I Street, P.O. Box 17006, Fort Smith, AR 72917–7006

Medicare Provider #040055

Tampa General Hospital, 2 Columbia Drive, Tampa, FL 33606

Medicare Provider #100128

Wesley Medical Center, 550 N. Hillside, Wichita, KS 67214

Medicare Provider #170123

Effective Date—September 28, 2005

Advocate Illinois Masonic Medical Center, 836 W. Wellington Avenue, Chicago, IL 60657–5193

Medicare Provider #140182

East Texas Medical Center-Tyler, 1000 South Beckham, Tyler, TX 75701

Medicare Provider #450083

Maimonides Medical Center, 4802 Tenth Avenue, Brooklyn, NY 11219

Medicare Provider #330914

Mesa General Hospital, 515 North Mesa Drive, Mesa, AZ 85201

Medicare Provider #030017

Opelousas General Health System, 539 E. Prudhomme Street, P.O. Box 1389, Opelousas, LA 70570

Medicare Provider #190017

Southern Ohio Medical Center, 1895 27th Street, Portsmouth, OH 45662

Medicare Provider #360008

St. Joseph Hospital, 2901 Squalicum Parkway, Bellingham, WA 98264

Medicare Provider #500030

St. Lukes Hospital, 801 Ostrum Street, Bethlehem, PA 18015

Medicare Provider #390049

WakeMed Health and Hospitals, 3000 New Bern Avenue, Raleigh, NC 27610

Medicare Provider #340069

Yale-New Haven Hospital, 20 York Street, New Haven, CT 06504,

Medicare Provider #070022

[FR Doc. 05–24023 Filed 12–22–05; 8:45 am]

BILLING CODE 4120–01–U

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–1289–N]

Medicare Program: Meeting of the Advisory Panel on Ambulatory Payment Classification (APC) Groups—March 1, 2, and 3, 2006

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

ACTION: Notice.

SUMMARY: In accordance with section 10(a) of the Federal Advisory Committee Act (FACA) (5 U.S.C. Appendix 2), this notice announces the first biannual meeting of the Ambulatory Payment Classification (APC) Panel (the Panel) for 2006.

The purpose of the Panel is to review the APC groups and their associated weights and to advise the Secretary of the Department of Health and Human Services (HHS) and the Administrator of the Centers for Medicare & Medicaid Services (CMS) concerning the clinical integrity of the APC groups and their associated weights. The advice provided by the Panel will be considered as CMS prepares its annual updates of the hospital Outpatient Prospective Payment System (OPPS) through rulemaking.

DATES: *Meeting Dates:* The first biannual meeting for 2006 is scheduled for the following dates and times:

• Wednesday, March 1, 2006, 1 p.m. to 5 p.m. (e.s.t.).

• Thursday, March 2, 2006, 8 a.m. to 5 p.m. (e.s.t.).

• Friday, March 3, 2006, 8 a.m. to 12 noon (e.s.t.).

Deadlines:

Deadline for Hardcopy Comments/Suggested Agenda Topics—

5 p.m. (e.s.t.), Wednesday, February 1, 2006.

Deadline for Hardcopy Presentations—

5 p.m. (e.s.t.), Wednesday, February 1, 2006.

Deadline for Attendance Registration—

5 p.m. (e.s.t.), Wednesday, February 8, 2006.

Deadline for Special Accommodations—

5 p.m. (e.s.t.), Wednesday, February 8, 2006.

Submittal of Materials to the Designated Federal Officer (DFO):

Because of staffing and resource limitations, we cannot accept written comments and presentations by FAX, nor can we print written comments and presentations received electronically for dissemination at the meeting.

Only hardcopy comments and presentations will be accepted for placement in the meeting booklets. All hardcopy presentations *must be accompanied by Form CMS–20017*. The form is now available through the CMS Forms Web site. The URL for linking to this form is (*http://www.cms.hhs.gov/forms/cms20017.pdf.*)

We are also requiring electronic versions of the written comments and presentations (in addition to the hardcopies), so we can send them electronically to the Panel members for their review before the meeting.

Consequently, *you must send BOTH electronic and hardcopy versions of your presentations and written comments by the prescribed deadlines*. (Electronic transmission must be sent to the e-mail address below, and hardcopies—accompanied by Form CMS–20017—must be mailed to the Designated Federal Officer [DFO], as specified in the **FOR FURTHER INFORMATION CONTACT:** section of this notice.)

