

*Web Site:* For additional information on the APC Panel and updates to the Panel's activities, search our Web site at the following: [http://www.cms.hhs.gov/FACA/05\\_AdvisoryPanelonAmbulatoryPaymentClassificationGroups.asp#TopOfPage](http://www.cms.hhs.gov/FACA/05_AdvisoryPanelonAmbulatoryPaymentClassificationGroups.asp#TopOfPage). (Use control + click the mouse in order to access the previous URL.) (Note: There is an UNDERSCORE after FACA/05\_; there is no space.)

*Advisory Committees' Information Lines:* You may also refer to the CMS Federal Advisory Committee Hotlines at 1-877-449-5659 (toll-free) or 410-786-9379 (local) for additional information.

#### SUPPLEMENTARY INFORMATION:

##### I. Background

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

The Charter requires that the APC Panel meet up to three times annually. We consider the Panel's technical advice as we prepare the proposed and final rules to update the OPPS for the next calendar year.

The Panel may consist of a chair and up to 15 members who are full-time employees of hospitals, hospital systems, or other Medicare providers that are subject to the OPPS. (For purposes of the Panel, consultants or independent contractors are not considered to be full-time employees in these organizations.)

The Administrator selects the Panel membership based upon either self-nominations or nominations submitted by providers or interested organizations.

The current Panel members are as follows: (The asterisk [\*] indicates the Panel member whose term ends on June 1, 2008, and the double asterisks [\*\*] indicate Panel members whose terms end on September 30, 2008.)

- E.L. Hambrick, M.D., J.D., Chair, a CMS Medical Officer
- Gloryanne Bryant, B.S., RHIA, RHIT, CCS
- Patrick A. Grusenmeyer, Sc.D., FACHE
- Hazel Kimmel, R.N., CCS, CPC\*
- Michael D. Mills, PhD
- Thomas M. Munger, M.D., FACC
- Agatha L. Nolen, D.Ph., M.S.
- Beverly Khnie Philip, M.D.
- Louis Potters, M.D., FACR\*\*
- Russ Ranallo, M.S., B.S.

- James V. Rawson, M.D.
- Michael A. Ross, M.D., FACEP
- Judie S. Snipes, R.N., M.B.A., FACHE\*\*
- Patricia Spencer-Cisek, M.S., APRN-BC, AOCN®
- Kim Allen Williams, M.D., FACC, FABC
- Robert M. Zwolak, M.D., PhD, FACS

Panel members serve without compensation, according to an advance written agreement; however, for the meetings, CMS reimburses travel, meals, lodging, and related expenses in accordance with standard Government travel regulations.

We have a special interest in attempting to ensure, while taking into account the nominee pool, that the Panel is diverse in all respects of the following: Geography; rural or urban practice; race, ethnicity, sex, and disability; medical or technical specialty; and type of hospital, hospital health system, or other Medicare provider.

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 under the guidelines of the Federal Advisory Committee Act.

##### II. Criteria for Nominees

All qualified nominees must have technical expertise in one or more of the listed areas of below that will enable them to participate fully in the work of the Panel. Nominees' expertise must exist in one of the following areas:

- Hospital payment systems.
- Hospital medical-care delivery systems.
- Outpatient payment requirements.
- APC groups.
- Physicians' Current Procedural Terminology Codes.
- The use and payment of drugs and medical devices in the outpatient setting.
- Any other relevant expertise.

It is not necessary for a nominee to possess expertise in all of the areas listed, but each nominee must have a minimum of 5 years experience and currently have full-time employment in his or her area of expertise. Members of the Panel serve overlapping terms up to 4 years, based on the needs of the Panel and contingent upon the rechartering of the Panel.

Any interested person or organization may nominate one or more qualified individuals. Self-nominations will also be accepted. Each nomination must include the following:

- Letter of Nomination,
- Curriculum Vita of the nominee, and
- Written statement from the nominee that the nominee is willing to serve on the Panel under the conditions described in this notice and further specified in the Charter.

##### III. Copies of the Charter

To obtain a copy of the Panel's Charter, submit a written request to the DFO at the address provided or by e-mail at [CMSAPCPanel@cms.hhs.gov](mailto:CMSAPCPanel@cms.hhs.gov), or call her at 410-786-4474. Copies of the Charter are also available on the Internet at the following: [http://www.cms.hhs.gov/FACA/05\\_AdvisoryPanelonAmbulatoryPaymentClassificationGroups.asp#TopOfPage](http://www.cms.hhs.gov/FACA/05_AdvisoryPanelonAmbulatoryPaymentClassificationGroups.asp#TopOfPage).

**Authority:** Section 1833(t)(9)(A) of the Act (42 U.S.C. 1395l(t)(9)(A)). The Panel is governed by the provisions of Pub. L. 92-463, as amended (5 U.S.C. Appendix 2).

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

Dated: February 7, 2008.

**Kerry Weems,**

*Acting Administrator, Centers for Medicare & Medicaid Services.*

[FR Doc. E8-2806 Filed 2-21-08; 8:45 am]

BILLING CODE 4120-01-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS-3186-FN]

#### Medicare Program: Approval of Application by the Indian Health Service (IHS) for Continued Recognition as a National Accreditation Organization That Accredits American Indian and Alaska Native (AI/AN) Entities To Furnish Outpatient Diabetes Self-Management Training

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

**ACTION:** Final notice.

**SUMMARY:** This final notice announces the approval of the Indian Health Service (IHS) as a national accreditation organization for the purpose of determining that entities meet the necessary quality standards to furnish outpatient diabetes self-management training services under Part B of the Medicare program. Therefore, American Indian and Alaska Native diabetes self-management training (DSMT) programs accredited by the IHS will receive

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.