Useful. A measure is useful if it provides information useful for quality improvement programs, with the ability to capture variation in performance across reporting entities.

Additional Considerations. In addition to the criteria listed above, AHRQ aims to consider the extent to which measures:

- Identify an important gap in diagnostic performance;
- Contribute to the solution of a diagnostic safety problem;
- Are broadly applicable to a population-level diagnostic safety opportunity;
- Could be used to lessen health disparities.

AHRQ requests responses to the following questions:

1. Are you currently working on any initiatives related to diagnostic excellence, diagnostic safety, or diagnostic quality? If so, please describe. If you are working on diagnostic excellence initiatives, which ones would benefit from publicly available measurement tools or resources? Are there specific resources that you would like to see from AHRQ? If so, please describe.

2. If you are currently measuring diagnostic excellence in your organization, what measure(s) are you using? How do you use these measures (*e.g.,* for quality improvement efforts, to track population health) and what motivated the use of such measures? What data sources are you using? What data model are you using to map data to standardized concepts (*e.g.,* Observational Medical Outcomes Partnership (OMOP) Common Data Model, others)? Please specify your organization type (*e.g.,* state/local health department, professional society, healthcare system, research organization, etc.) in your answer.

3. If you or your organization are not currently measuring diagnostic excellence, what diagnostic excellence measures might be helpful to your organization? Please specify your organization type in your answer.

4. If standardized measures with national benchmarks were made available through software by AHRQ, how likely would you be to use them? What characteristics (*e.g.,* risk adjustment, frequency counts) or features (*e.g.,* statistical programming languages, data model platforms, technology [web or cloud-based applications]) of such measures would facilitate their use and usefulness within your organization?

5. AHRQ is considering the diagnostic excellence-related measures listed here: *https://bit.ly/41mg3i6.* We invite comments on:

a. The extent to which these measures meet the ''Criteria'' listed above; and

b. The extent to which these measures address the ''Additional Considerations'' listed above.

6. AHRQ invites any additional comments related to potential AHRQ measures of diagnostic excellence.

AHRQ is interested in all of the questions listed above, but respondents are welcome to address as many or as few as they choose and to address additional areas of interest not listed. It is helpful to identify the question to which a particular answer corresponds.

This RFI is for planning purposes only and should not be construed as a policy, solicitation for applications, or as an obligation on the part of the Government to provide support for any ideas in response to it. AHRQ will use the information submitted in response toto this RFI at its discretion and will not provide comments to any respondent's submission. However, responses to this RFI may be reflected in future solicitation(s) or policies. The information provided will be analyzed and may appear in reports.

Dated: December 6, 2024.

Marquita Cullom,

Associate Director.

[FR Doc. 2024–29134 Filed 12–11–24; 8:45 am]

BILLING CODE P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–3461–FN]

Medicare and Medicaid Programs; Approval of Application by the Accreditation Association for Ambulatory Healthcare for Continued CMS-Approval of Its Ambulatory Surgical Center Accreditation Program

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

ACTION: Notice.

SUMMARY: This notice acknowledges the approval of an application by the Accreditation Association for Ambulatory Healthcare for continued recognition as a national accrediting organization for Ambulatory Surgical Centers that wish to participate in the Medicare or Medicaid programs.

DATES: The decision announced in this notice is applicable November 20, 2024 through November 20, 2029.

FOR FURTHER INFORMATION CONTACT:

Joy Webb, (410) 786–1667.

Joann Fitzell, (410) 786–4280.

SUPPLEMENTARY INFORMATION:

I. Background

Ambulatory Surgical Centers (ASCs) are distinct entities that operate exclusively for the purpose of furnishing outpatient surgical services to patients. Under the Medicare program, eligible beneficiaries may receive covered services from an ASC provided certain requirements are met. Section 1832(a)(2)(F)(i) of the Social Security Act (the Act) establishes distinct criteria for a facility seeking designation as an ASC. Regulations concerning provider agreements are at 42 CFR part 489, and those pertaining to activities relating to the survey and certification of facilities are at 42 CFR part 488. The regulations at 42 CFR part 416 specify the conditions that an ASC must meet in order to participate in the Medicare program, the scope of covered services, and the conditions for Medicare payment for ASCs.

