

this Panel on January 21, 1999 (64 FR 7849), and approved the renewal of the charter on January 21, 2003.

The Panel advises and makes recommendations to the Secretary and the Administrator of the Centers for Medicare & Medicaid Services (CMS) on opportunities to enhance the effectiveness of consumer education strategies concerning 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 build a community infrastructure for information, counseling, and assistance.

The current members of the Panel are: James L. Bildner, Chairman and Chief Executive Officer, Tier Technologies; Dr. Jane Delgado, Chief Executive Officer, National Alliance for Hispanic Health; Joyce Dubow, Senior Policy Advisor, Public Policy Institute, American Association of Retired Persons (AARP); Clayton Fong, President and Chief Executive Officer, National Asian Pacific Center on Aging; Timothy Fuller, Executive Director, National Gray Panthers; John Graham IV, President and Chief Executive Officer, American Society of Association Executives; Dr. William Haggett, Senior Vice President, Government Programs, Independence Blue Cross; Thomas Hall, Chairman and Chief Executive Officer, Cardio-Kinetics, Inc.; David Knutson, Director, Health System Studies, Park Nicollet Institute for Research and Education; Brian Lindberg, Executive Director, Consumer Coalition for Quality Health Care; Katherine Metzger, Director, Medicare and Medicaid Programs, Fallon Community Health Plan; Dr. Laurie Powers, Co-Director, Center on Self-Determination, Oregon Health Sciences University; Dr. Marlon Priest, Professor of Emergency Medicine, University of Alabama at Birmingham; Dr. Susan Reinhard, Co-Director, Center for State Health Policy, Rutgers University and Chairperson of the Advisory Panel on Medicare Education; Dr. Everard Rutledge, Vice President of Community

Health, Bon Secours Health Systems, Inc.; Dallas Salisbury, President and Chief Executive Officer, Employee Benefit Research Institute; Rosemarie Sweeney, Vice President, Socioeconomic Affairs and Policy Analysis, American Academy of Family Physicians; and Bruce Taylor, Director, Employee Benefit Policy and Plans, Verizon Communications.

The agenda for the May 11, 2004, meeting will include the following:

- Recap of the previous (February 5, 2004) meeting.
- Centers for Medicare & Medicaid Services Update/ Center for Beneficiary Choices Update.
- Medicare Modernization Act.
- Monitoring the Utilization of Drugs Through the Use of the Drug Card.
- Medicare Part D Benefit Overview.
- Public Comment.
- Listening Session with CMS Leadership.
- Next Steps.

Individuals or organizations that wish to make a 5 minute oral presentation on an agenda topic must submit a written copy of the oral presentation to Lynne Johnson, Health Insurance Specialist, Division of Partnership Development, Center for Beneficiary Choices, Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Mail stop S2-23-05, Baltimore, MD 21244-1850 or by e-mail at ljohnson3@cms.hhs.gov no later than 12 noon, May 4, 2004. The number of oral presentations may be limited by the time available. Individuals not wishing to make a presentation may submit written comments to Ms. Johnson by 12 noon, May 4, 2004. The meeting is open to the public, but attendance is limited to the space available.

Special Accommodation: Individuals requiring sign language interpretation or other special accommodations must contact Ms. Johnson at least 15 days before the meeting.

Authority: Sec. 222 of the Public Health Service Act (42 U.S.C. 217a) and sec. 10(a) of Pub. L. 92-463 (5 U.S.C. App. 2, sec. 10(a) and 41 CFR 102-3). (Catalog of Federal Domestic Assistance Program No. 93.733, Medicare—Hospital Insurance Program; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: April 8, 2004.

Mark B. McClellan,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 04-8833 Filed 4-22-04; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-4071-N2]

Medicare Program; Listening Sessions on Performance Measures for Public Reporting on the Quality of Hospital Care During April, May, and June 2004

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

ACTION: Notice of meeting.

SUMMARY: This notice announces dates and locations for five listening sessions to be held in various sites throughout the country to focus discussion on the next steps in the development of an expanded set of performance measures for public reporting on the quality of hospital care. Health care consumers, payers, plans, providers, purchasers, and other interested parties are invited to attend these sessions to present their individual views. The opinions and alternatives provided during these sessions will assist us in our collaboration with the National Voluntary Hospital Reporting Initiative, as well as in our other hospital quality reporting and improvement efforts. Attendance at the listening session is free and open to the public, but advance registration is strongly encouraged.

