

PLACE: Centers for Medicare and Medicaid Services (CMS) Auditorium, 7500 Security Boulevard, Baltimore, Maryland 21244

STATUS: Open to the public, limited only by the space available. The meeting room accommodates approximately 240 people. We will be broadcasting the meeting live via Webcast at <http://www.cms.gov/live/>.

SECURITY CONSIDERATIONS: Due to increased security requirements CMS has instituted stringent procedures for entrance into the building by non-government employees. Attendees will need to present valid government-issued picture identification, and sign-in at the security desk upon entering the building.

Attendees who wish to attend the March 7–8, 2017 ICD–10–CM C&M meeting must submit their name and organization by February 24, 2016 for inclusion on the visitor list. This visitor list will be maintained at the front desk of the CMS building and used by the guards to admit visitors to the meeting.

Participants who attended previous Coordination and Maintenance meetings will no longer be automatically added to the visitor list. You must request inclusion of your name prior to each meeting you wish attend.

Please register to attend the meeting on-line at: <http://www.cms.hhs.gov/apps/events/>. Please contact Mady Hue (410–786–4510 or Marilu.hue@cms.hhs.gov), for questions about the registration process.

PURPOSE: The ICD–10 Coordination and Maintenance (C&M) Committee is a public forum for the presentation of proposed modifications to the International Classification of Diseases, Tenth Revision, Clinical Modification and ICD–10 Procedure Coding System.

MATTERS FOR DISCUSSION: Agenda items include:

March 7–8, 2017

ICD–10–PCS Topics:

- Cerebral Embolic Protection During Transcatheter Aortic Valve Replacement
- Renal Replacement Therapy
- Magnetically Controlled Growth Rods
- Oxidized Zirconium Polyethylene Implant for Hip and Knee Replacement
- Endovascular Intracranial Thrombectomy
- Procedures/Techniques
- Radiotherapeutic Brain Implant
- Combined Thoracic Arch Replacement and Thoracic Aorta Restriction
- Occlusion of Left Atrial Appendage
- Spinal Fusion with Radiolucent Interbody Fusion Device

- Administration of ZINPLAVA (Bezlotoxumab)
- Administration of VYXEOS
- Administration of KTE–C19 (axicabtageneclisoleucel) Congenital Anomaly Procedures
- Resection of the Left Ventricular Outflow Tract Obstruction and/or Subaortic Membrane(Stenosis)
- Fontan Completion Procedure, Stage II
- Alfieri Stitch
- Valvuloplasty
- Ligation of Pulmonary Trunk
- Fluoroscopy of Pulmonary Trunk
- Modified Blalock-Taussig Shunt
- Release of Myocardial Bridge
- Addenda and Key Updates
- ICD–10–CM Diagnosis Topics:**
- Acute Appendicitis
- Antenatal Screening
- Asthma
- Atrial Fibrillation (AF)
- Cyclic Vomiting
- Diverticular Disease of Intestine
- Encounter for examination of eyes and vision with abnormal findings
- Fetal Inflammatory Response Syndrome
- Hepatic Encephalopathy (representation)
- Lacunar Infarction
- Meibomian Gland Dysfunction
- Neonatal Encephalopathy
- Glasgow Coma Scale, Pediatric
- Personal History of Mesothelioma and Secondary Mesothelioma
- Post Endometrial Ablation Syndrome
- Sickle Cell w/o Acute Chest Syndrome or Splenic Sequestration
- Surgical Site Infection
- Types of Myocardial Infarctions (MI)
- ICD–10–CM Addendum
- Agenda items are subject to change as priorities dictate.

Note: CMS and NCHS no longer provide paper copies of handouts for the meeting. Electronic copies of all meeting materials will be posted on the CMS and NCHS Web sites prior to the meeting at <http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/03meetings.asp#TopOfPage> and http://www.cdc.gov/nchs/icd/icd9cm_maintenance.htm.

CONTACT PERSONS FOR ADDITIONAL INFORMATION: Donna Pickett, Medical Systems Administrator, Classifications and Public Health Data Standards Staff, NCHS, 3311 Toledo Road Hyattsville, Maryland 20782, email dfp4@cdc.gov, telephone 301–458–4434 (diagnosis); Mady Hue, Health Insurance Specialist, Division of Acute Care, CMS, 7500 Security Boulevard, Baltimore, Maryland, 21244, email marilu.hue@cms.hhs.gov, telephone 410–786–4510 (procedures).

The Director, Management Analysis and Services Office, 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.

Elaine L. Baker,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 2017–03627 Filed 2–23–17; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Initial Review

In accordance with Section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces a meeting for the initial review of application in response to Funding Opportunity Announcement (FOA) PAR 15–361, NIOSH Centers of Excellence for Total Worker Health (TWH).

Time and Date: 1:00 p.m.–6:00 p.m., EDT, March 21, 2017 (Closed).

Place: Via Teleconference.

Status: The meeting will be closed to the public in accordance with provisions set forth in Section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92–463.

Matters for Discussion: The meeting will include the initial review, discussion, and evaluation of applications received in response to “NIOSH Centers of Excellence for Total Worker Health (TWH)”, PAR 15–361.

