

to Congress and to OMB in accordance with 5 U.S.C. 552a(r).

For the reasons set forth above, HHS is establishing the following routine uses for these systems:

1. Public Health Service (PHS) Commissioned Corps Payroll Records, HHS/PSC/HRS (09-40-0006)

Revised Routine Use 7: Records may be disclosed to federal agencies and Department contractors that have been engaged by HHS to assist in accomplishment of an HHS function relating to the purposes of the system (i.e., providing payroll services) and that need to have access to the records in order to assist HHS. Any contractor will be required to maintain Privacy Act safeguards with respect to such records. These safeguards are explained in the section entitled "Safeguards."

New Routine Use 13: Records may be disclosed to appropriate federal agencies and Department contractors that have a need to know the information for the purpose of assisting the Department's efforts to respond to a suspected or confirmed breach of the security or confidentiality of the information maintained in this system of records, if the information disclosed is relevant and necessary for that assistance.

2. Pay, Leave and Attendance Records, HHS/PSC/HRS (09-40-0010)

Revised Routine Use 6: Records may be disclosed to federal agencies and Department contractors that have been engaged by HHS to assist in accomplishment of an HHS function relating to the purposes of the system (i.e., providing payroll services) and that need to have access to the records in order to assist HHS. Any contractor will be required to maintain Privacy Act safeguards with respect to such records. These safeguards are explained in the section entitled "Safeguards."

New Routine Use 26: Records may be disclosed to appropriate federal agencies and Department contractors that have a need to know the information for the purpose of assisting the Department's efforts to respond to a suspected or confirmed breach of the security or confidentiality of the information maintained in this system of records, if the information disclosed is relevant and necessary for that assistance.

Dated: July 24, 2012.

Eric Shih,

USPHS, Acting Director, Division of Systems Integration, Office of the Surgeon General.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Meeting of the ICD-9-CM Coordination and Maintenance Committee

The National Center for Health Statistics (NCHS), Classifications and Public Health Data Standards Staff announces the following meeting:
Name: ICD-9-CM Coordination and Maintenance (C&M) Committee meeting.
Time and Date: 9 a.m.-5 p.m., September 19, 2012.

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.

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 a specific ICD-9-CM C&M meeting on September 19, 2012, must submit their name and organization by September 10, 2012, 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 ICD-9-CM C&M meetings will no longer be automatically added to the visitor list. You must request inclusion of your name prior to each meeting you 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 Marilyn.hue@cms.hhs.gov), for questions about the registration process.

Purpose: The ICD-9-CM Coordination and Maintenance (C&M) Committee is a public forum for the presentation of proposed modifications to the International Classification of Diseases, Ninth-Revision, Clinical Modification, the International Classification of Diseases, Tenth-Revision, Clinical Modification and ICD-10-Procedure Coding System.

Matters To Be Discussed: Tentative agenda items include: September 19, 2012.

ICD-10 Topics:

ICD-10 Implementation Announcements

Expansion of Thoracic Aorta Body Part Under Heart and Great Vessels System Addendum Issues (Temporary Therapeutic Endovascular Occlusion of Vessel, changing body part from thoracic aorta to abdominal aorta)
ICD-10 MS-DRGs
ICD-10 HAC Translations
ICD-10 MCE Translations

ICD-10-CM Diagnosis Topics:

Age related macular degeneration
Bilateral mononeuropathy
Bilateral option for cerebrovascular codes
Chronic Fatigue Syndrome
Complications of urinary devices
Diabetic macular edema
Food Protein Induced Enterocolitis Syndrome (FPIES)
Maternal care for previous Cesarean section/previous uterine incision
Metatarsus varus (congenital metatarsus adductus)
Microscopic colitis
Mid-cervical region and coding of spinal cord injuries
Multifocal motor neuropathy
Parity to supervision of pregnancy codes
Proliferative diabetic retinopathy
Retinal vascular occlusions
Salter Harris fractures
Sesamoiditis
Shin splints
Spontaneous rupture/disruption of tendon
Agenda items are subject to change as priorities dictate.