DATES: *Session Dates:* The dates, time, and location of the five listening sessions are as follows:

Tuesday, April 27, 2004 Time: 9 a.m. to 12 p.m. Location: Boston, MA. Site: Hilton Hotel-Logan Airport: 85 Terminal Road, Boston, MA 02128. Phone: (617) 568-6700. The notice announcing the April 27, 2004 Listening Session was previously published in the March 26, 2004 **Federal Register** (69 FR 15884).

Monday, May 17, 2004 Time: 1 p.m. to 5 p.m. Location: Orlando, FL. Site: Holiday Inn Hotel and Suites at Universal Orlando, 5905 Kirkman Road, Orlando, FL 32819. Phone: (407) 351-3333.

Tuesday, June 8, 2004 Time: 1 p.m. to 5 p.m. Location: Dallas, TX. Site: Cooper Guest Lodge, 12230 Preston Road, Dallas, TX 75230. Phone: (972)-386-0306.

Monday, June 14, 2004 Time: 1 p.m. to 5 p.m. Location: San Francisco, CA. Site: San Francisco Airport Marriott, 1800 Old Bayshore Highway, Burlingame, CA 94010. Phone: (650) 692-9100.

Monday, June 28, 2004 Time: 1 p.m. to 5 p.m. Location: Chicago, IL. Site: Oak Brook Marriott, 1401 West 22nd

Street, Oak Brook, IL 60523. Phone: (630) 573-8555.

Comment Deadline: We must receive written comments by July 30, 2004.

ADDRESSES: We will accept written comments or other statements, not to exceed three single-spaced, typed pages received by July 30, 2004. Send written comments, or other statements via mail to Lisa Lang, Centers for Medicare & Medicaid Services, Quality Measurement and Health Assessment Group, Mailstop S3-24-14, 7500 Security Boulevard, Baltimore, Maryland 21244-1850; or via email to llang@cms.hhs.gov.

FOR FURTHER INFORMATION CONTACT: Lisa Lang, (410) 786-1182. You may also send inquiries via email to llang@cms.hhs.gov.

SUPPLEMENTARY INFORMATION:

I. Background

In December 2002, the American Hospital Association (AHA), the Federation of American Hospitals (FAH), and the Association of American Medical Colleges (AAMC) joined the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and CMS in the development of the National Voluntary Hospital Reporting Initiative (NVHRI), a voluntary initiative to collect and report hospital quality performance information. This collaboration expanded to include the National Quality Forum (NQF), Agency for Healthcare Research and Quality (AHRQ), American Medical Association (AMA), Consumer-Purchaser Disclosure Project, American Association of Retired Persons (AARP), American Federation of Labor-Congress of Industrial Organizations (AFL-CIO), and other external stakeholders. The collaborators support this initiative as the beginning of an ongoing effort to make hospital performance information more accessible to the public, payers, and providers of care and to stimulate the adoption of quality improvement strategies. As part of the NVHRI, hospitals across the country are currently voluntarily reporting a "starter set" of 10 clinical performance measures for three clinical conditions (heart attack, heart failure, and pneumonia) on the CMS website (<http://www.cms.hhs.gov>).

In furtherance of this effort, we intend to engage the broad stakeholder community to identify its wishes for what should be included in an expanded set of measures for hospital public reporting. With input from the public and private sectors and from consumers, we will identify a set of measures that are both robust and of

high priority to these stakeholders. We are working closely with our collaborators in the NVHRI on this effort, and we will be joined in hosting several of the sessions by various collaborators, as well as local providers, purchasers, and consumer organizations.

The discussion at the listening sessions will draw upon, but not be limited to, priority areas for clinical quality performance measurement identified by the National Quality Forum, the Institute of Medicine, and others. We anticipate that these listening sessions will help identify priority areas for assessing clinical quality of care—some of which have performance measures that are ready for the immediate next phase of public reporting, and others in which measures will need refinement or final testing. We also expect that some areas of interest will require additional research and development. After reviewing the set of measures determined to be appropriate for public reporting, we will ask the National Quality Forum to formally consider any measures that it has not yet endorsed.

The listening sessions are a key element of the CMS Hospital Quality Initiative. The Hospital Quality Initiative uses a variety of tools to stimulate and support significant improvement in hospital care quality. The initiative aims to refine and standardize hospital data, data transmission, and performance measures to construct a quality of care measurement set for hospitals that is robust, prioritized, and widely used. Our ultimate goal is that all private and public purchasers, oversight and accrediting entities, payers, and providers of hospital care would voluntarily use the same measures in their public reporting activities.

Through the listening sessions, we expect to be able to identify a robust and comprehensive measure set for hospital public reporting, and thereby support the efforts of the NVHRI, as well as the CMS Quality Improvement Organization (QIO) program and other CMS hospital quality improvement and reporting efforts. The listening sessions will provide a unique opportunity to consult with a broad and diverse set of public and private stakeholders to assess the face validity and demand for measures to be proposed for the next and subsequent expansions of the current public reporting activity.

In advance of the meeting, participants may wish to consult the CMS Hospital Quality Initiative Website (<http://www.cms.hhs.gov/quality/hospital>) to learn more about the NVHRI

and other activities related to the CMS Hospital Quality Initiative. Participants may also wish to review relevant reports of the National Quality Forum (such as "National Voluntary Consensus Standards for Hospital Care: An Initial Performance Measure Set" and "Reaching the Tipping Point: Measuring and Reporting Quality Using the NQF-Endorsed Hospital Care Measures") and the Institute of Medicine (such as "Priority Areas for National Action Transforming Health Care Quality"). These reports are available on those organizations' websites.

More detailed information about this project and subsequent listening sessions, the Hospital Quality Initiative, the NVHRI, and other related activities may be found on our website at (<http://www.cms.hhs.gov/quality/hospital/>).

In the March 26, 2004 **Federal Register** (69 FR 15884), we published a notice announcing the April 27, 2004 listening session. In that notice, we stated that we would publish a subsequent notice announcing the dates and locations for the remaining listening sessions in the series.

II. Listening Session Format

We anticipate that the format for each listening session will be similar. First, we will describe our current activities related to public reporting of hospital quality measures, including the NVHRI. The next portion of the meeting will be reserved for a panel discussion and comments from key local stakeholders concerning public reporting activities and quality performance priorities. The last portion of the meeting will be reserved for comments, questions, and feedback from interested parties in attendance. Sessions in Orlando, FL., Dallas, TX., San Francisco, CA., and Chicago, IL. may also afford opportunities for smaller, more focused discussions of particular topics. To obtain the agenda for a particular listening session, please consult (<http://www.cms.hhs.gov/quality/hospital/>).

Time for participants to ask questions or offer comments will be limited according to the number of registered participants. Individuals who wish to offer comments need not indicate their interest in advance, but they should register for and attend the meeting.

We are interested in a national public dialogue on public reporting of hospital care performance beyond the ten measures currently included in the NVHRI. We believe that an active discussion will help us clearly identify the complementary and competing priorities and concerns of the various stakeholders interested in public reporting. Therefore, we are providing

an opportunity for those who are unable to attend the listening sessions in person to submit written comments to one of the addresses listed in the **ADDRESSES** section of this notice by July 30, 2004. We will not be able to respond personally to the written comments received. However, summaries of each listening session and written comments received will be posted on the CMS website at (<http://www.cms.hhs.gov/quality/hospital>).

III. Registration Instructions

The New York State Quality Improvement Organization, IPRO, is coordinating registration for all listening sessions. There is no registration fee to attend any of the sessions. You may register online by visiting the IPRO website at (<http://www.ipro.org>), or you may call 1-800-852-3685, ext. 258. You will receive a registration confirmation.

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

Dated: April 15, 2004.

Mark B. McClellan,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 04-8994 Filed 4-22-04; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-1363-N]

Medicare Program; May 17, 2004, Meeting of the Practicing Physicians Advisory Council

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

ACTION: Notice.

SUMMARY: In accordance with section 10(a) of the Federal Advisory Committee Act, this notice announces a meeting of the Practicing Physicians Advisory Council (the Council). The Council will be meeting to discuss certain proposed changes in regulations and carrier manual instructions related to physicians' services, as identified by the Secretary of the Department of Health and Human Services (the Secretary). This meeting is open to the public.

DATES: The meeting is scheduled for May 17, 2004, from 8:30 a.m. until 5 p.m. e.s.t.

ADDRESSES: The meeting will be held in Room 705A, 7th floor, at the Hubert H.

Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201.

Meeting Registration: Persons wishing to attend this meeting must contact John Lanigan, Council Coordinator, by e-mail at Jlanigan@cms.hhs.gov or by telephone at (410) 786-2312, at least 72 hours in advance to register. Persons not registered in advance will not be permitted into the Humphrey Building and will not be permitted to attend the meeting. Persons attending the meeting will be required to show a photographic identification, preferably a valid driver's license, before entering the building.

FOR FURTHER INFORMATION CONTACT: Kenneth Simon, M.D., Executive Director, Practicing Physicians Advisory Council, 7500 Security Blvd., Mail Stop C4-11-27, Baltimore, MD 21244-1850, telephone (410) 786-2312, or e-mail Ksimon@cms.hhs.gov. News media representatives must contact the CMS Press Office, (202) 690-6145. Please refer to the CMS Advisory Committees Information Line (1-877-449-5659 toll free)/(410-786-9379 local) or the Internet at <http://www.cms.hhs.gov/faca/ppac/default.asp> for additional information and updates on committee activities.

SUPPLEMENTARY INFORMATION: The Secretary of the Department of Health and Human Services (the Secretary) is mandated by section 1868 of the Social Security Act (the Act) to appoint a Practicing Physicians Advisory Council (the Council) based on nominations submitted by medical organizations representing physicians. The Council meets quarterly to discuss certain proposed changes in regulations and carrier manual instructions related to physicians' services, as identified by the Secretary. To the extent feasible and consistent with statutory deadlines, the consultation must occur before publication of the proposed changes. The Council submits an annual report on its recommendations to the Secretary and the Administrator of the Centers for Medicare & Medicaid Services not later than December 31 of each year.

The Council consists of 15 physicians, each of whom must have submitted at least 250 claims for physicians' services under Medicare in the previous year. Members of the Council include both participating and nonparticipating physicians, and physicians practicing in rural and underserved urban areas. At least 11 members of the Council must be physicians as described in section 1861(r)(1) of the Act; that is, State-licensed doctors of medicine or osteopathy. The remaining 4 members may include dentists, podiatrists, optometrists and chiropractors.

Members serve for overlapping 4-year terms; terms of more than 2 years are contingent upon the renewal of the Council by appropriate action prior to its termination. Section 1868(a) of the Act provides that nominations to the Secretary for Council membership must be made by medical organizations representing physicians.

The Council held its first meeting on May 11, 1992. The current members are: James Bergeron, M.D.; Ronald Castellanos, M.D.; Rebecca Gaughan, M.D.; Carlos R. Hamilton, M.D.; Dennis K. Iglar, M.D.; Joe Johnson, D.C.; Christopher Leggett, M.D.; Barbara McAneny, M.D.; Laura B. Powers, M.D.; Michael T. Rapp, M.D.; Robert L. Urata, M.D. Four new Council members will be sworn-in on May 17, 2004. The new nominees to be sworn-in are Jose Azocar, M.D.; Peter Grimm, D.O.; Geraldine O'Shea, D.O.; and Anthony Senagore, M.D.

The meeting will commence with a status report and discussion on prior meeting recommendations. Additionally, updates will be provided on the Health Insurance Portability and Accountability Act, Physicians Regulatory Issues Team, and Competitive Bidding. Council updates will be followed by discussion and comment on the following agenda topics:

- Enrollment and PECOS.
- Medical Care for Undocumented Aliens.
- SNF Consolidated Billing.
- Medicare Graduate Medical Education Payment.

For additional information and clarification on these topics, contact the Executive Director, listed under the **FOR FURTHER INFORMATION CONTACT** section of this notice. Individual physicians or medical organizations that represent physicians wishing to make a 5-minute oral presentation on agenda issues must contact the Executive Director by 12 noon, May 7, 2004, to be scheduled. Testimony is limited to agenda topics only. The number of oral presentations may be limited by the time available. A written copy of the presenter's oral remarks must be submitted to John Lanigan, Council Coordinator, no later than 12 noon, May 7, 2004, for distribution to Council members for review prior to the meeting. Physicians and medical organizations not scheduled to speak may also submit written comments to the Administrative Officer for distribution. The meeting is open to the public, but attendance is limited to the space available.

Special Accommodations: Individuals requiring sign language interpretation or other special accommodation must