

for Congestive Heart Failure Submitted by Medicare+Choice Organizations Requesting Extra Payments in CY2002 and CY2003 and Supporting Regulations in 42 CFR, 422.152(b)(2).

*Form No.:* HCFA-10035 (OMB# 0938-NEW).

*Use:* HCFA requires Congestive Heart Failure (CHF) quality indicator performance data from qualifying Medicare+Choice organizations opting to receive extra payments for CY2002 and CY2003. This collection will collect the necessary data to assess the need for extra payments.

*Frequency:* Annually.

*Affected Public:* Business or other for-profit, and Not-for-profit institutions.

*Number of Respondents:* 125.

*Total Annual Responses:* 125.

*Total Annual Hours:* 11.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access HCFA's Web Site address at <http://www.hcfa.gov/regs/prdact95.htm>, or E-mail your request, including your address, phone number, OMB number, and HCFA document identifier, to [Paperwork@hcfa.gov](mailto:Paperwork@hcfa.gov), or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice directly to the HCFA Paperwork Clearance Officer designated at the following address: HCFA, Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards, Attention: Dawn Willingham, HCFA-10035, Room N2-14-26, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: March 22, 2001.

**John P. Burke III,**

*HCFA Reports Clearance Officer, HCFA Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards.*

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**BILLING CODE 4120-03-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Care Financing Administration [HCFA-1189-N]

#### Medicare Program: April 26, 2001, Meeting of the Advisory Panel on Medicare Education

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

**ACTION:** Notice of meeting.

**SUMMARY:** In accordance with section 10(a) of the Federal Advisory Committee Act, this notice announces a meeting of the Advisory Panel on Medicare Education (the Panel) on Thursday, April 26, 2001. This Panel advises and makes recommendations to the Secretary of the Department of Health and Human Services (HHS) and the Administrator of the Health Care Financing Administration (HCFA), on opportunities for HCFA to optimize the effectiveness of the National Medicare Education Program and other HCFA programs that help Medicare beneficiaries understand Medicare and the range of Medicare options available with the passage of the Medicare+Choice Program. The Panel meeting is open to the public.

**DATES:** The meeting is scheduled for Thursday, April 26, 2001, from 9 am. e.s.t. to 5 pm. e.s.t.

**ADDRESSES:** The meeting will be held at the Wyndham Washington, D.C. Hotel, 1400 M Street NW., Washington, DC, 20005, (202) 429-1700.

**FOR FURTHER INFORMATION CONTACT:**

Nancy Caliman, Health Insurance Specialist, Partnership Development Group, Center for Beneficiary Services, Health Care Financing Administration, 7500 Security Boulevard, S2-23-05, Baltimore, MD, 21244-1850, (410) 786-5052. 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/events/apme/homepage.htm>) for additional information and updates on committee activities, or contact Ms. Caliman via E-mail at [APME@hcfa.gov](mailto:APME@hcfa.gov). Press inquiries are handled through the HCFA Press Office at (202) 690-6145.

**SUPPLEMENTARY INFORMATION:** Section 222 of the Public Health Service Act, as amended, grants to the Secretary the authority to establish an advisory panel if the Secretary finds the panel necessary and in the public interest. The Secretary signed the charter establishing the panel on January 21, 1999 (64 FR 7849) and subsequently renewed the charter on January 18, 2001. The Advisory Panel on Medicare Education advises the Department of Health and Human Services and the Health Care Financing Administration on opportunities to enhance the effectiveness of consumer education materials serving the Medicare program.

The goals of the Panel are as follows:

- To develop and implement a national Medicare education program that describes the options for selecting a health plan under Medicare;

- To enhance the Federal government's effectiveness in informing the Medicare consumer, including the appropriate use of public-private partnerships;

- To expand outreach to vulnerable and underserved communities, including racial and ethnic minorities, in the context of a national Medicare education program;

- To assemble an information base of best practices for helping consumers evaluate health plan options and building a community infrastructure for information, counseling, and assistance.

The current members of the Panel are: Diane Archer, J.D., President, Medicare Rights Center; David Baldrige, Executive Director, National Indian Council on Aging; Bruce Bradley, M.B.A., Director, Managed Care Plans, General Motors Corporation; Carol Cronin, Chairperson, Advisory Panel on Medicare Education; Joyce Dubow, M.U.P., Senior Policy Advisor, Public Policy Institute, AARP; Jennie Chin Hansen, Executive Director, On Lok Senior Services; Elmer Huerta, M.D., M.P.H., Director, Cancer Risk and Assessment Center, Washington Hospital Center; Bonita Kallestad, J.D., M.S., Western Minnesota Legal Services/Mid Minnesota Legal Assistance; Steven Larsen, J.D., M.A., Maryland Insurance Commissioner, Maryland Insurance Administration; Brian Lindberg, M.M.H.S., Executive Director, Consumer Coalition for Quality Health Care; Heidi Margulis, B.A., Vice President, Government Affairs, Humana, Inc.; Patricia Neuman, Sc.D., Director, Medicare Policy Project, Henry J. Kaiser Family Foundation; Elena Rios, M.D., M.S.P.H., President, National Hispanic Medical Association; Samuel Simmons, B.A., President and CEO, The National Caucus and Center on Black Aged, Inc.; Nina Weinberg, M.A., President, National Health Council; and Edward Zesk, B.A., Executive Director, Aging 2000.