Note: CMS and NCHS will 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/03_meetings.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, Room 2337, Hyattsville, Maryland 20782, email dfp4@cdc.govmailto; telephone 301-458-4434 (diagnosis); Mady Hue, Health Insurance Specialist, Division of Acute Care, CMS, 7500 Security Boulevard, Baltimore, Maryland 21244, email marilyn.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.

Dated: August 9, 2012.

Catherine Ramadei,

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

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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

The meeting announced below concerns Member Conflict Review, Program Announcement (PA) 07-318, 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 the aforementioned meeting:

Time and Date: 1 p.m.-3 p.m., October 30, 2012 (Closed).

Place: National Institute for Occupational Safety and Health (NIOSH), CDC, 1095 Willowdale Road, Morgantown, West Virginia 26506, Telephone: (304) 285-6143.

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 To Be Discussed: The meeting will include the initial review, discussion, and evaluation of applications received in response to "Member Conflict Review, PA 07-318."

Contact Person for More Information: Joan Karr, Ph.D., Scientific Review Administrator, Office of Extramural Programs, National Institute for Occupational Safety and Health, CDC, Century Center, Atlanta, Georgia 30333; Telephone: (404) 498-2506.

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.

Dated: August 9, 2012.

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

[Document Identifier: CMS-10320]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS) is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's function; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. *Type of Information Collection Request:* Revision of a currently approved collection; *Title:* Health Care Reform Insurance Web Portal Requirements 45 CFR part 159; *Use:* This information collection is mandated by Sections 1103 and 10102 of The Patient Protection and Affordability Care Act, Public Law 111-148 (ACA). Once all of the information is collected from insurance issuers of major medical health insurance (hereon referred to as issuers) and other affected parties, it will be displayed at <http://www.healthcare.gov>. Issuers are required to provide information quarterly, and [healthcare.gov](http://www.healthcare.gov) will be updated on a periodic schedule during each quarter. The information provided will help the general public make educated decisions about organizations providing private health care insurance.

In accordance with the provisions of the ACA referenced above, the U.S. Department of Health and Human Services created a Web site called [healthcare.gov](http://www.healthcare.gov) to meet these and other provisions of the law, and data collection was conducted for six months based upon an emergency information collection request. The interim final rule published on May 5, 2010 served as the emergency **Federal Register** notice for

the prior Information Collection Request (ICR). The Office of Management and Budget (OMB) reviewed this ICR under emergency processing and approved the ICR on April 30, 2010. The original 60-day comment period began on June 5, 2012 and pertained to the Health Care Reform Insurance Web Portal Requirements, and closed on August 6, 2012. We received a total of 9 public comments. The majority of the comments regarded Essential Health Benefits (EHB), with 1 public comment on Healthcare.gov. Most public comments addressed multiple issues. We have taken into consideration all the proposed suggestions and strive to minimize duplicate data entry and to maximize the flexibility of users. In addition, to help adjust to the new data system, weekly calls are held with issuers to address any other questions which may emerge. Detailed user guides have been prepared and only await finalization of collection authority before dissemination. Help desk service and email are also available for questions. Furthermore, CMS reviews and notifies issuers of any problematic links submitted. Additionally, we are seeking ways to reduce emails to data attestors while continuing to ensure these individuals, as well as the various submitters and data validators, are informed moving forward.

We are currently updating a system (hereon referred to as web portal) where State Departments of Insurance and issuers may log in using a custom user ID and password validation. The states may be asked to provide information on issuers in their state and various web sites maintained for consumers. The issuers will be tasked with providing information on their major medical insurance products and plans. They will ultimately be given the choice to download a basic information template to enter data then upload into the web portal; to manually enter data within the web portal itself; or to submit .xml files containing their information. Once the states and issuers submit their data, they will receive an email notifying them of any errors, and that their submission was received. We are mandating the issuers verify and update their information on a quarterly basis, and are requesting that states verify state-submitted information on an annual basis. In the event that an issuer enhances its existing plans, proposes new plans, or deactivates plans, the organization would be required to update the information in the web portal. Changes occurring during the three month quarterly periods will be allowed utilizing effective dates for both