

election period, which will run from October 1, 2007 to November 15, 2007.

Completed and signed forms must be returned by mail to the physician's local carrier (the carrier that processes the physician's Part B claims). Forms must be postmarked no later than June 15, 2007. Additional details about CAP physician election will be available on the CMS Web site at http://www.cms.hhs.gov/CompetitiveAcquisforBios/02_infophys.asp#TopOfPage.

Authority: Section 1847B(a)(5)(A)(i) of the Social Security Act (42 U.S.C.) (No. 93.774, Medicare—Supplementary Medical Insurance Program).

Dated: February 15, 2007.

Leslie V. Norwalk,

Acting Administrator, Centers for Medicare & Medicaid Services.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-1544-N]

Program; Public Meetings in Calendar Year 2007 for All New Public Requests for Revisions to the Healthcare Common Procedure Coding System (HCPCS) Coding and Payment Determinations

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

ACTION: Notice.

SUMMARY: This notice announces the dates, time, and location of the Healthcare Common Procedure Coding System (HCPCS) public meetings to be held in calendar year 2007 to discuss our preliminary coding and payment determinations for all new public requests for revisions to the HCPCS. These meetings provide a forum for interested parties to make oral presentations or to submit written comments in response to preliminary coding and payment determinations. Discussion will be directed toward responses to our specific preliminary recommendations and will include all items on the public meeting agenda.

DATES: *Meeting Dates:* The following are the 2007 HCPCS public meeting dates:

1. Tuesday, May 1, 2007, 9 a.m. to 5 p.m., e.s.t. (Supplies and Other)
2. Wednesday, May 2, 2007, 9 a.m. to 5 p.m., e.s.t. (Supplies and Other)
3. Thursday, May 3, 2007, 9 a.m. to 5 p.m., e.s.t. (Durable Medical Equipment (DME) and Accessories).

4. Tuesday, May 15, 2007, 9 a.m. to 5 p.m., e.s.t. (Drugs/Biologicals/Radiopharmaceuticals/Radiologic Imaging Agents)

5. Wednesday, May 16, 2007, 9 a.m. to 5 p.m., e.s.t. (Drugs/Biologicals/Radiopharmaceuticals/Radiologic Imaging Agents)

6. Tuesday, May 22, 2007, 9 a.m. to 5 p.m., e.s.t. (Orthotics and Prosthetics)

7. Wednesday, May 23, 2007, 9 a.m. to 5 p.m., e.s.t. (Orthotics and Prosthetics)

The product category reported by the meeting participant may not be the same as that assigned by CMS. All meeting participants are advised to review the public meeting agenda at <http://www.cms.hhs.gov/medhpcpsgeninfo> which identifies our category determinations, and the dates each item will be discussed. Draft agendas, including a summary of each request and CMS' preliminary decision will be posted on our HCPCS Web site at <http://www.cms.hhs.gov/medhpcpsgeninfo> at least 1 month before each meeting.

Registration Deadlines: Individuals must register for each date they plan either to attend or to provide a presentation. For the May 1, 2, and 3, 2007 public meeting dates, the deadline for registration is April 24, 2007; for the May 15 and 16, 2007 public meeting, the deadline for registration is May 8, 2007; for the May 22 and 23, 2007 public meetings, the deadline for registration is May 15, 2007.

Deadlines for Submission of Supporting Material: The deadline for submitting materials and writings that will be used in support of an oral presentation are: Public meetings held on May 1, 2, and 3, 2007, the deadline is April 17, 2007; public meetings held on May 15 and 16, 2007, the deadline is May 1, 2007; public meeting held on May 22 and 23, 2007, the deadline is May 8, 2007.

ADDRESSES: *Meeting Location:* The public meetings will be held in the main auditorium of the central building of the Centers for Medicare and Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244-1850

Registration and Special Accommodations: Individuals wishing to participate or who need special accommodations or both must register by completing the on-line registration located at <http://www.cms.hhs.gov/medhpcpsgeninfo>; or by contacting Felicia Eggleston at (410)786-9287; felicia.eggleston@cms.hhs.gov or Gloria Knight at (410)786-4598; Gloria.Knight@cms.hhs.gov, for the meetings for May 1, May 2, May 3, 2007 meetings.

For the May 15, May 16, May 22, and May 23, 2007 meetings, contact Jennifer Carver at (410)786-6610; Jennifer.Carver@cms.hhs.gov or Trish Brooks at (410)786-4561; Trish.Brooks@cms.hhs.gov.

FOR FURTHER INFORMATION CONTACT: Jennifer Carver, 410-786-6610 or Jennifer.carver@cms.hhs.gov.

SUPPLEMENTARY INFORMATION:

I. Background

On December 21, 2000, the Congress passed the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA) (Pub. L. 106-554). Section 531(b) of BIPA mandated that we establish procedures that permit public consultation for coding and payment determinations for new durable medical equipment (DME) under Medicare Part B of title XVIII of the Social Security Act (the Act). The procedures and public meetings announced in this notice for new DME are in response to the mandate of section 531(b) of BIPA.

