

**DATES:** The public meeting will be held on Thursday, December 7, 1995, from 8:30 a.m. to 3:30 p.m.

**ADDRESSES:** The public meeting will be held at the Sheraton Denver West Hotel, 360 Union Blvd., Lakewood, CO.

**FOR FURTHER INFORMATION CONTACT:** Virlie M. Walker, FDA Denver District, Bldg. 20, Entrance W-10, Denver Federal Center, Sixth and Kipling Sts., Denver, CO 80225-0087, 303-236-3018, FAX 303-236-3551.

**SUPPLEMENTARY INFORMATION:** In the Federal Register of April 20, 1995 (60 FR 19753), FDA announced that a series of Grassroots Regulatory Partnership Meetings would be held. This document announces a followup meeting to the one held on April 24, 1995, in Dallas, TX. Those persons interested in attending this public meeting should FAX their registration including name(s), affiliation, address, telephone and FAX numbers, and any specific questions about the workshop to Virlie M. Walker (address above), 303-236-3551. There is no registration fee for this meeting. However due to space limitations, early registration is required. The goal of this meeting is to listen to concerns and ideas, and to identify next steps for the agency.

Dated: November 22, 1995.

William B. Schultz,

Deputy Commissioner for Policy.

[FR Doc. 95-29130 Filed 11-28-95; 8:45 am]

BILLING CODE 4160-01-F

### Grassroots Regulatory Partnership Meeting; Atlanta and Florida District Offices; Medical Device Industry

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice of a public meeting.

**SUMMARY:** The Food and Drug Administration (FDA) (Office of Regulatory Affairs, Southeast Region/Atlanta and Florida District Offices) is announcing a free public meeting as a followup to a meeting held in April 1995. FDA Atlanta and Florida District Offices will meet with interested persons in Georgia, Florida, North Carolina, and South Carolina to address specific issues related to the medical device industry, Atlanta and Florida Districts, and FDA. The agency is holding this meeting to promote the President's initiative for a partnership approach with front-line regulators and the people affected by the work of this agency, and to create local partnerships.

**DATES:** The public meeting will be held on Thursday, December 7, 1995, from 8 a.m. to 3:30 p.m.

**ADDRESSES:** The public meeting will be held at the Sheraton Colony Square Hotel, Peachtree at 14th St., Atlanta, GA.

**FOR FURTHER INFORMATION CONTACT:** Sheila Bayne-Lisby, FDA Atlanta District, 60 Eighth St. NE., Atlanta, GA 30309, 404-347-7355, or FAX 404-347-1912, or Lynne Isaacs, FDA Florida District, 7200 Lake Ellenor Dr., suite 120, Orlando, FL 32809, 407-648-6922 ext. 202, or FAX 407-648-6881.

**SUPPLEMENTARY INFORMATION:** In the Federal Register of April 20, 1995 (60 FR 19753), FDA announced that a series of Grassroots Regulatory Partnership meetings would be held. This document announces a followup to the one held on April 25, 1995, in Atlanta, GA. Those persons interested in attending this meeting should FAX their comments and registration including name, firm/organization name, address, and telephone number to 404-347-1912. There is no registration fee for this meeting. However, due to space limitations advance registration is required, and all interested parties are encouraged to register early. The goal of this meeting is to "listen" to concerns and ideas, and to identify next-steps for the agency.

Dated: November 22, 1995.

William B. Schultz,

Deputy Commissioner for Policy.

[FR Doc. 95-29131 Filed 11-28-95; 8:45 am]

BILLING CODE 4160-01-F

### Health Care Financing Administration

#### Public Information Collection Requirements Submitted for Public Comment and Recommendations

**AGENCY:** Health Care Financing Administration, Department of Health and Human Services.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration (HCFA), Department of Health and Human Services, is publishing the following summaries of proposed collections for public comment. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to

be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

*1. Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Medicare Uniform Institutional Provider Bill; *Form No.:* HCFA-1450; *Use:* Medicare reimbursement of claims. This form is the standardized form used in the Medicare/Medicaid program to apply for reimbursement for covered services by all providers that accept Medicare/Medicaid assigned claims. It will reduce cost and administrative burdens associated with claims since only one coding system is used and maintained. *Frequency:* On occasion; *Affected Public:* Business or other for-profit, not-for-profit institutions, Federal Government, and State, local or tribal government; *Number of Respondents:* 123,432,041; *Total Annual Hours Requested:* 1,890,490.

*2. Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* End Stage Renal Disease Medical Evidence Report Medicare Entitlement and/or Patient Registration; *Form No.:* HCFA-2728; *Use:* This form captures the necessary medical information required to determine Medicare eligibility of an end stage renal disease claimant. It also captures the specific medical data required for research and policy decisions on this population as required by law. *Frequency:* Annually; *Affected Public:* Individuals or households, business or other for-profit, not-for-profit institutions; *Number of Respondents:* 60,000; *Total Annual Hours Requested:* 25,200.

To request copies of the proposed paperwork collections referenced above, call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections should be sent within 60 days of this notice directly to the HCFA Paperwork Clearance Officer designated at the following address: HCFA, Office of Financial and Human Resources, Management Planning and Analysis Staff, Attention: Louis Blank, Room C2-26-17, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: November 20, 1995.

