

Insurance, and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: June 5, 2003.

Thomas A. Scully,

Administrator, Centers for Medicare & Medicaid Services.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-1254-N]

Medicare Program; Meeting of the Advisory Panel on Ambulatory Payment Classification Groups—February 18, 19, and 20, 2004

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

ACTION: Notice of meeting.

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 Advisory Panel on Ambulatory Payment Classification (APC) Groups (the Panel) for 2004.

The purpose of the Panel is to review the APC groups and their associated weights and to advise the Secretary of Health and Human Services (the Secretary) and the Administrator of the Centers for Medicare & Medicaid Services (CMS) (the Administrator) concerning the clinical integrity of the APC groups and their associated weights. The Secretary and Administrator consider the Panel's advice as CMS prepares its annual updates of the hospital outpatient prospective payment system (OPPS) through rulemaking.

DATES: The first biannual meeting for 2004 is scheduled for February 18, 19, and 20, 2004, from 8 a.m. to 5 p.m. (EST).

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

FOR FURTHER INFORMATION CONTACT: For copies of the charter, inquiries regarding these meetings, meeting registration, and submission of oral presentations or written agenda items, contact Shirl Ackerman-Ross, the meeting

coordinator and Designated Federal Official, FACA; CMS, Center for Medicare Management, Hospital Ambulatory Policy Group, Division of Outpatient Care; 7500 Security Boulevard, Mail Stop C4-05-17; Baltimore, MD 21244-1850 or phone (410) 786-4474. Also, please refer to the CMS Advisory Committees' Information Line at 1-877-449-5659 (toll free) and (410) 786-9379 (local).

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

To submit a request for a copy of the charter, search the Internet at <http://www.cms.hhs.gov/faca> or e-mail SAckermannross@cms.hhs.gov.

Written materials may also be sent electronically to outpatientpps@cms.hhs.gov.

News media representatives should contact our Public Affairs Office at (202) 690-6145.

SUPPLEMENTARY INFORMATION:

I. Background

The Secretary of the Department of Health and Human Services (the Secretary) is required by section 1833(t)(9)(A) of the Social Security Act (the Act) to establish and consult with an expert, outside advisory panel on Ambulatory Payment Classification (APC) groups. The Advisory Panel on Ambulatory Payment Classification Groups (the Panel) meets up to three times annually to review the APC groups and to provide technical advice to the Secretary and to the Administrator of the Centers for Medicare & Medicaid Services (CMS) (the Administrator) concerning the clinical integrity of the groups and their associated weights. We will consider the technical advice provided by the Panel as we prepare the proposed rule that proposes changes to the Outpatient Prospective Payment System (OPPS) for the next calendar year.

The Panel may consist of a chair up to 15 members. These members must be representatives of Medicare Providers who are subject to OPPS and they may not be consultants. Panel members must have technical expertise that will enable them to participate fully in the work of the panel and must be currently employed full-time in their area of expertise. The Administrator selected the Panel membership based upon either self-nominations or nominations submitted by providers or organizations.

The Panel presently consists of the following members and a Chair (Vacant):

- Marilyn Bedell, M.S., R.N., O.C.N.

- Geneva Craig, R.N., M.A.
- Lora DeWald, M.Ed.
- Albert Brooks Einstein, Jr., M.D.
- Robert E. Henkin, M.D.
- Lee H. Hilborne, M.D., M.P.H.
- Stephen T. House, M.D.
- Frank G. Opelka, M.D., F.A.C.S.
- Kathleen Kinslow, C.R.N.A., Ed.D.
- Mike Metro, R.N., B.S.
- Gerald V. Naccarelli, M.D.
- Beverly K. Philip, M.D.
- Lynn R. Tomascik, R.N., M.S.N., C.N.A.A.

- Timothy Gene Tyler, Pharm.D.
- William Van Decker, M.D.

The agenda for the February 2004 meeting will provide for discussion and comment on the following topics:

- 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.

We are soliciting comments from the public on specific agenda items falling within these agenda topics for the February 2004 Panel meeting. We will consider specific agenda items for this meeting if they are submitted in writing and fall within the agenda topics listed above. We urge those who wish to comment to send comments as soon as possible but no later than 5 p.m. (EST), Friday, February 6, 2004.

The meeting is open to the public, but attendance is limited to the space available. Individuals or organizations wishing to make 5-minute oral presentations should contact the meeting coordinator by 5 p.m. (EST), Friday, February 6, 2004, in order to be scheduled. The number of oral presentations may be limited by the time available. Oral presentations must not exceed 5 minutes and may be further limited by the Chair due to quantity of presentations.

Persons wishing to make oral presentations must submit a copy of the presentation and the name, address, and telephone number of the presenter. In addition, all presentations must contain, at a minimum, the following supporting information and data:

- The presenter's financial relationship(s), if any, with any company whose products, services, or procedures are under consideration.
- Physicians' Current Procedural Terminology (CPT) codes 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.