The agenda for the April 26, 2001 meeting will include the following:

- Recap of the previous (January 10, 2001) meeting;
- HCFA update/issues;
- Appropriate funding for Medicare education;
- How the private sector conducts Medicare education for retirees;
- HCFA plan to serve limited English proficient beneficiaries and to provide culturally and linguistically appropriate information;
- APME annual report;
- Public comment.

Individuals or organizations that wish to make 5-minute oral presentations on the agenda issues should contact Ms.

Caliman by 12 noon on Thursday, April 19, 2001, 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 Ms. Caliman no later than 12 noon on Thursday, April 19, 2001. Anyone who is not scheduled to speak may submit written comments to Ms. Caliman by 12 noon, Thursday, April 19, 2001. 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 accommodations should contact Ms. Caliman at least 15 days before the meeting.

(Sec. 222 of the Public Health Service Act (42 USC 217a) and sec. 10(a) of Pub. L. 92-463 (5 U.S.C. App. 2, sec. 10(a)(1) and (a)(2)); 41 CFR 101-6.1015)

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

Dated: March 22, 2001.

**Michael McMullan,**

*Acting Deputy Administrator, Health Care Financing Administration.*

[FR Doc. 01-7904 Filed 3-29-01; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Request for Comments on Increasing Income Levels Used To Identify a "Low-Income" Family for the Purpose of Providing Training in the Various Health Professions and Nursing Programs Included in Titles VII and VIII of the Public Health Service Act

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** This notice requests comments on increasing low-income levels for various programs included in Titles VII and VIII of the Public Health Service (PHS) Act, which use "low-income" levels to determine eligibility for program participation. The Department periodically publishes in the **Federal Register** low-income levels used to determine eligibility for grants and cooperative agreements to institutions providing training for (1) disadvantaged individuals, (2) individuals from a disadvantaged background, or (3) individuals from "low-income" families.

**DATES:** Interested persons are invited to comment on the proposed low-income levels for the programs listed below. All comments received on or before April 30, 2001 will be considered when final low-income levels are determined for purposes of eligibility for participation in the programs listed below.

**ADDRESSES:** Written comments should be addressed to Ms. Sarah Richards, Evaluation Officer, Bureau of Health Professions (BHP), Health Resources and Services Administration, Room 8-67, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857.

**FOR FURTHER INFORMATION CONTACT:** Ms. Sarah Richards, Evaluation Officer, BHP; telephone number (301) 443-5452.

**SUPPLEMENTARY INFORMATION:** This notice is to announce the proposed increase in income levels that is intended for use in determining eligibility for participation in the following programs:

Advanced Education Nursing (section 811)  
 Allied Health Special Projects (section 755)  
 Basic Nurse Education and Practice (section 831)  
 Dental Public Health (section 768)  
 Faculty Loan Repayment and Minority Faculty Fellowship Program (section 738)  
 General and Pediatric Dentistry (section 747)  
 Health Administration Traineeships and Special Projects (section 769)  
 Health Careers Opportunity Program (section 739)  
 Loans to Disadvantaged Students (section 724)  
 Physician Assistant Training (section 747)  
 Primary Care Residency Training (section 747)  
 Public Health Traineeships (section 767)  
 Quentin N. Burdick Program for Rural Interdisciplinary Training (section 754)  
 Residency Training in Preventive Medicine (section 768)  
 Scholarships for Disadvantaged Students (section 737)  
 Public Health Training Centers (section 766)  
 Nursing Workforce Diversity (section 821)

These programs generally award grants to accredited schools of medicine, osteopathic medicine, public health, dentistry, veterinary medicine, optometry, pharmacy, allied health, podiatric medicine, nursing, chiropractic, public or private nonprofit schools which offer graduate programs

in behavioral health and mental health practice, and other public or private nonprofit health or education entities to assist the disadvantaged to enter and graduate from health professions and nursing schools. Some programs provide for the repayment of health professions or nursing education loans for disadvantaged students.

#### Proposed Low-Income Levels

The Secretary proposes that, for programs included in Titles VII and VIII of the PHS Act, a "low-income" family be defined as having an annual income that does not exceed 200 percent of the Department's poverty guidelines. The Department poverty guidelines are published annually for general use while the Department's HRSA low-income levels are specific to the programs listed under the Supplementary Information section of this notice. This notice proposes an increase over the income level currently used, which is 130 percent of the Department's poverty guidelines. The Department's poverty guidelines are based on poverty thresholds published by the U.S. Census Bureau, adjusted annually for changes in the Consumer Price Index.

The Secretary would continue to adjust the low-income levels annually based on the Department's poverty guidelines and make them available to persons responsible for administering the applicable programs.

In developing the revised family income levels for determining eligibility for the applicable Titles VII and VIII programs, the Secretary chose 200 percent of the Department's poverty guidelines for the following reasons: First, 200 percent of the poverty guidelines is a statutory eligibility level used by the Department for the State Children's Health Insurance Program (SCHIP), which provides health care insurance to children who are from families with incomes too high to qualify for Medicaid but too low to afford private health insurance. Secondly, the proportion of the population below 200 percent of the Census Bureau poverty thresholds is one criterion used by the Department in the designation of population groups with shortages of health care providers. Thus, using 200 percent of the Department poverty guidelines to determine low-income status is consistent with other Department programs and activities directed toward uninsured and underserved individuals and population groups.

The Secretary has developed the proposed income levels as a means of assuring that the applicable Titles VII