

Federal Deposit Insurance Corporation.  
**Robert E. Feldman,**  
*Committee Management Officer.*  
 [FR Doc. E8-4084 Filed 3-3-08; 8:45 am]  
**BILLING CODE 6714-01-P**

## FEDERAL TRADE COMMISSION

### Sunshine Act Meeting Notice

**AGENCY:** Federal Trade Commission.  
**TIME AND DATE:** 2 p.m., Tuesday, April 1, 2008.  
**PLACE:** Federal Trade Commission Building, Room 532, 600 Pennsylvania Avenue, NW., Washington, DC 20580.  
**STATUS:** Part of this meeting will be open to the public. The rest of the meeting will be closed to the public.  
**MATTERS TO BE CONSIDERED:**  
*Portion Open to Public:* (1) Oral Argument in REALCOMP II, LTD., Docket 9320.  
*Portion Closed to the Public:* (2) Executive Session to follow Oral Argument in REALCOMP II, LTD., Docket 9320.  
*Contact Person for More Information:* Mitch Katz.  
*Office of Public Affairs:* (202) 326-2180.  
*Recorded Message:* (202) 326-2711.  
**Donald S. Clark,**  
*Secretary.*  
 [FR Doc. 08-955 Filed 2-29-08; 2:06 pm]  
**BILLING CODE 6750-07-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### National Center for Health Statistics (NCHS), Classifications and Public Health Data Standards Staff, Announces the Following Meeting

*Name:* ICD-9-CM Coordination and Maintenance Committee Meeting.  
*Time and Date:* 8:30 a.m.-6 p.m., March 19, 2008. 8:30 a.m.-6 p.m., March 20, 2008.  
*Place:* Centers for Medicare and Medicaid Services (CMS) Auditorium, 7500 Security Boulevard, Baltimore, Maryland 21244.  
*Status:* Open to the public.  
*Purpose:* The ICD-9-CM Coordination and Maintenance (C&M) Committee will hold its first meeting of the 2008 calendar year cycle on Wednesday and Thursday, March 19-20, 2008. The C&M meeting is a public forum for the presentation of proposed modifications

to the International Classification of Diseases, Ninth Revision, Clinical Modification.

*Matters To Be Discussed:* Tentative agenda items include:  
 Antidepressant poisonings  
 Gastroschisis and omphalocele  
 History of t-PA  
 Methicillin resistant staphylococcus aureus  
 Military-related external cause of injury codes and activity codes  
 Premature birth status  
 Venous complications in pregnancy and the puerperium  
 Venous thromboembolism  
 Addenda (diagnoses)  
 Bilateral ventricular assist devices  
 Collateral air flow assessment  
 Episiotomy and repair of spontaneous lacerations  
 Fenestrated endograft repair of infrarenal abdominal aortic aneurysms  
 Laparoscopic robotic assisted surgery  
 Spinal fusion robotic assisted surgery  
 Total breast reconstruction  
 Addenda (procedures)

*Contact Person for Additional Information:* Amy Blum, Medical Systems Specialist, Classifications and Public Health Data Standards Staff, NCHS, 3311 Toledo Road, Room 2402, Hyattsville, Maryland 20782, e-mail [alb8@cdc.gov](mailto:alb8@cdc.gov), telephone 301-458-4106 (diagnosis), Mady Hue, Health Insurance Specialist, Division of Acute Care, CMS, 7500 Security Blvd., Baltimore, Maryland 21244, e-mail [marilu.hue@cms.hhs.gov](mailto:marilu.hue@cms.hhs.gov), telephone 410-786-4510 (procedures).

*Notice:* Because of increased security requirements, CMS has instituted stringent procedures for entrance into the building by non-government employees. Persons without a government I.D. will need to show an official form of picture I.D., (such as a driver's license), and sign in at the security desk upon entering the building.

Those who wish to attend a specific ICD-9-CM C&M meeting in the CMS auditorium must submit their name and organization for addition to the meeting visitor's list. Those wishing to attend the March 19-20, 2008 meeting must submit their name and organization by March 12, 2008 for inclusion on the visitor's list. This visitor's list will be maintained at the front desk of the CMS building and be used by the guards to admit visitors to the meeting. Those who attended previous ICD-9-CM C&M meetings will no longer be automatically added to the visitor's list. You must request inclusion of your name prior to each meeting you attend.

Register to attend the meeting on-line at: <http://www.cms.hhs.gov/apps/events/>.

*Notice:* This is a public meeting. However, because of fire code requirements, should the number of attendants meet the capacity of the room, the meeting will be closed. 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 CDC and the Agency for Toxic Substances and Disease Registry.

Dated: February 25, 2008.

**Elaine L. Baker,**

*Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).*

[FR Doc. E8-4095 Filed 3-3-08; 8:45 am]

**BILLING CODE 4160-18-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

#### Privacy Act of 1974; Report of a New System of Records

**AGENCY:** Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS).

**ACTION:** Notice of a New System of Records (SOR).

**SUMMARY:** In accordance with the Privacy Act of 1974, we are proposing to establish a new SOR titled, "Medicaid Integrity Program System (MIPS)," System No. 09-70-0599. With passage of the Deficit Reduction Act (DRA) of 2005, the Secretary of HHS was directed to establish a Medicaid Integrity Program (MIP) designed to provide CMS the resources necessary to combat fraud, waste and abuse in the Medicaid program. The DRA takes the partnership between CMS and the State Medicaid agencies to a new level. The MIP represents CMS' first national strategy to combat fraud and abuse in the 41-year history of the Medicaid program. MIP offers a unique opportunity to identify, recover and prevent inappropriate Medicaid payments. It will also support the efforts of State Medicaid agencies through a combination of oversight and technical assistance. Although individual States work to ensure the integrity of their respective Medicaid programs, MIP provides CMS with the ability to more directly ensure the accuracy of Medicaid payments and to deter those