Submit a written copy of the oral presentation or written agenda items to the meeting coordinator listed above or electronically to the following address: outpatientpps@cms.hhs.gov. Because of staffing and resource limitations, we cannot accept comments by facsimile (FAX) transmission and cannot acknowledge or respond individually to comments that we receive.

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

Persons wishing to attend this meeting, which is located on Federal property, must call the meeting coordinator, Shirl Ackerman-Ross, at (410) 786-4474, to register in advance no later than 5 p.m. (EST), Wednesday, February 4, 2004. Persons attending must present a photographic identification to the Federal Protective Service or Guard Service personnel before they will be allowed to enter the building.

Persons who are not registered in advance will not be permitted into the building and will not be permitted to attend the meeting.

A member of our staff will be stationed at the Central Building, first-floor lobby, to provide assistance to attendees. Please remember that all visitors must be escorted if they have business 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.

Special Accommodations: Individuals requiring sign-language interpretation or other special accommodations should send a written request for these services to the meeting coordinator, Shirl Ackerman-Ross, at Center for Medicare Management, Hospital Ambulatory Policy Group, Division of Outpatient Care; 7500 Security Boulevard, Mail Stop C4-05-17; Baltimore, MD 21244-1850 by 5 p.m. (EST), Wednesday, February 4, 2003.

Authority: Section 1833(t) of the Act (42 U.S.C. 1395l(t), as amended by section 201(h) of the BBRA of 1999 (Pub. L. 106-113) and section 10(a) of Pub. L. 92-463 (5 U.S.C. Appendix 2). 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: December 9, 2003.

Thomas A. Scully,

Administrator, Centers for Medicare & Medicaid Services.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-1247-N]

Medicare Program; Town Hall Meeting in Calendar Year 2004 for Ambulance Condition Codes

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

ACTION: Notice of meeting.

SUMMARY: This notice announces a town hall meeting to provide a forum for all interested individuals to discuss and/or submit written comments on the establishment and implementation of Ambulance Condition Codes. Ambulance Condition Codes would be included in Chapter 15 of the CMS Manual System. Development of new ICD-9-CM codes for those Ambulance Condition Codes that do not currently have a satisfactory corresponding ICD-9-CM code will be a separate process that the ambulance industry must address with the National Center for Health Statistics (NCHS).

DATES: The town hall meeting announced in this notice will be held on Wednesday, February 4, 2004, from 10 a.m. to 4 p.m., e.s.t.

ADDRESSES: The town hall meeting will be held in the auditorium at the Centers for Medicare & Medicaid Services (CMS), 7500 Security Boulevard, Baltimore, Maryland 21244.

FOR FURTHER INFORMATION CONTACT:

Anne Tayloe, (410) 786-4546.

SUPPLEMENTARY INFORMATION:

I. Background

On December 21, 2000, the Congress passed the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (the BIPA) (Pub.

L. 106-554). Section 1833(h) of the Social Security Act (the Act) and section 531(b) of the BIPA mandated procedures that permit public consultation on clinical laboratory services and durable medical equipment (DME) payment policy issues. We are applying this public consultation procedure to ambulance service policy issues for the purpose of this town hall meeting. This town hall meeting is intended to provide a forum for all interested parties to comment on and discuss the Ambulance Condition Codes. The Ambulance Condition Code information may be reviewed prior to the public meeting by accessing <http://www.cms.hhs.gov/paymentsystems> on the Internet. This information will be available for review beginning January 5, 2003.

II. Presentations

Registered persons from the public may discuss and make recommendations concerning the Ambulance Condition Codes. Individuals who wish to make formal presentations must include that information when registering. Presentations must be brief, and three written copies must be submitted to accompany the oral presentation. Presenters may also make copies available for approximately 50 meeting participants.

III. Registration Instructions

Beginning January 5, 2004, you may complete your registration on-line at <http://www.cms.hhs.gov/paymentsystems>. Please submit the following information when registering: name, company name, address, telephone number, and e-mail address and an indication of whether you wish to make a formal presentation. A confirmation will be sent upon receipt of the registration.

Because this meeting will be located on Federal property, for security reasons, any persons wishing to attend this meeting must register by close of business on January 23, 2004. In order to gain access to the building and grounds, participants must show to the Federal Protective Service or Guard Service personnel a government-issued photo identification and a copy of their registration confirmation. Individuals who have not registered in advance will not be allowed to enter the building to attend the meeting. Seating capacity is limited to the first 250 registrants.

The on-site check-in for visitors will be held from 9 a.m. until 10 a.m., followed by opening remarks. Please allow sufficient time to arrive to go through the security checkpoints. It is