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Amy P. McNulty,

Acting Director, Division of the Executive Secretariat.

[FR Doc. 2018-07910 Filed 4-16-18; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Committee on Vital and Health Statistics: Meeting

Pursuant to the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) announces the following advisory committee meeting.

Name: National Committee on Vital and Health Statistics (NCVHS), Full Committee Meeting.

Date and Times: Tuesday, May 15, 2018: 9:00 a.m.–5:00 p.m. (EDT), Wednesday, May 16, 2018: 8:30 a.m.–2:45 p.m. (EDT).

Place: U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Rm. 705A, Washington, DC 20201.

Status: Open.

Purpose: At the May 15–16, 2018 meeting, the Committee will hear presentations, hold discussions on several health data policy topics and work on activities outlined in the NCVHS 2018 workplan. Anticipated action items during this meeting include a letter to the Secretary and a summary report of the hearing held September 2017 on the topic of the national vital records and vital statistics systems. In addition, a letter to the Secretary regarding the Committee's recommendations resulting from the March Standards Subcommittee Hearing on NCPDP Updates will be considered for approval. The Office of the National Coordinator (ONC) will give an update and the Committee will discuss its collaboration with ONC and its advisory committee HITAC. Subcommittee activities for discussion include the CIO Forum to be held in May and the Predictability Roadmap as part of the Standards Subcommittee's project to identify possible approaches to improve predictability and improvements in the

adoption and processes related to updating standards and operating rules for electronic administrative transactions (e.g., claims, eligibility, electronic funds transfer). The agenda and plans for the July meeting examining health terminology & vocabulary development, maintenance, and dissemination processes will be discussed together with a draft environmental scan report. The Committee will continue development of its Health Information Privacy & Security Beyond HIPAA project focusing on clinical registries as a use case. The Committee also will discuss any recent developments resulting from the initial wave of the Medicare Card Project roll out.

The times and topics are subject to change. Please refer to the posted agenda for any updates.

Contact Persons for More Information: Substantive program information may be obtained from Rebecca Hines, MHS, Executive Secretary, NCVHS, National Center for Health Statistics, Centers for Disease Control and Prevention, 3311 Toledo Road, Hyattsville, Maryland 20782, telephone (301) 458-4715. Summaries of meetings and a roster of Committee members are available on the home page of the NCVHS website: www.ncvhs.hhs.gov, where further information including an agenda and instructions to access the audio broadcast of the meetings will also be posted.

Should you require reasonable accommodation, please contact the CDC Office of Equal Employment Opportunity on (770) 488-3210 as soon as possible.

Dated: April 10, 2018.

Laina Bush,

Deputy Assistant Secretary for Planning and Evaluation, Office of the Assistant Secretary for Planning and Evaluation.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Committee on Vital and Health Statistics: Meeting

Pursuant to the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) announces the following advisory committee meeting.

Name: National Committee on Vital and Health Statistics (NCVHS), Standards Subcommittee Meeting.

Date and Times: Thursday, May 17, 2018: 9:00 a.m.–4:30 p.m. (EDT).

Place: Bureau of Labor Statistics, Janet Norwood Conference and Training Center, Postal Square Building, 2 Massachusetts Ave NE, Room G440, Washington, DC 20212 (Entrance on First Street across from Union Station).

Status: Open. There will be a public comment period during the final 15 minutes of the subcommittee meeting.

Purpose: Health Insurance Portability and Accountability Act (HIPAA) legislation from 1996, as amended,¹ directed the Secretary of HHS to publish regulations adopting administrative standards, code sets and identifiers to support the exchange of electronic health information between covered entities. The standards are for retail pharmacy and medical transactions.

NCVHS is working on the development of a standards update and adoption roadmap (the predictability roadmap), in collaboration with industry stakeholders and the Standards Development Organizations (SDOs). The purpose of this roadmap is to improve the predictability of the update and adoption process of the standards and operating rules. It is the intent of the collaboration effort to identify the barriers to updating and adopting standards and make constructive, actionable recommendations for all parties, so that covered entities can more effectively conduct their business, operational and technical strategic planning.

NCVHS held a visioning exercise with the Standards Development Organizations (SDOs) in August 2017, and developed a set of draft action steps and recommendations. The next step towards finalizing recommendations for the Secretary, is to convene a group of Chief Information Officers (CIOs) who work with the standards and operating rules as end users, with health care leaders from various fields of health care technology. The CIOs and health care innovators will exchange information based on their experience and expertise. The CIOs will discuss their changing business and technology needs specifically as these pertain to the standards that have been adopted under HIPAA such as claims, eligibility, referrals and authorizations. Some individuals will share their experience using the standards day to day, and to increase efficiencies in their organizations. Other participants will share their experience implementing or seeing innovative technology being used for the exchange of electronic health care information.

¹ Along with Section 1104(c) of the Patient Protection and Affordable Care Act (ACA) of 2010.

During the second part of the forum, the group will engage in an open discussion about the roadmap themes and develop additional action items and recommendations for the Secretary. The roadmap themes and their problem statements are listed below:

1. Standards Development and update process. Frequency of updates to standards and operating rules is not aligned with industry business and technical changes and does not enable covered entities, trading partners, or business associates to take advantage of developments in technology.

