice announces the dates, time, and location of the Healthcare Common Procedure Coding System (HCPCS) public meetings to be held in calendar year 2008 to discuss our preliminary coding and payment determinations for all new public requests for revisions to the HCPCS. These meetings provide a forum for interested parties to make oral presentations or to submit written comments in response to preliminary coding and payment determinations. Discussion will be directed toward responses to our specific preliminary recommendations and will include all items on the public meeting agenda.

DATES: Meeting Dates: The following are the 2008 HCPCS public meeting dates:

1. Tuesday, April 22, 2008, 9 a.m. to 5 p.m., e.d.t. (Supplies and Other Issues).
2. Wednesday, April 23, 2008, 9 a.m. to 5 p.m., e.d.t. (Supplies and Other Issues).
3. Tuesday, May 6, 2008, 9 a.m. to 5 p.m., e.d.t. (Orthotics and Prosthetics).
4. Wednesday, May 7, 2008, 9 a.m. to 5 p.m., e.d.t. (Drugs/Biologicals/Radiopharmaceuticals/Radiologic Imaging Agents).
5. Thursday, May 8, 2008, 9 a.m. to 5 p.m., e.d.t. (Drugs/Biologicals/Radiopharmaceuticals/Radiologic Imaging Agents).
6. Wednesday, May 28, 2008, 9 a.m. to 5 p.m., e.d.t. (Durable Medical Equipment (DME) and Accessories).
7. Thursday, May 29, 2008, 9 a.m. to 5 p.m., e.d.t. (Durable Medical Equipment (DME) and Accessories).

Deadlines for Primary Speaker Registration and Presentation Materials:

The deadline for registering to be a primary speaker, and submitting materials and writings that will be used in support of an oral presentation are as follows:

- April 8, 2008 for the April 22 and 23, 2008 public meetings.
- April 22, 2008 for the May 6, 7 and 8, 2008 public meetings.
- May 14, 2008 for the May 28 and 29, 2008 public meetings.

Deadlines for all Other Attendees Registration: Individuals must register for each date that they plan on attending. The registration deadlines are different for each meeting. Registration deadlines are as follows:

- April 15, 2008 for the April 22 and 23, 2008 public meeting dates.
- April 29, 2008 for the May 6, 7 and 8, 2008 public meeting dates.
- May 21, 2008 for the May 28 and 29, 2008 public meetings.

Deadlines for Requesting Special Accommodations:

- April 8, 2008 for the April 22 and 23, 2008 public meeting dates.
- April 22, 2008 for the May 6, 7 and 8, 2008 public meeting dates.
- May 14, 2008 for the May 28 and 29, 2008 public meetings.

Deadline for Submission of Written Comments: Written comments must be received by the date of meeting at which a request is scheduled for discussion.

ADDRESSES: Meeting Location: The public meetings will be held in the main auditorium of the central building of the Centers for Medicare and Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244-1850.

Submission of Written Comments: Written comments can be e-mailed to HCPCS@cms.hhs.gov or sent regular mail to Jennifer Carver or Gloria Knight, HCPCS Public Meeting Coordinator, Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Mail Stop C5-08-27, Baltimore, MD 21244.

Registration and Special Accommodations: Individuals wishing to participate or who need special accommodations or both must register by completing the on-line registration located at <http://www.cms.hhs.gov/medhcpcsgeninfo> or by contacting one of the following persons: Jennifer Carver at (410) 786-6610 or Jennifer.Carver@cms.hhs.gov; or Gloria Knight at (410) 786-4598 or Gloria.Knight@cms.hhs.gov.

FOR FURTHER INFORMATION CONTACT: Jennifer Carver at (410) 786-6610 or Jennifer.Carver@cms.hhs.gov; or Gloria Knight at (410) 786-4598 or Gloria.Knight@cms.hhs.gov.

SUPPLEMENTARY INFORMATION:

I. Background

On December 21, 2000, the Congress passed the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA) (Pub. L. 106-554). Section 531(b) of BIPA mandated that we establish procedures that permit public consultation for coding and payment determinations for new durable medical equipment (DME) under Medicare Part B of title XVIII of the Social Security Act (the Act). The procedures and public meetings announced in this notice for new DME are in response to the mandate of section 531(b) of BIPA.

In the November 23, 2001 **Federal Register** (66 FR 58743), we published a notice providing information regarding the establishment of the public meeting process for DME. It is our intent to distribute any materials submitted to CMS to the HCPCS workgroup members for their consideration. CMS and the HCPCS workgroup members require sufficient preparation time to review all relevant materials. For this reason, our HCPCS Public Meeting Coordinators will only accept and review presentation materials received by the deadline for each public meeting, as specified in the **DATES** section of this notice. Therefore, we are implementing a 10-page submission limit and firm deadlines for receipt of any presentation materials the meeting participant wishes CMS to consider.

The public meeting process provides an opportunity for the public to become aware of coding changes under consideration, as well as an opportunity for CMS to gather public input.

II. Meeting Registration

A. Required Information for Registration

The following information must be provided when registering:

- Name;
- Company name and address;
- Direct-dial telephone and fax numbers;
- E-mail address; and
- Special needs information.

A CMS staff member will confirm your registration by mail, e-mail, or fax.

B. Registration Process

1. Primary Speakers

Individuals must also indicate whether they are the "primary speaker" for an agenda item. Primary speakers must be designated by the entity that submitted the HCPCS coding request. When registering, primary speakers must provide a brief written statement regarding the nature of the information they intend to provide, and advise the