Generally, to enter into an agreement, an ASC must first be certified by a state survey agency (SA) as complying with the conditions or requirements set forth in part 416 of our Medicare regulations. Thereafter, the ASC is subject to regular surveys by an SA to determine whether it continues to meet these requirements.

Section 1865(a)(1) of the Act provides that, if a provider entity demonstrates through accreditation by a Centers for Medicare & Medicaid Services (CMS) approved national accrediting organization (AO) that all applicable Medicare conditions are met or exceeded, we may deem that provider entity as having met the requirements. Accreditation by an AO is voluntary and is not required for Medicare participation.

If an AO is recognized by the Secretary of the Department of Health and Human Services as having standards for accreditation that meet or exceed Medicare requirements, any provider entity accredited by the national accrediting body's approved program may be deemed to meet the Medicare conditions. The AO applying for approval of its accreditation program under part 488, subpart A, must provide CMS with reasonable assurance that the AO requires the accredited provider entities to meet requirements that are at least as stringent as the Medicare conditions. Our regulations concerning the approval of AOs are set forth at § 488.5.

The Accreditation Association for Ambulatory Healthcare's (AAAHC's) current term of approval for its ASC program expires December 20, 2024.

II. Application Approval Process

Section 1865(a)(3)(A) of the Act provides a statutory timetable to ensure that our review of applications for CMS approval of an accreditation program is conducted in a timely manner. The Act provides us 210 days after the date of receipt of a complete application, with any documentation necessary to make the determination, to complete our survey activities and application process. Within 60 days after receiving a complete application, we must publish a notice in the **Federal Register** that identifies the national accrediting body making the request, describes the request, and provides no less than a 30-day public comment period. At the end of the 210-day period, we must publish a notice in the **Federal Register** approving or denying the application.

III. Provisions of the Proposed Notice

On June 27, 2024, we published a proposed notice in the **Federal Register** (89 FR 53626 through 53627), announcing AAAHC's request for continued approval of its Medicare ASC accreditation program. In the proposed notice, we detailed our evaluation criteria. Under section 1865(a)(2) of the Act and in our regulations at § 488.5, we conducted a review of AAAHC's Medicare ASC accreditation renewal application in accordance with the criteria specified by our regulations, which include, but are not limited to, the following:

- An administrative review of AAAHC: (1) corporate policies; (2) financial and human resources available to accomplish the proposed surveys; (3) procedures for training, monitoring, and evaluation of its ASC surveyors; (4) ability to investigate and respond appropriately to complaints against accredited ASCs; and (5) survey review and decision-making process for accreditation.
- The equivalency of AAAHC's standards for ASCs as compared with Medicare's Conditions for Coverage (CfCs) for ASCs.
- AAAHC's survey process to determine the following:

++ The composition of the survey team, surveyor qualifications, and the ability of the organization to provide continuing surveyor training.

++ The comparability of AAAHC's processes to those of State agencies, including survey frequency, and the ability to investigate and respond appropriately to complaints against accredited facilities.

++ AAAHC's processes and procedures for monitoring an ASC found out of compliance with AAAHC's program requirements. These monitoring procedures are used only when AAAHC identifies noncompliance. If noncompliance is identified through validation reviews or complaint surveys, the State survey agency monitors corrections as specified at § 488.9(c)(1).

++ AAAHC's capacity to report deficiencies to the surveyed facilities and respond to the facility's plan of correction in a timely manner.

++ AAAHC's capacity to provide CMS with electronic data and reports necessary for the effective validation and assessment of the organization's survey process.

++ The adequacy of AAAHC staff and other resources, and its financial viability.

++ AAAHC's capacity to adequately fund required surveys.

++ AAAHC's policies with respect to whether surveys are announced or unannounced, to ensure that surveys are unannounced.

++ AAAHC's policies and procedures to avoid conflicts of interest, including the appearance of conflicts of interest, involving individuals who conduct surveys or participate in accreditation decisions.

++ AAAHC's agreement to provide CMS with a copy of the most current accreditation survey together with any other information related to the survey as CMS may require (including corrective action plans).

