Premiums for other FEGLI coverages, including the Basic Employee premium and Option A (all age bands), will not change at this time. These rates will be effective the first pay period beginning on or after January 1, 2012.

U.S. Office of Personnel Management.

**John Berry,**

*Director.*

[FR Doc. 2011–29285 Filed 11–10–11; 8:45 am]

**BILLING CODE 6325–63–P**

## OFFICE OF PERSONNEL MANAGEMENT

### Federal Prevailing Rate Advisory Committee; Cancellation of Upcoming Meeting

**AGENCY:** U.S. Office of Personnel Management.

**ACTION:** Notice.

**SUMMARY:** The Federal Prevailing Rate Advisory Committee is issuing this notice to cancel the November 17, 2011, public meeting scheduled to be held in Room 5A06A, U.S. Office of Personnel Management Building, 1900 E Street NW., Washington, DC. The original **Federal Register** notice announcing this meeting was published Monday, December 6, 2010, at 75 FR 75706.

**FOR FURTHER INFORMATION CONTACT:** Madeline Gonzalez, (202) 606–2838; email *pay-leave-policy@opm.gov;* or FAX: (202) 606–4264.

U.S. Office of Personnel Management.

**Sheldon Friedman,**

*Chairman, Federal Prevailing Rate Advisory Committee.*

[FR Doc. 2011–29274 Filed 11–10–11; 8:45 am]

**BILLING CODE 6325–49–P**

## OFFICE OF PERSONNEL MANAGEMENT

### Privacy Act of 1974: New System of Records

**AGENCY:** U.S. Office of Personnel Management (OPM).

**ACTION:** Notice of a revised system of records OPM Central-16, Health Claims Disputes External Review Services.

**SUMMARY:** The Patient Protection and Affordable Care Act, Public Law 111–148, was enacted on March 23, 2010, and the Health Care and Education Reconciliation Act (the Reconciliation Act), Public Law 111–152, was enacted on March 30, 2010 (jointly referred to as ''the Affordable Care Act''). The Affordable Care Act and implementing regulations (codified in Department of Heath and Human Services (HHS) amended interim final rules (IFR) at 45 CFR Part 147) require that non-grandfathered health insurance plans and issuers offering group and individual coverage have effective internal claims and appeals and external review processes. The effective date for these requirements is plan or policy years beginning on or after September 23, 2010. Regarding external review, the statute requires that health plans and issuers comply with either a state external review process or a process meeting standards issued by the Secretary of Health and Human Services (HHS) that is ''similar to'' a state process meeting requirements in section 2719 (of what?) (a ''federal external review process''). The IFR now includes a transition period prior to January 1, 2012, during which time HHS will work with states to assist in making any necessary changes so that the state process will meet either the minimum consumer protections identified in 45 CFR 147.136 or, until January 1, 2014, the temporary standards listed in Technical Release 2011–02 that must be met in order for the state process to apply. Currently, the Office of Personnel Management (OPM) is administering an interim federal external review process for states that have not passed an external review law that was in effect on September 23, 2010. Beginning January 1, 2012, OPM will administer a federal external review process for all states that do not meet the required minimum consumer protections identified in the interim final regulations.

On September 16, 2010, OPM published a system of records that includes data relevant to external reviews entitled OPM Central 16, Health Claims Disputes External Review Services. OPM now proposes three changes to the system of records. First, OPM proposes expanding the categories of individuals covered by the system of records to include individuals covered by plans and issuers in all states that fail to comply with the minimum standards promulgated by HHS. In addition, the category of individuals that may utilize the external review process provided by OPM and covered by this system of records is further qualified—they must now be covered by a plan that has elected to participate in the external review process operated by OPM and the individual's claim must involve a rescission of coverage or medical judgment.

The second change to the system of records reflects OPM's requirement that claimants provide additional information necessary to determine whether the claimant is eligible for review. In some cases, much of this additional information may have already have been included under the original system of records notice because the information may be derived from documents provided by insurers. However, we have added three additional categories of information: The claimant's county name, an indication from the claimant of whether the external review request is for an urgent care claim, and an indication from the claimant of whether the external review request is related to a rescission of coverage or medical judgment.

Third, the routine uses have been expanded to include disclosure to a contractor for adjudication of the entire appeal. After October 1, 2011, the external review process may be administered by one or more Independent Review Organization(s) (IRO) under contract with OPM and under OPM's direction. This systems notice has also been modified to account for the possible involvement of IROs in this process. In accordance with specific contract provisions, the IRO(s) must comply with the requirements of The Privacy Act.

**DATES:** This action will be effective without further notice on January 1, 2012 unless comments are received that would result in a contrary determination.

**ADDRESSES:** Send written comments to the Office of Personnel Management, ATTN: Lynelle Frye, Health Claims Disputes External Review Services, 1900 E Street NW., Rm. 3415, Washington, DC 20415.

**FOR FURTHER INFORMATION CONTACT:** Lynelle Frye, (202) 606–0004.

**SUPPLEMENTARY INFORMATION:** The program associated with this system of records is part of a broader initiative directed by HHS's Office of Consumer Information and Insurance Oversight (OCIIO) to implement Section 2719 of the Affordable Care Act. HHS has discretion under the Act in the manner in which it implements the external appeals process, OPM administers a health insurance appeals program as part of its Federal Employees Health Benefits Program, and OPM has offered to permit HHS/OCIIO to utilize its existing appeals processes and frameworks to administer the interim federal appeals process (as modified by an interagency agreement). HHS/OCIIO has accepted that offer. Consequently, OPM has authority to administer the program, using an arrangement under the Economy Act, 31 U.S.C. 1535.