ADDRESSES: The meeting will be held in the Multipurpose Room, 1st Floor, CMS Central Office, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

FOR FURTHER INFORMATION CONTACT: For inquiries regarding the meeting; meeting registration; and hardcopy submissions of oral presentations, agenda items, and comments, please contact the DFO: Shirl Ackerman-Ross, DFO, CMS, CMM, HAPG, DOC, 7500 Security Boulevard, Mail Stop C4–05–17, Baltimore, MD 21244–1850. Phone: (410) 786–4474.

• E-mail Address for comments, presentations, and registration requests is *APCPanel@cms.hhs.gov*

• News media representatives must contact our Public Affairs Office at (202) 690–6145.

Advisory Committees' Information Lines:

The CMS Advisory Committees' Information Line is 1–877–449–5659 (toll free) and (410) 786–9379 (local).

Web Sites:

• For additional information on the APC meeting agenda topics and updates to the Panel's activities, search our Web site at: *http://www.cms.hhs.gov/faca/apc/default.asp*.

• To obtain Charter copies, search our Web site at *http://www.cms.hhs.gov/faca* or e-mail the Panel DFO.

SUPPLEMENTARY INFORMATION:

I. Background

The Secretary is required by section 1833(t)(9)(A) of the Act, as amended and redesignated by sections 201(h) and 202(a)(2) of the Medicare, Medicaid, and SCHIP Balanced Budget Refinement Act of 1999 (BBRA) (Pub. L. 106–113), respectively, to establish and consult with an expert, outside advisory panel on Ambulatory Payment Classification (APC) groups. The APC Panel (the Panel), which was re-chartered by the Secretary on November 1, 2004, meets up to three times annually to review the APC groups and to provide technical advice to the Secretary and the Administrator concerning the clinical integrity of the groups and their associated weights. All members must have technical expertise that shall enable them to participate fully in the

work of the Panel. Such expertise encompasses hospital payment systems, hospital medical-care delivery systems, outpatient payment requirements, APCs, Current Procedural Terminology (CPT) codes, and the use and payment of drugs and medical devices in the outpatient setting, as well as other forms of relevant expertise. However, it is not necessary that any one member be an expert in all of the areas listed above. All members shall have a minimum of 5 years experience in their areas of expertise, and they must be currently employed full-time in their areas of expertise. For purposes of this Panel, consultants or independent contractors are not considered to be full-time employees.

We will consider the technical advice provided by the Panel as we prepare the proposed changes to the OPPS for the next calendar year.

The Panel may consist of a Chair and up to 15 representatives who are full-time employees (not consultants) of Medicare providers, which are subject to the OPPS.

The Administrator selects the Panel membership based upon either self-nominations or nominations submitted by providers or interested organizations. The Panel presently consists of the following members and a Chair:

- Edith Hambrick, M.D., J.D., Chair.
- Marilyn Bedell, M.S., R.N., O.C.N.
- Gloryanne Bryant, B.S., R.H.I.A., R.H.I.T., C.C.S.
- Albert Brooks Einstein, Jr., M.D.
- Hazel Kimmel, R.N., C.C.S., C.P.C.
- Sandra J. Metzler, M.B.A., R.H.I.A., C.P.H.Q.
- Thomas M. Munger, M.D., F.A.C.C.
- Frank G. Opelka, M.D., F.A.C.S.
- Louis Potters, M.D., F.A.C.R.
- James V. Rawson, M.D.
- Lou Ann Schraffenberger, M.B.A., R.H.I.A., C.C.S.–P.
- Judie S. Snipes, R.N., M.B.A., F.A.C.H.E.
- Lynn R. Tomascik, R.N., M.S.N., C.N.A.A.
- Timothy Gene Tyler, Pharm.D.
- Kim Allan Williams, M.D., F.A.C.C., F.A.B.C.
- Robert Matthew Zwolak, M.D., Ph.D., F.A.C.S.

II. Agenda

The agenda for the March 2006 meeting will provide for discussion and comment on the following topics as designated in the Panel's Charter:

- Reconfiguration of APCs (for example, splitting of APCs, moving Healthcare Common Procedure Coding System (HCPCS) codes from one APC to another and moving HCPCS codes from new technology APCs to clinical APCs).
- Evaluation of APC weights.
- Packaging devices and drug costs into APCs: methodology, effect on APCs, and need for reconfiguring APCs based upon device and drug packaging.
- Removal of procedures from the inpatient list for payment under the OPPS.
- Use of single and multiple procedure claims data.
- Packaging of HCPCS codes.
- Other technical issues concerning APC structure.