Kathleen B. Larson,

*Director, Management Planning and Analysis Staff, Office of Financial and Human Resources.*

[FR Doc. 95-29098 Filed 11-28-95; 8:45 am]

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[BPD-820-N]

RIN 0938-AG93

**Medicare Program; Notice Containing the Statement Drafted by the Committee Established to Negotiate the Wage Index to be Used to Adjust Hospice Payment Rates Under Medicare**

**AGENCY:** Health Care Financing Administration (HCFA), HHS.

**ACTION:** Notice.

**SUMMARY:** This notice provides the statement signed on April 13, 1995, by the Negotiating Committee on the Hospice Wage Index, concerning the index to be used to adjust Medicare payment rates for hospice services to reflect geographic differences in wages. The statement represents a consensus by the committee members, who represent different interests affected by the hospice rules.

The notice also announces that a proposed rule establishing the revised hospice wage index, with a description of the methodology used to calculate the index, will be published in the spring of 1996. A new wage index is needed because the index currently applied is based on 1981 wage and employment data and has not been updated since 1983.

**FOR FURTHER INFORMATION CONTACT:** Jennifer Carter (410) 786-4615.

**SUPPLEMENTARY INFORMATION:**

**I. Background**

Section 1814(i) of the Social Security Act (the Act) provides for payment to Medicare hospices. Regulations for Medicare hospice care services (42 CFR part 418) were published in the Federal Register on December 16, 1983 (48 FR 56008), effective for hospice services furnished on or after November 1, 1983. These regulations provide for payment to hospices based on one of four prospectively determined rates for each day in which a qualified Medicare beneficiary is under the care of the hospice. The four rate categories are routine home care, continuous home care, inpatient respite care, and general inpatient care. Under § 418.306(c), we adjust the payment rates to reflect local differences in area wage levels.

The wage index currently used to adjust the hospice payment rates is the wage index published in the Federal Register on September 1, 1983 (48 FR 39871) for purposes of determining Medicare inpatient hospital prospective payment rates. This hospital wage index was based on calendar year 1981 hospital wage and employment data obtained from the Bureau of Labor Statistics' (BLS) ES 202 Employment, Wages and Contributions file for hospital workers.

Although Medicare hospice payment rates have been periodically updated since the inception of the Medicare hospice program in late 1982, we have never updated the wage index for hospices. Thus, the wage index developed based on 1981 BLS data is still used for hospices, even though HCFA now uses its own wage data surveys to construct an updated, more accurate hospital wage index. Previous attempts to begin to develop an updated wage index for hospices through rulemaking brought to our attention the divergent views within the hospice industry itself and between the industry and HCFA on how best to update the index. During discussions preliminary to developing a new wage index, the industry voiced concerns over the adverse financial impact of a new wage index on individual hospices and a possible reduction in overall Medicare hospice care payments, the effect of overarching Federal budgetary constraints. The result was that, in the absence of agreement, we continued to use a wage index that is clearly obsolete for geographically adjusting Medicare hospice payments.

**II. Negotiated Rulemaking Process**

In accordance with the Negotiated Rulemaking Act of 1990, we embarked on the use of the negotiated rulemaking process to promulgate a proposed rule specifying the wage index to be used to adjust payment rates for hospice services under Medicare. Our goal was to achieve the objectives associated with the use of the negotiated rulemaking process—reducing the time, cost, and other problems associated with the traditional rulemaking process.

To determine who should participate on the negotiating committee, a neutral facilitator selected by the Department of Health and Human Services conducted a convening process to ensure the presence on the committee of all interests affected by changes in the wage index. The intent was to establish a negotiating committee that represented all interests, although not necessarily all interested parties. The two national hospice organizations, the National

Hospice Organization and Hospice Association of America, were also contacted by the facilitator for their recommendations. The facilitator then interviewed a number of representatives in the hospice community to determine who would best represent different interests on the committee. The facilitator proposed, and we accepted, the following individuals as negotiation participants. We believe these individuals represent an appropriate mix of interests and backgrounds:

Donna Bales, Kansas Hospice Association

Mary Ellen Bliss, American Association of Retired Persons

Janice Casey, Hospice Care, Inc.

Kate Colburn, Hospice of Central Iowa

Randall DuFour, Hospice of Louisville,

Kentucky

Thomas Hoyer, Bureau of Policy

Development, HCFA

Mary Labiak, Hospice of the Florida

Suncoast, Florida

John J. Mahoney, National Hospice Organization

Janet Neigh, Hospice Association of America

Dale C. Smith, Academy of Hospice

Physicians

Mark Sterling, VITAS Healthcare

Claire Tehan, Hospital Home Health

Care Agency of California

With the assistance of the facilitator, we reached consensus with hospice industry groups and other affected interests on how best to propose an update to the present outdated hospice wage index. We believed a new wage index based on consensus would be less controversial and easier to administer than one developed by the traditional rulemaking process.

The committee held five public meetings beginning in November 1994 and ending in April 1995. In accordance with the Federal Advisory Committee Act, each meeting of the negotiating committee was announced in the Federal Register, at least 15 days before the meeting. The meeting notices indicated that the meetings were open to the public and that time was set aside at the end of each meeting day to hear any public statements.

On April 13, 1995, the committee reached consensus on an option for the proposed wage index. Reaching consensus was a long and deliberative process. The committee stressed that consensus meant that even if elements of the agreement were not the choice of individual committee members, all committee members could live with the agreement, considered as a whole. The committee concurred that a wage index based on the committee's