

ACTION: Notice of meeting.

SUMMARY: In accordance with section 10(a) of the Federal Advisory Committee Act, this notice announces a meeting of the Competitive Pricing Advisory Committee (the CPAC) on May 23, 2000. The Balanced Budget Act of 1997 (BBA) requires the Secretary of the Department of Health and Human Services (the Secretary) to establish a demonstration project under which payments to Medicare+Choice organizations in designated areas are determined in accordance with a competitive pricing methodology. The BBA requires the Secretary to create the CPAC to make recommendations on demonstration area designation and appropriate research designs for the project. The CPAC meetings are open to the public.

DATES: The meeting is scheduled for May 23, 2000, from 9 a.m. until 1 p.m., e.d.s.t.

ADDRESSES: The meeting will be held at the Double Tree Hotel Park Terrace, 1515 Rhode Island Avenue, NW., Washington, D.C. 20005.

FOR FURTHER INFORMATION CONTACT: Sharon Arnold, Ph.D., Executive Director, Competitive Pricing Advisory Committee, Health Care Financing Administration, 7500 Security Boulevard C4-14-17, Baltimore, Maryland 21244-1850, (410) 786-6451. Please refer to the HCFA Advisory Committees Information Line (1-877-449-5659 toll free)/(410-786-9379 local) or the Internet (<http://www/hcfa.gov/fac>) for additional information and updates on committee activities.

SUPPLEMENTARY INFORMATION:

Section 4011 of the Balanced Budget Act of 1997 (BBA), Public Law 105-33, requires the Secretary of the Department of Health and Human Services (the Secretary) to establish a demonstration project under which payments to Medicare+Choice organizations in designated areas are determined in accordance with a competitive pricing methodology. Section 4012(a) of the BBA requires the Secretary to appoint a Competitive Pricing Advisory Committee (the CPAC) to meet periodically and make recommendations to the Secretary concerning the designation of areas for inclusion in the project and appropriate research design for implementing the project. The CPAC has previously met on May 7, 1998, June 24 and 25, 1998, September 23 and 24, 1998, October 28, 1998, January 6, 1999, May 13, 1999, July 22, 1999, September 16, 1999, October 29, 1999, and January 12, 2000.

The CPAC consists of 15 individuals who are independent actuaries; experts

in competitive pricing and the administration of the Federal Employees Health Benefit Program; and representatives of health plans, insurers, employers, unions, and beneficiaries. The CPAC members are: James Cubbin, Executive Director, General Motors Health Care Initiative; Robert Berenson, M.D., Director, Center for Health Plans and Providers, HCFA; John Bertko, Actuary Principal, Humana Inc.; David Durenberger, Vice President, Public Policy Partners; Gary Goldstein, M.D., Healthcare Consultant; Samuel Havens, Healthcare Consultant; Margaret Jordan, Executive Vice President, Texas Health Resources; Chip Kahn, President, The Health Insurance Association of America; Cleve Killingsworth, President and CEO, Health Alliance Plan; Nancy Kichak, Director, Office of Actuaries, Office of Personnel Management; Len Nichols, Principal Research Associate, The Urban Institute; Robert Reischauer, President, The Urban Institute; John Rother, Director, Legislation and Public Policy, American Association of Retired Persons; Andrew Stern, President, Service Employees International Union, AFL-CIO; and Jay Wolfson, Director, The Florida Information Center, University of South Florida. The Chairperson is James Cubbin and the Co-Chairperson is Robert Berenson, M.D. In accordance with section 4012(a)(5) of the BBA, the CPAC will terminate on December 31, 2004.

The agenda for the May 23, 2000, meeting will include a discussion of the components of a Report to Congress being prepared by the CPAC. Section 533 of the Medicare, Medicaid, and State Child Health Insurance Program (SCHIP) Balanced Budget Refinement Act of 1999, Public Law 106-113, revised section 4011 of the BBA to require the CPAC to submit a report on the following topics:

- Incorporation of original Medicare fee-for-service into the demonstration.
- Requirements of quality activities under the demonstration.
- Inclusion of a rural area in the demonstration.

sbull Requirements of a benefit structure under the demonstration.

Individuals or organizations that wish to make 5-minute oral presentations on the agenda issues should contact the Executive Director, by 12 noon, May 18, 2000, to be scheduled. The number of oral presentations may be limited by the time available. A written copy of the oral remarks should be submitted to the Executive Director, no later than 12 noon, May 22, 2000. Anyone who is not scheduled to speak, may submit written

comments to the Executive Director, by 12 noon, May 22, 2000.

The meeting is open to the public, but attendance is limited to the space available. Individuals requiring sign language interpretation for the hearing impaired or other special accommodation should contact the Executive Director at least 10 days before the meeting.

(Section 4012 of the Balanced Budget Act of 1997, Public Law 105-33 (42 U.S.C.1395w-23 note) and section 10(a) of Public Law 92-463 (5 U.S.C. App. 2, section 10(a))

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

Dated: April 18, 2000.

Nancy-Ann Min DeParle,

Administrator, Health Care Financing Administration.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[HCFA-3053-N]

Medicare Program; Open Town Hall Meeting To Promote and Establish Partnerships Between the Medicare Peer Review Organizations (PROs) and Entities in the Health Care Community To Foster Health Care Quality Improvement—May 15, 2000

AGENCY: Health Care Financing Administration (HCFA), DHHS.

ACTION: Notice of meeting.