The subject matter before the Panel shall be limited to these and related topics. Unrelated topics are not subjects for discussion. Unrelated topics include, but are not limited to, the conversion factor, cost compression, pass-through payments for medical devices and drugs, and wage adjustments. These subjects will not be addressed by the Panel.

The Panel may use data collected or developed by entities and organizations, other than DHHS and CMS, in conducting its review.

III. Written Comments and Suggested Agenda Topics

Hardcopy written comments and suggested agenda topics should be sent to the DFO. Such items must be received by the date and time specified in the **DATES** section of this notice.

Additionally, the written comments and suggested agenda topics must fall within the subject categories outlined in the Panel's Charter listed in the Agenda section of this notice.

IV. Oral Presentations

Individuals or organizations wishing to make 5-minute oral presentations must contact the DFO. The DFO must receive hardcopy presentations by the date and time specified in the **DATES** section of this notice in order to be scheduled.

The number of oral presentations may be limited by the time available. Oral presentations should not exceed 5 minutes in length.

The Chair may further limit time allowed for presentations due to the number of oral presentations, if necessary.

V. Presenter and Presentation Criteria

The additional criteria below must be supplied to the DFO by the date specified in the **DATES** section of this notice (along with hardcopies of presentations).

- Required personal information regarding presenter(s):
  + Name of presenter(s);
  + Title(s);
  + Organizational affiliation;
  + Address;
  + E-mail address, and
  + Telephone number(s).
- All presentations must contain, at a minimum, the following supporting information and data:
  + Financial relationship(s) of presenter(s), if any, with any company whose products, services, or procedures that are under consideration;
  + Physicians' CPTs involved;
  + APC(s) affected;
  + Description of the issue(s);
  + Clinical description of the service under discussion (with comparison to other services within the APC);
  + Recommendations and rationale for change;
  + Expected outcome of change; and
  + Potential consequences of not making the change(s).

Note: All presenters must also submit Form CMS–20017.

VI. Oral Comments

In addition to formal oral presentations, there will be opportunity during the meeting for public oral comments, which will be limited to 1 minute for each individual and a total of 5 minutes per organization.

VII. Meeting Attendance

The meeting is open to the public; however, attendance is limited to space available. Attendance will be determined on a first-come, first-served basis.

Persons wishing to attend this meeting, which is located on Federal property, must e-mail the Panel DFO to register by the date and time specified in the **DATES** section of this notice. A confirmation will be sent to the requester(s) via return e-mail.

The following information must be e-mailed or telephoned to the DFO by the date and time above:

- Name(s) of attendee(s),
- Title(s),
- Organization,
- E-mail address(es), and
- Telephone number(s).

VIII. Security, Building, and Parking Guidelines

Persons attending the meeting must present photographic identification to the Federal Protective Service or Guard Service personnel before they will be allowed to enter the building.

Security measures will include inspection of vehicles, inside and out, at the entrance to the grounds. In addition, all persons entering the building must pass through a metal detector. All items brought to CMS, including personal items such as desktops, cell phones,

palm pilots, etc., are subject to physical inspection.

Individuals who are not registered in advance will not be permitted to enter the building and will be unable to attend the meeting. (**Note:** Presenters must also be registered for attendance at the meeting.) The public may enter the building 30–45 minutes before when the meeting convenes each day. (The meeting convenes at the date and time specified in the **DATES** section of this notice.)

All visitors must be escorted in areas other than the lower and first-floor levels in the Central Building.

Parking permits and instructions are issued upon arrival by the guards at the main entrance.

IX. Special Accommodations

Individuals requiring sign-language interpretation or other special accommodations must send a request for these services to the DFO by the date and time specified in the **DATES** section of this notice.

Authority: Section 1833(t)(9) of the Act (42 U.S.C. 13951(t)). The Panel is governed by the provisions of Pub. L. 92–463, as amended (5 U.S.C. Appendix 2).

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare-Hospital Insurance; and Program No. 93.774, Medicare-Supplementary Medical Insurance Program)

Dated: November 10, 2005.