Contact Person for More Information: Marilyn Ridenour, B.S.N., M.B.A., M.P.H., Scientific Review Officer, CDC, 1095 Willowdale Road, Mailstop 1811, Morgantown, WV Telephone: (304) 285–5879, DVN7@CDC.GOV.

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Prevention and the Agency for Toxic Substances and Disease Registry.

Elaine L. Baker,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-3338-PN]

Medicare and Medicaid Programs: Application From the Center for Improvement in Healthcare Quality for Continued Approval of Its Hospital Accreditation Program

AGENCY: Centers for Medicare and Medicaid Services, HHS.

ACTION: Proposed notice.

SUMMARY: This proposed notice acknowledges the receipt of an application from the Center for Improvement in Healthcare Quality (CIHQ) for continued recognition as a national accrediting organization for hospitals that wish to participate in the Medicare or Medicaid programs.

DATES: To be assured consideration, comments must be received at one of the addresses provided below, no later than 5 p.m. on March 27, 2017.

ADDRESSES: In commenting, please refer to file code CMS-3338-PN. Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission.

You may submit comments in one of four ways:

1. *Electronically.* You may submit electronic comments on specific issues in this regulation to <http://www.regulations.gov>. Follow the "submit a comment" instructions.

2. *By regular mail.* You may mail written comments (one original and two copies) to the following address only: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-3338-PN, P.O. Box 8016, Baltimore, MD 21244-8010.

Please allow sufficient time for mailed comments to be received before the close of the comment period.

3. *By express or overnight mail.* You may send written comments to the following address only: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-3338-PN,

Mail Stop C4-26-05, 7500 Security Boulevard, Baltimore, MD 21244-1850.

4. *By hand or courier.* Alternatively, you may deliver (by hand or courier) your written comments to the following addresses:

a. For delivery in Washington, DC—Centers for Medicare & Medicaid Services, Department of Health and Human Services, Room 445-G, Hubert H. Humphrey Building, 200 Independence Avenue SW., Washington, DC 20201.

(Because access to the interior of the Hubert H. Humphrey Building is not readily available to persons without Federal government identification, commenters are encouraged to leave their comments in the CMS drop slots located in the main lobby of the building. A stamp-in clock is available for persons wishing to retain a proof of filing by stamping in and retaining an extra copy of the comments being filed.)

Comments erroneously mailed to the addresses indicated as appropriate for hand or courier delivery may be delayed and received after the comment period.

b. For delivery in Baltimore, MD—Centers for Medicare & Medicaid Services, Department of Health and Human Services, 7500 Security Boulevard, Baltimore, MD 21244-1850.

If you intend to deliver your comments to the Baltimore address, call telephone number (410) 786-9994 in advance to schedule your arrival with one of our staff members.

For information on viewing public comments, see the beginning of the **SUPPLEMENTARY INFORMATION** section.

FOR FURTHER INFORMATION CONTACT: Lillian Williams, (410) 786-8636, Patricia Chmielewski, (410) 786-6899, or Monda Shaver, (410) 786-3410.

SUPPLEMENTARY INFORMATION: *Inspection of Public Comments:* All comments received before the close of the comment period are available for viewing by the public, including any personally identifiable or confidential business information that is included in a comment. We post all comments received before the close of the comment period on the following Web site as soon as possible after they have been received: <http://www.regulations.gov>. Follow the search instructions on that Web site to view public comments.

Comments received timely will also be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, at the headquarters of the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland 21244, Monday

through Friday of each week from 8:30 a.m. to 4 p.m. To schedule an appointment to view public comments, phone 1-800-743-3951.

I. Background

Under the Medicare program, eligible beneficiaries may receive covered services from a hospital, provided that certain requirements are met. Section 1861(e) of the Social Security Act (the Act), establishes distinct criteria for facilities seeking designation as a hospital. Regulations concerning provider agreements are at 42 CFR part 489 and those pertaining to activities relating to the survey and certification of facilities are at 42 CFR part 488. The regulations at 42 CFR part 482 specify the minimum conditions that a hospital must meet to participate in the Medicare program.

Generally, to enter into an agreement, a hospital must first be certified by a State survey agency as complying with the conditions or requirements set forth in part 482 of our regulations. Thereafter, the hospital is subject to regular surveys by a State survey agency to determine whether it continues to meet these requirements.

Section 1865(a)(1) of the Act provides that, if a provider entity demonstrates through accreditation by an approved national accrediting organization that all applicable Medicare conditions are met or exceeded, we may deem those provider entities as having met the requirements. Accreditation by an accrediting organization is voluntary and is not required for Medicare participation.

If an accrediting organization is recognized by the Secretary of the Department of Health and Human Services (the Secretary) as having standards for accreditation that meet or exceed Medicare requirements, any provider entity accredited by the national accrediting body's approved program may be deemed to meet the Medicare conditions. A national accrediting organization applying for approval of its accreditation program under part 488, subpart A, must provide the Centers for Medicare & Medicaid Services (CMS) with reasonable assurance that the accrediting organization requires the accredited provider entities to meet requirements that are at least as stringent as the Medicare conditions. Our regulations concerning the approval of accrediting organizations are set forth at § 488.5. The regulations at § 488.5(e)(2)(i) require accrediting organizations to reapply for continued approval of its accreditation program every 6 years or sooner as determined by CMS.