SUMMARY: This notice announces the second in a series of Partnership Open Town Hall Meetings for the purpose of exploring and exercising opportunities for the entire health care community to collaborate with the PROs on quality improvement projects that will raise the quality of care provided to Medicare beneficiaries and to all patients. The primary focus of the quality improvement partnerships will be six national clinical topics, including acute myocardial infarction, breast cancer, diabetes, heart failure, pneumonia, and stroke. We view this meeting as an opportunity to develop partnerships with the provider, practitioner, plan, purchaser and beneficiary communities. The meeting is open to the public, but attendance is limited to space available.

DATES *The meeting:* The meeting will be held on Monday, May 15, 2000, from 9:00 a.m. until 4:00 p.m., EDT.

Written Questions or Statements: We will accept written questions or other statements, not to exceed two (2) single-spaced, typed pages, preferably before the meeting, but until May 30, 2000.

ADDRESSES:

The Meeting: The meeting will be held at the Doubletree Hotel Pentagon City National Airport, 300 Army Navy Drive, Arlington, Virginia 22202. The hotel phone number is (703) 416-4100.

Written Questions or Statements: Send written questions or other statements to: Eugene Freund, MD, Clinical Advisor, Quality Improvement Group, Office of Clinical Standards and Quality, Health Care Financing Administration, S3-02-01, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

FOR FURTHER INFORMATION CONTACT:

Monica L. Jackson, JW Associates, LLC; phone: (301) 495-9471; fax: (301) 495-5989; email: mjackson@jwallc.com.

SUPPLEMENTARY INFORMATION:

I. Provisions of This Notice

We are announcing the second in a series of Town Hall Meetings to provide a forum for health care entities and organizations (including practitioners, providers, health plans, other purchasers, beneficiaries and other interested parties) to partner on health care quality improvement projects relating to the activities of the PRO Sixth Round Contract, (also known as the PRO sixth Scope of Work, or 6th SOW). The meeting is open to the public, but attendance is limited to space available. Individuals must register in advance as described in section II of this notice.

The meeting will address partnering on quality improvement projects in both managed care and fee-for-service settings. The meeting will present models of existing partnerships involving the following entities:

- PROs, clinicians, and hospitals.
- PROs and business coalitions.
- Associations and communities.
- HCFA and accrediting bodies.

Additionally, we are very interested in receiving suggestions for additional approaches to collaborating with stakeholders sharing one or more of our quality improvement goals. There will be ample time allotted at the meeting for questions and suggestions.

We will also address concerns and issues regarding how partnering with the PROs can achieve quality improvements for Medicare beneficiaries as well as improved billing and payment accuracy. This second Town Hall Meeting will also provide an opportunity for further information

exchange concerning the Health Care Quality Improvement Program (HCQIP) activities delineated in the PRO Sixth Round Contract under the clinical topics described as Tasks 1, 2 and 3.

Task 1 concerns National Quality Improvement Projects which focus on national health improvement clinical topics (for example, Acute Myocardial Infarction, Breast Cancer, Diabetes, Heart Failure, Pneumonia, and Stroke/Transient Ischemic Attack/Atrial Fibrillation). The PROs, in conjunction with their partners, will use standardized sets of quality indicators to identify the greatest opportunities to improve the care of Medicare beneficiaries in these clinical topic areas.

Task 2, Local Quality Improvement Projects, directs each PRO to initiate local projects within its State, in response to local interests, needs and opportunities. We are interested in increasing the PROs' experience in collaborating with providers, practitioners, plans, purchasers and beneficiaries to improve the quality of care they deliver. We are also interested in testing quality indicators and intervention strategies that reflect care in settings other than acute care hospitals and Medicare+Choice plans, as well as those that contribute to reducing the disparities in the quality of care delivered to members of disadvantaged groups.

Task 3 concerns Quality Improvement Projects in conjunction with Medicare+Choice (M+C) Plans. This task requires each PRO to offer its assistance to M+C Plans to implement quality improvement projects as part of the Quality Improvement System for Managed Care (QISMC) standards. Each M+C Plan must initiate two performance improvement projects annually.

Task 4, which is not on the agenda for this meeting, concerns the Payment Error Prevention Program (PEPP). It is a modified review activity that is intended to identify opportunities for improvement in the billing process to reduce the occurrence of incorrect payments resulting from billing errors. It is a cooperative program and includes no punitive actions. Errors may include both over billings and under billings. The error rate will be the total dollars paid, both above and below the correct amount. In the first year of the PROs 6th Round Contract, the PROs will conduct PEPP in two areas: unnecessary admissions and miscoded DRG assignments.

II. Registration and Rooms

JW Associates, LLC, is registering interested parties for the meeting. You may register by sending a fax to the For Further Information Contact. Registration forms may also be found on the Internet at www.jwallc.com. Please include your name, affiliation, address, telephone number, e-mail and fax number on your registration form. A number of rooms have been set aside for meeting attendees. To reserve a room, please contact the hotel directly.

III. Meeting Materials

All meeting materials will be provided at the time of the meeting. A summary of the initial July 1999 Partnership Town Hall Meeting can be found at the following website: www.hcfa.gov/quality/qlty-5b.htm.

Authority: Section 1102 of the Social Security Act (42 U.S.C. 1302).

Dated: April 25, 2000.

Nancy-Ann Min DeParle,

Administrator, Health Care Financing Administration.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget, in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, call the HRSA Reports Clearance Office on (301) 443-1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

Proposed Project: The Ryan White CARE Act Client Demonstration Project Reporting System: NEW The Client Demonstration Project was established in 1994 to collect information from several Title I and Title II grantees and their subcontracted service providers about their individual clients. Demographic information, service utilization, and health indicators of all clients receiving services at providers funded by the Ryan White Comprehensive AIDS Resources