Mark B. McClellan,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 05–24290 Filed 12–22–05; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–1329–N]

Medicare Program; Town Hall Meeting on the Fiscal Year 2007 Applications for New Medical Services and Technologies Add-On Payments Under the Hospital Inpatient Prospective Payment System Scheduled for February 16, 2006

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

ACTION: Notice of meeting.

SUMMARY: This notice, in accordance with section 1886(d)(5)(K)(viii) of the Social Security Act (the Act), announces a Town Hall meeting to discuss fiscal year (FY) 2007 applications for add-on payments for new medical services and technologies under the hospital inpatient prospective payment system (IPPS). Interested parties are invited to this meeting to present their individual comments, recommendations, and data regarding whether the FY 2007 new medical services and technologies applications meet the substantial clinical improvement criteria.

DATES: *Meeting Date:* The Town Hall meeting announced in this notice will be held on Thursday, February 16, 2006 at 9 a.m., and check-in will begin at 8:30 a.m. EST.

Registration Deadline for Presenters: All presenters, whether attending in person or by phone, must register and submit their agenda item(s) by February 8, 2006.

Registration Deadline for All Other Participants: All other participants must register by February 13, 2006.

Comment Deadline: Written comments for discussion at the meeting must be received by February 8, 2006. All other written comments for consideration before publication of the hospital IPPS proposed rule must be received by March 15, 2006.

ADDRESSES: The Town Hall meeting will be held in the Auditorium in the central building of the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244–1850.

Agenda Item(s) or Written Comments: Agenda items and written comments regarding whether a FY 2007 application meets the substantial clinical improvement criterion may be sent by mail, fax, or electronically. Agenda items must be received by February 8, 2006. We will accept written questions or other statements, not to exceed three single-spaced, typed pages that are received by March 15, 2006. Send written comments, questions, or other statements to—

Division of Acute Care, Mail stop C4–07–05, Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland 21244–1850. Attention: Meredith Walz or Michael Treitel.

Fax: (410) 786–0169.

Email: *newtech@cms.hhs.gov*.

FOR FURTHER INFORMATION CONTACT: Meredith Walz, (410) 786–9421, *meredith.walz@cms.hhs.gov*. Michael Treitel, (410) 786–4552, *michael.treitel@cms.hhs.gov*.

SUPPLEMENTARY INFORMATION:

I. Background

Sections 1886(d)(5)(K) and (L) of the Social Security Act (the Act) require the Secretary to establish a process of identifying and ensuring adequate payments for new medical services and technologies under Medicare.

Effective for discharges beginning on or after October 1, 2001, section 1886(d)(5)(K)(i) of the Act required the Secretary to establish (after notice and opportunity for public comment) a mechanism to recognize the costs of new services and technologies under the inpatient hospital prospective payment system (IPPS). In addition, section 1886(d)(5)(K)(vi) of the Act specifies that a medical service or technology will be considered "new" if it meets criteria established by the Secretary (after notice and opportunity for public comment). (See the FY 2002 proposed rule (66 FR 22693, May 4, 2001) and the FY 2002 final rule (66 FR 46912, September 7, 2001) for a more detailed discussion.) In addition, we have further discussed our application of the newness criteria in the hospital IPPS proposed and final rules for FYs 2003, 2004, 2005, and 2006. (See 67 FR 31427, May 9, 2002; 67 FR 50009, August 1, 2002; 68 FR 27184, May 19, 2003; 68 FR 45385, August 1, 2003; 69 FR 28236, May 18, 2004; 69 FR 49000, August 11, 2004; 70 FR 23353, May 5, 2005; and 70 FR 47341, August 12, 2005 respectively).

In the September 7, 2001 final rule (66 FR 46914), we noted that we evaluate a request for special payment for a new medical service or technology against the following criteria in order to determine if the new technology meets the substantial clinical improvement requirement:

- The device offers a treatment option for a patient population unresponsive to, or ineligible for, currently available treatments.
- The device offers the ability to diagnose a medical condition in a patient population where that medical condition is currently undetectable or offers the ability to diagnose a medical condition earlier in a patient population than allowed by currently available methods. There must also be evidence that use of the device to make a diagnosis affects the management of the patient.
- Use of the device significantly improves clinical outcomes for a patient population as compared to currently available treatments. Some examples of outcomes that are frequently evaluated in studies of medical devices are the following:

++ Reduced mortality rate with use of the device.

++ Reduced rate of device-related complications.

++ Decreased rate of subsequent diagnostic or therapeutic interventions (for example, due to reduced rate of recurrence of the disease process).