IV. Analysis of and Response to Public Comments on the Proposed Notice

In accordance with section 1865(a)(3)(A) of the Act, the June 27, 2024 proposed notice also solicited public comments regarding whether AAAHC's requirements met or exceeded the Medicare CfCs for ASCs. We did not receive any public comments.

V. Provisions of the Final Notice

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

We compared AAAHC's ASC accreditation program requirements and survey process with the Medicare CfCs at 42 CFR part 416, and the survey and certification process requirements of parts 488 and 489. Our review and evaluation of AAAHC's ASC application, which were conducted as described in Section III. of this final notice, yielded the following areas where, as of the date of this notice, AAAHC has completed revising its standards and survey processes in order to do all of the following:

- Section 488.5(a)(7), to ensure the ASC Life Safety Code (LSC) surveyors meet the minimum qualifications, competencies, and experience. Additionally, provide mentor training to future LSC site visitor trainees and retain evaluation records in the LSC site visitor training records.
- Section 488.5(a)(4)(vii), to add the Health Care Facilities Code timeframes on waivers allowance.
- Section 488.26(b), to clarify surveyor training, specific to manner and degree, including consideration of the risk of occupants associated with system deficiencies.
- Principle of Documentation, Exhibit 7A, to ensure that all Plans of Correction contain identifiers and survey reports are comparable to CMS' standards.
- Infection Control Surveyor Worksheet, Exhibit 351, to ensure that the Infection Control Worksheets are completed thoroughly to assess compliance with infection control breaches by gathering complete information.
- State Operations Manual Appendix L, to address the sample selection of files reviewed to include open and closed record review.

B. Term of Approval

Based on our review and observations described in Sections III. and V. of this final notice, we approve AAAHC as a national accreditation organization for ASCs that request participation in the Medicare program, effective December 20, 2024 through December 20, 2029. In accordance with § 488.5(e)(2)(i), the term of the approval will not exceed 6 years.

VI. Collection of Information Requirements

This document does not impose information collection requirements, that is, reporting, recordkeeping, or third-party disclosure requirements. Consequently, there is no need for review by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*).

The Administrator of the Centers for Medicare & Medicaid Services (CMS), Chiquita Brooks-LaSure, having reviewed and approved this document, authorizes Vanessa Garcia, who is the Federal Register Liaison, to electronically sign this document for

purposes of publication in the **Federal Register**.

Vanessa Garcia,

Federal Register Liaison, Centers for Medicare & Medicaid Services.

[FR Doc. 2024–29152 Filed 12–11–24; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Privacy Act of 1974; System of Records

AGENCY: Office of Refugee Resettlement (ORR), Administration for Children and Families (ACF), Department of Health and Human Services (HHS).

ACTION: Notice of a modified system of records.

SUMMARY: In accordance with the requirements of the Privacy Act of 1974, as amended, the Department of Health and Human Services (HHS) is modifying an existing system of records maintained by the Office of Refugee Resettlement (ORR) within HHS' Administration for Children and Families (ACF), System No. 09–80–0321, ORR Division of Children's Services Records (being renamed ORR Unaccompanied Children Bureau (UCB) Administrative Program Records).

DATES: In accordance with 5 U.S.C. 552a(e)(4) and (11), this system of records is effective January 13, 2025, subject to a 30-day period in which to comment on the new and revised routine uses, described below. Please submit any comments by January 13, 2025.

ADDRESSES: The public should address written comments on this notice to Hanan Abu Lebdeh, Senior Agency Officer for Privacy, by mail at Administration for Children and Families, Mary E. Switzer Building, 330 C Street SW, Washington, DC 20201, or by email at *hanan.abulebdeh@acf.hhs.gov*.

FOR FURTHER INFORMATION CONTACT: General questions about the modified system of records may be submitted to Edward Nazarko, Technical Lead for UC Technology, Administration for Children and Families, by mail or email at 330 C Street SW, Washington, DC 20201, or *edward.nazarko@acf.hhs.gov*, or by phone at (202) 839–0615.

