
February 5, 2018 Committee Teleconference/Web Meeting Agenda:

- Introductions
- Safeguarding GSA Assets
- Building and Grid Integration & Resilience
- Urban Resilience
- Discussion & Next Steps

A detailed agenda, relevant background information, and updates for the teleconference will be posted on GSA’s website at http://www.gsa.gov/gbac.

Kevin Kampschroer,
Federal Director, Office of Federal High-Performance Buildings, General Services Administration.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Meeting of the Community Preventive Services Task Force (CPSTF)

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice of meeting.

SUMMARY: The Centers for Disease Control and Prevention (CDC) within the Department of Health and Human Services announces the next meeting of the Community Preventive Services Task Force (CPSTF) on February 14–15, 2018, in Atlanta, Georgia.

DATES: The meeting will be held on Wednesday, February 14, 2018, from 8:30 a.m. to 6:00 p.m. EDT and Thursday, February 15, 2018, from 8:30 a.m. to 1:00 p.m. EDT.

ADDRESSES: The CPSTF Meeting will be held at the CDC Edward R. Roybal Campus, Centers for Disease Control and Prevention Headquarters (Building 19), 1600 Clifton Road NE, Atlanta, GA 30329. You should be aware that the meeting location is in a Federal government building; therefore, Federal security measures are applicable. For additional information, please see Royal Campus Security Guidelines under SUPPLEMENTARY INFORMATION.

Information regarding meeting logistics will be available on the Community Guide website (www.thecommunityguide.org) closer to the date of the meeting.

FOR FURTHER INFORMATION CONTACT: Onslow Smith, Center for Surveillance, Epidemiology and Laboratory Services; Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS–E–69, Atlanta, GA 30329, phone: (404)498–6778, email: CPSTF@cdc.gov.

SUPPLEMENTARY INFORMATION:

Meeting Accessibility: This space-limited meeting is open to the public. All meeting attendees must register. To ensure completion of required security procedures and access to the CDC’s Global Communications Center, U.S. citizens intending to attend in person must register by February 7, 2018, and non-U.S. citizens intending to attend in person must register by January 17, 2018. Failure to register by the dates identified could result in the inability to attend the CPSTF meeting in person.

Those unable to attend the meeting in person are able to do so via Webcast. CDC will send the Webcast URL to registrants upon receipt of their registration. All meeting attendees must register by February 8, 2018 to receive the webcast information. CDC will email webcast information from the CPSTF@cdc.gov mailbox.

Public Comment: A public comment period, limited to three minutes per person, will follow the CPSTF’s discussion of each systematic review. Individuals wishing to make public comments must indicate their desire to do so with their registration by providing their name, organizational affiliation, and the topic to be addressed (if known). Public comments will become part of the meeting summary. Public comment is not possible via Webcast.

Background on the CPSTF: The CPSTF is an independent, nonfederal panel whose members are appointed by the CDC Director. CPSTF members represent a broad range of research, practice, and policy expertise in prevention, wellness, health promotion, and public health. The CPSTF was convened in 1996 by the Department of Health and Human Services (HHS) to identify community preventive programs, services, and policies that increase healthy longevity, save lives and dollars, and improve Americans’ quality of life. CDC is mandated to provide ongoing administrative, research, and technical support for the operations of the CPSTF. During its meetings, the CPSTF considers the findings of systematic reviews on existing research and practice-based evidence and issues recommendations. CPSTF recommendations are not mandates for compliance or spending. Instead, they provide information about evidence-based options that decision makers and stakeholders can consider when they are determining what best meet the specific needs, preferences, available resources, and constraints of their jurisdictions and constituents. The CPSTF’s recommendations, along with the systematic reviews of the evidence on which they are based, are compiled in the Guide to Community Preventive Services (The Community Guide).

Matters proposed for discussion:

Cancer Prevention and Control (Economics of Multicomponent Interventions to Improve Cancer Screening for Breast, Colorectal, and Cervical Cancer); Health Equity (proposal for housing interventions as a new topic area); Obesity Prevention and Control (Combined School-Based Interventions to Increase Healthier Food and Beverage Consumption and Physical Activity); Women’s Health (Primary Prevention of Intimate Partner Violence and Sexual Violence Among Youth); and discussion of Community Guide economic methods. The agenda is subject to change without notice.

Royal Campus Security Guidelines: The Edward R. Roybal Campus is the headquarters of the CDC and is located at 1600 Clifton Road NE, Atlanta, Georgia. The meeting is being held in a Federal government building; therefore, Federal security measures are applicable.

All meeting attendees must register by the dates outlined under MEETING ACCESSIBILITY. In planning your arrival time, please take into account the need to park and clear security. All visitors must enter the Edward R. Roybal Campus through the front entrance on Clifton Road. Vehicles may be searched, and the guard force will then direct visitors to the designated parking area. Upon arrival at the facility, visitors must present government-issued photo identification (e.g., a valid federal identification badge, state driver’s license, state non-driver’s identification card, or passport). Non-United States citizens must complete the required security paperwork prior to the meeting date and must present a valid passport, visa, Permanent Resident Card, or other type of work authorization document upon arrival at the facility. All persons entering the building must pass through a metal detector. CDC Security
Medicare Part B Inpatient Ancillary Per Diem Rate

Calendar Year 2018

Lower 48 States $740
Alaska $1,061

Outpatient Surgery Rate (Medicare)

Established Medicare rates for providing Ambulatory Surgery Centers.

Effective Date for Calendar Year 2018 Rates

Consistent with previous annual rate revisions, the Calendar Year 2018 rates will be effective for services provided on/or after January 1, 2018, to the extent consistent with payment authorities, including the applicable Medicaid State plan.


Michael D. Weahkee,
RADM, Assistant Surgeon General, U.S. Public Health Service, Acting Director, Indian Health Service.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Reimbursement Rates for Calendar Year 2018

AGENCY: Indian Health Service, HHS.

ACTION: Notice.

Notice is given that the Acting Director of the Indian Health Service (IHS), under the authority of sections 321(a) and 322(b) of the Public Health Service Act (42 U.S.C. 248 and 249(b)), Public Law 83–568 (42 U.S.C. 2001(a)), and the Indian Health Care Improvement Act (25 U.S.C. 1601 et seq.), has approved the following rates for inpatient and outpatient medical care provided by IHS facilities for Calendar Year 2018 for Medicare and Medicaid beneficiaries, beneficiaries of other Federal programs, and for recoveries under the Federal Medical Care Recovery Act (42 U.S.C. 2651–2653). The inpatient rates for Medicare Part A are excluded from the table below, as they are paid based on the prospective payment system. Since the inpatient per diem rates set forth below do not include all physician services and practitioner services, additional payment shall be available to the extent that those services are provided.

Inpatient Hospital Per Diem Rate (Excludes Physician/Practitioner Services)

Calendar Year 2018

Lower 48 States $3,229
Alaska $3,277

Outpatient Per Visit Rate (Excluding Medicare)

Calendar Year 2018

Lower 48 States $427
Alaska $653

Outpatient Per Visit Rate (Medicare)

Calendar Year 2018

Lower 48 States $383
Alaska $595