

AAAASF's ASC accreditation program to determine compliance with the Medicare requirements for ASCs at 42 CFR part 416.

IV. Provisions of the Final Notice

A. Differences Between AAAASF's Standards and Requirements for Accreditation and Medicare's Conditions and Survey Requirements

During the 180 day probationary period, we conducted a comparison of AAAASF's accreditation requirements for ASCs to our current Medicare conditions for coverage (CfCs) as outlined in the State Operations Manual (SOM). We also conducted a corporate onsite visit and survey observation to validate proper application of the requirements. Our review and evaluations of AAAASF's deeming application yielded the following:

- AAAASF's survey files were complete, accurate, and consistent with the requirements at § 488.6(a).
- AAAASF's data submissions are accurate, complete and timely in accordance with the requirements at § 488.4(b).
- AAAASF revised its accreditation decision letters to ensure they are accurate and contain all of the elements necessary for the Regional Office to render a decision regarding the deemed status of an accredited ASC.
- AAAASF revised its policies to require its surveyors to use the surveyor tools thus ensuring accurate and complete survey files.
- AAAASF developed surveyors tools to include a medical record review sheet, personnel review sheet, and policy review to assist surveyors with accurate, and complete documentation.
- To meet the Medicare requirements related to unannounced surveys at 2700A of the SOM, AAAASF modified its policies related to the survey window in which organizations could receive an accreditation survey for deemed status.
- To meet the survey process requirements in Appendix L of the SOM, AAAASF developed a policy outlining the minimum number of medical records that must be reviewed during a certification survey.
- To meet the requirements at SOM 2200F, AAAASF revised its policies and procedures to ensure documentation of deficiencies contains a regulatory reference, a clear and detailed description of the deficient practice, and relevant finding.
- To meet the requirements at 2728 of the SOM, AAAASF modified its policies regarding timeframes for sending and receiving a plan of correction (PoC) for life safety code surveys.

- To ensure its surveyors were adequately trained, AAAASF developed a website where surveyors could access a resource library of training webinars, interpretative guidelines, principles of documentation, standards, surveyor handbook, survey forms and other materials to assist surveyors in the field.

B. Term of Approval

Based on the review and observations, we have determined that AAAASF's accreditation program for ASCs meets or exceeds our requirements. Therefore, we approve, without condition, AAAASF as a national accreditation organization for ASCs that request participation in the Medicare program, effective November 27, 2009 through November 27, 2012. Under § 488.4(f)(4), notice was given to AAAASF on November 27, 2009 (74 FR 62330) and this final notice, although not required by our regulations, is being published as a public service for informational purposes.

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).

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

Dated: August 5, 2010.

Donald M. Berwick,

Administrator, Centers for Medicare & Medicaid Services.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-1572-N]

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

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

ACTION: Notice.

SUMMARY: This notice announces five 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 Department of Health and Human Services (the Secretary) and the Administrator of Centers for Medicare & Medicaid Services 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, contact the Designated Federal Official (DFO): Shirl Ackerman-Ross, (410) 786-4474.

APC Panel E-Mail Address: The E-mail address for the Panel is as follows: CMSAPCPanel@cms.hhs.gov (Note: There is no underscore in this e-mail address; there is a space between CMS and APCPanel.)

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

CMS Advisory Committees 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, search our Web site at the following Uniform Resource Locator (URL): http://www.cms.hhs.gov/FACA/05_AdvisoryPanelonAmbulatoryPaymentClassificationGroups.asp#TopOfPage. (Note: There is an underscore after FACA/05 (like this _); there is no space.)

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/public.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 of the Department of Health and Human Services (the Secretary) is required by section 1833(t)(9)(A) of the Social Security Act (the Act) to consult with an expert outside advisory Panel regarding the clinical integrity of the Ambulatory Payment Classification (APC) groups and relative payment weights that are

components of the Medicare hospital outpatient prospective payment system (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 the Administrator of the Centers for Medicare & Medicaid Services (the 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 of, and payment for, 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 and independent contractors are not considered as representatives of providers. A Panel member may serve up to a 4-year term. 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 by appropriate action before its termination. The Secretary re-chartered the APC Panel effective November 21, 2008.

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 her 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 September 30, 2010.)

- Edith Hambrick, M.D., J.D., Chair
- Ruth L. Bush, M.D., M.P.H.
- Dawn L. Francis, M.D., M.H.S.
- Kathleen M. Graham, R.N., M.S.H.A., C.P.H.Q.
- Patrick Grusenmeyer, Sc.D., M.P.A., F.A.C.H.
- David Halsey, M.D.
- Judith T. Kelly, B.S.H.A., R.H.I.T., R.H.I.A., C.C.S.
- Michael D. Mills, Ph.D., M.S.P.H.*
- Agatha L. Nolen, D.Ph., M.S., F.A.S.H.P.
- Randall A. Oyer, M.S.
- Beverly Khnie Philip, M.D.*
- Daniel Pothen, M.S., R.H.I.A., CPHIMS, CCS, CCS-P, CHC
- Gregory J. Przybylski, M.D.
- Russ Ranallo, M.S.*
- Michael A. Ross, M.D., F.A.C.E.P.*
- Patricia Spencer-Cisek, M.S., A.P.R.N.-BC, A.O.C.N.®*

On March 26, 2010, we published a notice in the **Federal Register** entitled “Medicare Program; Request for Nominations to the Advisory Panel on Ambulatory Payment Classification Groups” (CMS-1570-N) requesting nominations to the Panel replacing Panel members whose terms would expire on September 30, 2010. As a result of that **Federal Register** notice, we are announcing five new members to the Panel. All five appointments are for 4-year terms commencing on October 1, 2010, as indicated below:

New panel members	Terms
• Kari S. Cornicelli, C.P.A., FHFMA	10/1/2010 through 9/30/2014.
• Brian D. Kavanagh, M.D., M.P.H	10/1/2010 through 9/30/2014.
• Scott Manaker, M.D., PhD	10/1/2010 through 9/30/2014.
• John Marshall, C.R.A., R.C.C., RT®	10/1/2010 through 9/30/2014.
• Neville B. Sarkari, M.D., FACP	10/1/2010 through 9/30/2014.

(Note: Dr. Kavanagh replaces Dr. Mills; Dr. Manaker replaces Dr. Philip; Dr. Sarkari replaces Dr. Ross; Ms. Cornicelli replaces Mr. Ranallo; and Mr. Marshall replaces Ms. Spencer-Cisek. They will all take the Oaths of Office at the winter 2011 APC Panel meeting. Therefore, the current APC Panel members are all invited to attend the 2010 late summer meeting since the new members’ terms do not begin until October 1, 2010.)

III. 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.

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

Dated: August 11, 2010.

Donald M. Berwick,

Administrator, Centers for Medicare & Medicaid Services.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Office of the Director, National Institutes of Health; Notice of Meeting

Pursuant to section 10(a) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of a meeting of the Scientific Management Review Board.

The NIH Reform Act of 2006 (Pub. L. 109-482) provides organizational authorities to HHS and NIH officials to: (1) Establish or abolish national research institutes; (2) reorganize the offices within the Office of the Director, NIH including adding, removing, or transferring the functions of such offices