SUPPLEMENTARY INFORMATION:

I. Background on ORR Responsibilities, Affecting SORN 09–80–0321

Within ORR, the Unaccompanied Children Bureau (UCB) administers ORR's responsibilities for the placement, care, and services provided to unaccompanied children who are in Federal custody by reason of their immigration status. Such responsibilities are carried out pursuant to ORR's statutory and delegated authorities under section 462 of the Homeland Security Act of 2002 (HSA), 6 U.S.C. 279, section 235 of the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA), 8 U.S.C. 1232, and regulations at 45 CFR parts 410 and 411. Systems of records maintained by ORR are ''mixed,'' in that they contain, or could contain, records pertaining to both (1) individuals who are covered by the Privacy Act and (2) individuals who are not covered by the Privacy Act. SORN 09–80–0321 includes a statement to this effect in the ''Categories of Individuals'' section.

The Privacy Act applies only to individuals who are U.S. citizens or non-U.S. citizens lawfully admitted for permanent residence in the United States. As a matter of discretion, ORR treats information maintained in its mixed systems of records as being subject to the protections of the Privacy Act, regardless of whether the information relates to individuals covered by the Privacy Act. This policy implements a 1975 Office of Management and Budget (OMB) recommendation to apply, as a matter of discretion, the administrative provisions of the Privacy Act to records about individuals in mixed systems of records (referred to as the non-U.S. persons policy). *See OMB Privacy Act Implementation: Guidelines and Responsibilities,* 40 FR 28948, 28951 (July 9, 1975).

The Privacy Act defines a ''routine use'' with respect to the disclosure of a record to mean ''the use of such record for a purpose which is compatible with the purpose for which it was collected.'' 5 U.S.C. 552a(a)(7). Because ORR is not an immigration enforcement agency—but rather is responsible for placing unaccompanied children with vetted and approved sponsors, providing care and services to unaccompanied children who are in Federal custody by reason of their immigration status, and identifying and assessing the suitability of a potential sponsor for each child—it is incompatible with ORR's program purposes to share information in a system of records, particularly confidential mental health or behavioral information in children's case files, for immigration enforcement purposes. *See* H.R. Rep No. 116–450, at 185 (2020) (directing ORR to ''refrain from sharing any information with immigration courts for master calendar hearings, where the court is not making any decisions about the child's custody,'' and to ''develop policies and protocols to ensure the confidentiality of counseling and mental health services provided to unaccompanied children, and of all related documentation, including case notes and records of therapists and other clinicians, and to incorporate these policies into the ORR policy guide . . .''); *see also id.* at 230 (noting the inclusion in that year's appropriations a provision ''prohibiting the use of funds to share information provided by unaccompanied children during mental health or therapeutic services with the Department of Homeland Security or the Department of Justice for the purposes of immigration enforcement.''). In addition, consistent with TVPRA 8 U.S.C. 1232(c) and HSA, 6 U.S.C. 279(b), information shared by HHS, with certain limited exceptions, cannot be used to enforce immigration laws against an unaccompanied child's sponsor, potential sponsor or a member of their household.[1] Accordingly, SORN 09–80–0321 mentions at the start of the ''Routine Uses'' section that disclosures for immigration enforcement purposes will not be made under routine uses, but would be made only with the subject individual's prior written consent.

ORR may share relevant information in the system of records for other law enforcement and child welfare purposes, such as anti-trafficking investigations, child welfare investigations, or other investigations that seek to ensure that children are ''protected from traffickers and other persons seeking to victimize or otherwise engage such children in criminal, harmful, or exploitative activity.'' 8 U.S.C. 1232(c)(1). Accordingly, SORN 09–80–0321

[1] *See* Further Consolidated Appropriations Act, 2024, Public Law 118–47, div. C, title II sec. 216 (incorporating by reference Consolidated Appropriations Act, 2020, Public Law 116–93, div. D, title II, sec. 216, prohibiting the Department of Homeland Security from using funds provided by the Act or any other Act, except in certain circumstances, ''to place in detention, remove, refer for a decision whether to initiate removal proceedings, or initiate removal proceedings against a sponsor, potential sponsor, or member of a household of a sponsor or potential sponsor of an unaccompanied alien child (as defined in section 462(g) of the Homeland Security Act of 2002 (6 U.S.C. 279(g)) based on information shared by the Secretary of Health and Human Services,'' with certain limited exceptions in sec. 216(b) regarding sponsors convicted of serious crimes affecting the welfare of the child); see also 45 CFR 410.1303(h).