(16 CFR Parts 801–803) and the Antitrust Improvements Act Notification and Report Form and its Instructions will also be adjusted, where indicated by the term ''(as adjusted)'', as follows:

Original threshold	Adjusted threshold (million)
$10 million	$13.6
50 million	68.2
100 million	136.4
110 million	150.1
200 million	272.8
500 million	682.1
1 billion	1,364.1

Authority: 15 U.S.C. 18a.

By direction of the Commission.

Donald S. Clark,

Secretary.

[FR Doc. 2012–1867 Filed 1–26–12; 8:45 a.m.]

BILLING CODE 6750–01–P

FEDERAL TRADE COMMISSION

Revised Jurisdictional Thresholds for Section 8 of the Clayton Act

AGENCY: Federal Trade Commission.

ACTION: Notice.

SUMMARY: The Federal Trade Commission announces the revised thresholds for interlocking directorates required by the 1990 amendment of Section 8 of the Clayton Act.

DATES: *Effective Date:* January 27, 2012.

FOR FURTHER INFORMATION CONTACT: James F. Mongoven, Federal Trade Commission, Bureau of Competition, Office of Policy and Coordination, (202) 326–2879, Room NJ 7115, 600 Pennsylvania Avenue NW, Washington, DC 20580.

SUPPLEMENTARY INFORMATION: Section 8 of the Clayton Act, as amended in 1990, prohibits, with certain exceptions, one person from serving as a director or officer of two competing corporations if two thresholds are met. Competitor corporations are covered by Section 8 if each one has capital, surplus, and undivided profits aggregating more than $10,000,000, with the exception that no corporation is covered if the competitive sales of either corporation are less than $1,000,000. Section 8(a)(5) requires the Federal Trade Commission to revise those thresholds annually, based on the change in gross national product. The new thresholds, which take effect immediately, are $27,784,000 for Section 8(a)(1), and $2,778,400 for Section 8(a)(2)(A).

Authority: 15 U.S.C. 19(a)(5).

By direction of the Commission.

Donald S. Clark,

Secretary.

[FR Doc. 2012–1866 Filed 1–26–12; 8:45 a.m.]

BILLING CODE 6750–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Announcement of Requirements and Registration for ''Discharge Follow-Up Appointment Challenge''

AGENCY: Office of the National Coordinator for Health Information Technology, HHS.

ACTION: Notice.

SUMMARY: The ''Discharge Follow-Up Appointment Challenge'' challenges software developers to create an easy-to-use web-based tool that will make post-discharge follow-up appointment scheduling a more effective and shared process for care providers, patients and caregivers. In addition, developers will need to articulate a plan for broader adoption at the community level. Submissions can be existing applications, or applications developed specifically for this challenge.

The statutory authority for this challenge competition is Section 105 of the America COMPETES Reauthorization Act of 2010 (Pub. L. 111–358).

DATES: Effective on January 26, 2011.

FOR FURTHER INFORMATION CONTACT: Adam Wong, (202) 720–2866; Wil Yu, (202) 690–5920.

SUPPLEMENTARY INFORMATION:

Subject of Challenge Competition: The Office of the National Coordinator for Health Information Technology (ONC), in collaboration with the *Partnership for Patients,* seeks to support spread and adoption of promising IT-enabled solutions targeting improved care transitions in the ''Discharge Follow-Up Appointment Challenge.'' Nearly one in five patients from a hospital will be readmitted within 30 days. A large proportion of readmissions can be prevented by improving communications and coordinating care before and after discharge from the hospital.

This challenge is the second in a series of challenges calling attention to care transitions, particularly the time a patient is discharged from a hospital; these challenges are seeking development and spread of IT-enabled tools that will achieve better care and better health at lower cost. The first challenge, ''Ensuring Safe Transitions from Hospital to Home,'' called upon developers to create a web-based application that could empower patients and caregivers to better navigate and manage a transition from a hospital.

Research has shown that scheduling follow-up appointments and post-discharge testing before a patient is discharged, with input and engagement from patients and caregivers, is one of the critical elements of a safe and effective transition. While an increasing number of organizations have adopted this best practice, most patients across the country continue to leave the hospital without confirmed appointments and many providers remain frustrated by a highly manual and unreliable system.

Hospitals with IT-enabled scheduling processes for follow-up appointments often benefit from being in a delivery system where a single scheduling system is shared across many care settings and providers. A growing number of innovative consumer-facing tools are becoming available for patients and care givers to schedule appointments and rate providers. However these tools have not yet reached high levels of adoption within communities, and haven't to date targeted the appointment scheduling needs of patients, caregivers and providers at the point of discharge from a hospital.

The ideal application for will include the following components: Easy to navigate user interface, easy to navigate process for downstream accepting providers, information for patient and caregiver convenience and preference, critical background information for downstream providers, messaging capabilities to minimize no-shows and cancellations, and EHR interface capabilities where applicable.

To anticipate the needs of a test bed organization or community, successful applicants will also need to formally address the following pilot implementation considerations: estimated timeline for testing and pilot completion, description of ideal pilot environment, estimated resources needed for pilot, metrics to monitor pilot success, and proposed budget for a three-day site visit to support pilot development.

Eligibility Rules for Participating in the Competition:

To be eligible to win a prize under this challenge, an individual or entity:

(1) Shall have registered to participate in the competition under the rules promulgated by Office of the National Coordinator for Health Information Technology;

(2) Shall have complied with all the requirements under this section;