2. Governance, or oversight of the standards review process (currently the Designated Standards Maintenance Organization or DSMO process established through regulation). Current coordinating body (*i.e.*, the DSMO) is charged with oversight of standards revision priorities but may be operating with too narrow a charter or lacking the authority and resources to be effective.

3. Federal regulatory process to adopt new versions of standards. The Federal process for adoption of standards and operating rules is lengthy, of unpredictable duration and contains numerous checks and balances that duplicate similar processes within the standards development organizations. The lack of predictability and timeliness jeopardizes the smooth adoption and uptake of standards and operating rules once they are developed and published by the SDO.

4. Data harmonization. The lack of data cohesion due to inconsistencies in data dictionaries and data elements across SDOs jeopardizes interoperability.

5. Inclusion of non-covered entities under HIPAA. Covered entities include providers, health plans and health care clearinghouses. Vendors and other business associates are not covered entities but often play a role in the exchange and/or processing of the adopted standards. The Federal government is limited in its authority over non-covered entities. This impacts the use of standards in a variety of ways, from costs to actual utilization.

The times and topics are subject to change. Please refer to the posted agenda for any updates.

Contact Persons for More Information: Substantive program information may be obtained from Rebecca Hines, MHS, Executive Secretary, NCVHS, National Center for Health Statistics, Centers for Disease Control and Prevention, 3311 Toledo Road, Hyattsville, Maryland 20782, telephone (301) 458-4715. Information pertaining to meeting content may be obtained from Lorraine Doo, MSW, MPH, Centers for Medicare

& Medicaid Services, Office of Information Technology, Division of National Standards, 7500 Security Boulevard, Baltimore, Maryland, 21244, telephone (443) 615-1309. Summaries of meetings and a roster of Committee members are available on the NCVHS website: www.ncvhs.hhs.gov, where further information including an agenda and instructions to access the live audio broadcast of the meetings will also be posted.

Should you require reasonable accommodation, please contact the CDC Office of Equal Employment Opportunity on (770) 488-3210 as soon as possible.

Dated: April 10, 2018.

Laina Bush,

Deputy Assistant Secretary for Planning and Evaluation, Office of the Assistant Secretary for Planning and Evaluation.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Office of Tribal Self-Governance; Negotiation Cooperative Agreement

Announcement Type: New—Limited Competition

Funding Announcement Number: HHS-2018-IHS-TSGN-0001

Catalog of Federal Domestic Assistance Number: 93.444

Key Dates

Application Deadline Date: June 17, 2018

Review Date: June 25–29, 2018

Earliest Anticipated Start Date: July 15, 2018

Tribal Resolutions Due Date: June 17, 2018

I. Funding Opportunity Description

Statutory Authority

The Indian Health Service (IHS) Office of Tribal Self-Governance (OTSG) is accepting applications for Negotiation Cooperative Agreements for the Tribal Self-Governance Program (TSGP). This program is authorized under: Title V of the Indian Self-Determination and Education Assistance Act (ISDEAA), 25 U.S.C. 5383(e). This program is described in the Catalog of Federal Domestic Assistance (CFDA) under 93.444.

Background

The TSGP is more than an IHS program; it is an expression of the Government-to-Government

relationship between the United States (U.S.) and Indian Tribes. Through the TSGP, Tribes negotiate with the IHS to assume Programs, Services, Functions, and Activities (PSFAs), or portions thereof, which gives Tribes the authority to manage and tailor health care programs in a manner that best fits the needs of their communities.

Participation in the TSGP affords Tribes the most flexibility to tailor health care PSFAs and is one of three ways that Tribes can choose to obtain health care from the Federal Government for their citizens. Specifically, Tribes can choose to: (1) Receive health care services directly from the IHS, (2) contract with the IHS to administer individual programs and services the IHS would otherwise provide (referred to as Title I Self-Determination Contracting, and (3) compact with the IHS to assume control over health care programs the IHS would otherwise provide (referred to as Title V Self-Governance Compacting or the TSGP). These options are not exclusive and Tribes may choose to combine options based on their individual needs and circumstances.

The TSGP is a tribally driven initiative, and strong Federal-Tribal partnerships are essential to the program's success. The IHS established the OTSG to implement the Tribal Self-Governance authorities under the ISDEAA. The primary OTSG functions are to: (1) Serve as the primary liaison and advocate for Tribes participating in the TSGP, (2) develop, direct, and implement TSGP policies and procedures, (3) provide information and technical assistance to Self-Governance Tribes, and (4) advise the IHS Director on compliance with TSGP policies, regulations, and guidelines. Each IHS Area has an Agency Lead Negotiator (ALN), designated by the IHS Director to act on his or her behalf, who has authority to negotiate Self-Governance Compacts and Funding Agreements (FA). Prospective Tribes interested in participating in the TSGP should contact their respective ALN to begin the Self-Governance planning process. Also, Tribes currently participating in the TSGP, who are interested in expanding existing or adding new PSFAs, should also contact their respective ALN to discuss the best methods for expanding or adding new PSFAs.

Purpose

The purpose of this Negotiation Cooperative Agreement is to provide Tribes with resources to help defray the costs associated with preparing for and engaging in TSGP negotiations. TSGP