We published a notice in the November 23, 2001 **Federal Register** (66 FR 58743) providing information regarding the establishment of the public meeting process for DME. It is our intent to distribute any materials submitted to CMS to the HCPCS workgroup members for their consideration. CMS and the HCPCS workgroup members require sufficient preparation time to review all relevant materials. For this reason, our HCPCS Public Meeting Coordinators will only accept and review presentation materials received by the deadline for each public meeting, as specified in the **DATES** section. Therefore, we are implementing a 10-page submission limit and firm deadlines for receipt of any materials and presentations the meeting participant wishes CMS to consider.

The public meeting process provides an opportunity for the public to become aware of coding changes under consideration, as well as an opportunity for CMS to gather public input.

II. Meeting Registration

The following information must be provided when registering: Name, company name and address, telephone and fax numbers, e-mail address, and special needs information. A CMS staff member will confirm your registration by mail, e-mail, or fax.

A. Registration Process for Primary Speakers

Individuals must also indicate whether they are the "primary speaker"

for an agenda item. Primary speakers must be designated by the entity that submitted the HCPCS coding request. When registering, primary speakers must provide a brief written statement regarding the nature of the information they intend to provide, and advise the HCPCS Public Meeting Coordinator regarding needs for audio/visual support. To avoid disruption of the meeting and ensure compatibility with our systems, tapes and disk files are tested and arranged in speaker sequence well in advance of the meeting. We will accept tapes and disk files that are received by the "Submission Deadline" for each public meeting, as specified in the **DATES** section of this notice. The sum of all materials including presentation may not exceed 10 pages (each side of a page counts as 1 page). An exception will be made to the 10-page limit for relevant studies published between the application deadline and the public meeting date, in which case, we would like a copy of the complete publication as soon as possible.

These materials may be delivered by regular mail or by e-mail to the respective HCPCS Public Meeting Coordinators as specified in the **ADDRESSES** section. Individuals will need to provide 35 copies if materials are delivered by mail.

B. Registration Process for 5-Minute Speakers

In order to afford the same opportunity to all attendees, there is no pre-registration for 5-minute speakers. Attendees can sign up only on the day of the meeting to do a 5-minute presentation. They must provide their name, company name and address, contact information as specified on the sign-up sheet, and identify the specific agenda item that they will address.

C. Additional Registration Information

Additional details regarding the public meeting process for all new public requests for revisions to the HCPCS, along with information on how to register and guidelines for an effective presentation, will be posted at least 1 month before the first meeting date on the HCPCS Web site: <http://www.cms.hhs.gov/medhpcsgeninfo>. Individuals who intend to provide a presentation at a public meeting need to familiarize themselves with the HCPCS Web site and the valuable information it provides to prospective registrants. The HCPCS Web site, also contains a document titled "The Healthcare Common Procedure Coding System (HCPCS) Level II Coding Procedures," which is a description of the HCPCS coding process, including a detailed

explanation of the procedures used to make coding and payment determinations for all the products, supplies, and services that are coded in the HCPCS. A summary of each public meeting will be posted on the HCPCS Web site by the end of August 2007.

III. Presentations and Comment Format

We can only estimate the amount of meeting time that will be needed since it is difficult to anticipate the total number of speakers for each meeting. Meeting participants should arrive early since each meeting is anticipated to begin promptly at 9 a.m. Speakers need to arrive prepared and wait until it is their turn to speak. Meetings may end earlier than the stated ending time.

A. Oral Presentation Procedures

Individuals who are planning to provide an oral presentation must register as provided under the section titled "Meeting Registration." Materials and writings that will be used in support of an oral presentation should be submitted to the HCPCS Public Meeting Coordinators as specified in the **DATES** section.

These materials may be delivered by regular mail (postmark date no later than deadline date) or by e-mail to the respective HCPCS Public Meeting Coordinators specified in the **ADDRESSES** section. Individuals will need to include 35 copies if materials are delivered by mail.

B. Primary Speaker Presentations

The individual or entity requesting revisions to the HCPCS coding system for a particular agenda item may designate one "primary speaker" to make a presentation for a maximum of 15 minutes. Fifteen minutes is the total time interval for the presentation, and the presentation must incorporate the demonstration, set-up, and distribution of material. In establishing the public meeting agenda, we may group multiple, related requests under the same agenda item. In that case, we will decide whether additional time will be allotted, and may opt to increase the amount of time allotted to the speaker by increments of less than 15 minutes.

We will post "Guidelines for Participation in Public Meetings for All New Public Requests for Revisions to the Healthcare Common Procedure Coding System (HCPCS) Coding and Payment Determinations" on the official HCPCS Web site at least a month before the first public meeting in 2007 for all new public requests for revisions to the HCPCS. Individuals designated to be the primary speaker must register to attend the meeting using the registration

procedures described under the section titled "Meeting Registration" and, at least 15 days before the meeting, contact the appropriate HCPCS Public Meeting Coordinators, specified in the **ADDRESSES** section.

C. "5-Minute" