

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Meeting of the Citizens' Health Care Working Group

AGENCY: Agency for Healthcare Research and Quality (AHRQ).

ACTION: Notice of public meeting.

SUMMARY: In accordance with section 10(a) of the Federal Advisory Committee Act, this notice announces the first meeting of the Citizens' Health Care Working Group mandated by section 1014 of the Medicare Modernization Act.

DATES: The meeting will be held on Wednesday, May 11 and Thursday, May 12, 2005 from 8:30 a.m. to 5 p.m. and Friday, May 13, 2005 from 8:30 a.m. to 3:30 p.m.

ADDRESSES: The meeting will be held at the Hampton Inn & Suites Reagan National Airport, 2000 Jefferson Davis Highway, Arlington, Virginia. The meeting is open to the public.

FOR FURTHER INFORMATION CONTACT: Ken Cohen, Citizens' Health Care Working Group, at (301) 443-1489 or citizenshealth@ahrq.gov. If sign language interpretation or other reasonable accommodation for a disability is needed, please contact Mr. Donald L. Inniss, Director, Office of Equal Employment Opportunity Program, Program Support Center, on (301) 443-1144 no later than May 2, 2005.

The agenda and roster will be available on the Citizens' Health Care Working Group Web site, www.citizenshealth.ahrq.gov, which will be operational in early May. When a transcription of the Working Group's April 11 and 12 meeting is completed, it will be made available on the website.

SUPPLEMENTARY INFORMATION: Section 1014 of Public Law 108-173, the Medicare Modernization Act (42 U.S.C. 299 note) directs the Secretary of the Department of Health and Human Services (DHHS), acting through the Agency for Healthcare Research and Quality, to establish a Citizens' Health Care Working Group (Working Group). The statute charges the Working Group to: (1) Identify options for changing our health care system so that every American has the ability to obtain quality, affordable health care coverage; (2) provide for a nationwide public debate about improving the health care system; and (3) submit their recommendations to the President and the Congress.

The Citizens' Health Care Working Group is composed of 15 members: the Secretary of DHHS is designated as a member by the statute and the Comptroller General of the U.S. Government Accountability Office (GAO) is directed to appoint the remaining 14 members. The Comptroller General announced the 14 appointments on February 28, 2005. A list of the Working Group members is available on the GAO Web site (<http://www.gao.gov>).

Agenda

This meeting will include three components: (1) Briefings for the Working Group on aspects of the health care system that the statute requires then to address; (2) hearings on two broad topics, the uninsured and drivers of health care costs; and (3) a portion of each day will be devoted to ongoing Working Group business.

The briefings will address the following topics: overview of the health care system, public insurance programs (Medicare, Medicaid, and State Childrens' Health Insurance Program), the private health insurance market, the uninsured, and drivers of health care costs.

The hearings portion of the meeting is expected to address the following issues: public and private sector initiatives to expand health insurance coverage and public or private sector initiatives to control costs.

The business portions of the meeting on each day will include discussions of future field hearings, the required Report of the American People, and begin the discussion of approaches for conducting the community meetings required by the statute.

The official agenda will be available on the Working Group's website.

Submission of Written Information

Individuals or organizations wishing to provide written information for consideration by the Working Group should submit information electronically to citizenshealth@ahrq.gov. Targeted but separate submissions that address the following topics are encouraged: (1) The issues that will be addressed to the May meeting; (2) the issues that the statute requires the Report to the American People to address; (3) examples of innovative public or private sector initiatives to address the issues that the statute requires the hearings or Report to address; or (4) approaches that the Working Group should consider in developing the strategies and framework for the community meetings envisioned in the statute. If an individual or organization wishes to address more

than one of these topics, separate submissions are requested. Because all electronic submissions will be posted on the Working Group web site, separate submissions will facilitate review of ideas submitted on each topic by the Working Group and the public.

Dated: April 25, 2005.

Carolyn M. Clancy,

Director.

[FR Doc. 05-8533 Filed 4-28-05; 8:45 am]

BILLING CODE 4160-90-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10123 & 10124, CMS-21/21B, CMS-64, CMS-R-43, CMS-R-209, and CMS-R-245]

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

AGENCY: Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this 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 function; (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:* New Collection; *Title of Information Collection:* Expedited Review notices and Supporting Regulations contained in 42 CFR 405.1200 and 405.1202; *Use:* These notices are used to inform beneficiaries that their provider services will end, and to provide beneficiaries who request an expedited determination with detailed information of why the services should end. This application requests approval of an information collection associated with CMS-4004-FC, [Medicare Program: Expedited Determination Procedures for Provider

Service Terminations.] The rule provides for an expedited appeal when a Medicare beneficiary receives notice from a provider of services that his or her Medicare covered services will be terminated. The rule allows beneficiaries to request an expedited determination by a Quality Improvement Organization on whether such services should continue. Providers affected by the rule include home health agencies, comprehensive outpatient rehabilitation facilities, and hospices; *Form Numbers*: CMS-10123 & 10124 (OMB# 0938-NEW); *Frequency*: On occasion; *Affected Public*: Individuals or Households, Business or other for-profit, and Not-for-profit institutions; *Number of Respondents*: 4,200,000; *Total Annual Responses*: 4,200,000; *Total Annual Hours*: 379,400.

2. *Type of Information Request*: Extension of a currently approved collection; *Title of Information Collection*: Quarterly Children's Health Insurance Program (CHIP) Statement of Expenditures for Title XXI; *Use*: States use forms CMS-21 and CMS-21B to report budget, expenditure, and related statistical information required for implementation of the Children's Health Insurance Program. The information provided by these forms is used by CMS to prepare the grant awards to States for the Medicaid and CHIP programs, to ensure that the appropriate level of Federal payments for State expenditures under the Medicaid program and CHIP are made in accordance with the CHIP related Balanced Budget Act legislation provisions, and to track, monitor, and evaluate the numbers of related children being served by the Medicaid and CHIP programs; *Form Number*: CMS-21 and CMS-21B (OMB# 0938-0731); *Frequency*: Quarterly; *Affected Public*: State, local or tribal government; *Number of Respondents*: 56; *Total Annual Responses*: 448; *Total Annual Hours*: 7,840.

3. *Type of Information Request*: Extension of a currently approved collection; *Title of Information Collection*: Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program; *Use*: The State Medicaid agencies use the form CMS-64 for the Medical Assistance Program to report their actual program benefit costs and administrative expenses to CMS. CMS uses this information to compute the Federal financial participation for the State's Medicaid Program costs; *Form Number*: CMS-64 (OMB# 0938-0067); *Frequency*: Quarterly; *Affected Public*: State, Local or Tribal Government; *Number of Respondents*: 56; *Total Annual*

Responses: 224; *Total Annual Hours*: 18,144.

4. *Type of Information Request*: Extension of a currently approved collection; *Title of Information Collection*: Conditions of Participation for X-ray Suppliers and Supporting Regulations in 42 CFR 486.104, 486.106, and 486.110; *Use*: The information is required to certify portable X-ray suppliers wishing to participate in the Medicare program. The information collection is needed to determine if portable X-ray suppliers are in compliance with published health and safety requirements. This is standard medical practice and is necessary in order to ensure the well-being and safety of patients and professional treatment accountability; *Form Number*: CMS-R-43 (OMB# 0938-0338); *Frequency*: Recordkeeping; *Affected Public*: Business or other for-profit, Not-for-profit institutions; *Number of Respondents*: 602; *Total Annual Responses*: 602; *Total Annual Hours*: 1,505.

5. *Type of Information Collection Request*: Extension of a currently approved collection; *Title of Information Collection*: Medicare and Medicaid: Use and Reporting OASIS Data as Part of the Conditions of Participation (CoPs) for Home Health Agencies (HHAs) and Supporting Regulations in 42 CFR 484.11 and 484.20; *Use*: HHAs are required to report data from the OASIS as a condition of participation. Specifically, the above named regulation sections provide guidelines for HHAs for the electronic transmission of the OASIS data as well as responsibilities of the State agency or OASIS contractor in collecting and transmitting this information to CMS. These requirements are necessary to achieve broad-based, measurable improvement, in the quality of care furnished through Federal programs, and to establish a prospective payment system for HHAs; *Form Numbers*: CMS-R-209 (OMB# 0938-0761); *Frequency*: Monthly; *Affected Public*: Business or other for-profit, Not-for-profit institutions, Federal Government, and State, Local or Tribal Government; *Number of Respondents*: 7,582; *Total Annual Responses*: 93,621; *Total Annual Hours*: 921,271.

6. *Type of Information Collection Request*: Extension of a currently approved collection; *Title of Information Collection*: Medicare and Medicaid Programs OASIS Collection Requirements as Part of the Conditions of Participation for Home Health Agencies (HHAs) and Supporting Regulations in 42 CFR 484.55, 484.205,

484.245, 484.250; *Use*: Type of Information Collection Request: Extension of a currently approved collection; *Title of Information Collection*: Medicare and Medicaid Programs OASIS Collection Requirements as Part of the Conditions of Participation for Home Health Agencies (HHAs) and Supporting Regulations in 42 CFR 484.55, 484.205, 484.245, 484.250; *Use*: This collection requires HHAs to use a standard core assessment data set, the OASIS, to collect information and to evaluate adult non-maternity patients. In addition, data from the OASIS will be used for purposes of case-mix adjusting patients under home health PPS, and will facilitate the production of necessary case-mix information at relevant time intervals in the patient's home health stay. Modifications were previously made to the OASIS forms to allow for the preservation of masking of personally identifiable information for the non-Medicare/non-Medicaid individuals.; *Form Numbers*: CMS-R-245 (OMB# 0938-0760); *Frequency*: Other "Upon patient assessment"; *Affected Public*: Business or other for-profit, Not-for-profit institutions, Federal Government, and State, Local or Tribal Government; *Number of Respondents*: 7,582; *Total Annual Responses*: 10,156,569; *Total Annual Hours*: 8,556,995.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS Web site address at <http://www.cms.hhs.gov/regulations/pr/>, or E-mail your request, including your address, phone number, OMB number, and CMS document identifier, to Paperwork@cms.hhs.gov, or call the Reports Clearance Office on (410) 786-1326.

Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the OMB desk officer: OMB Human Resources and Housing Branch, Attention: Christopher Martin, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: April 22, 2005.

Michelle Shortt,

Acting Director, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 05-8712 Filed 4-28-05; 8:45 am]

BILLING CODE 4120-01-P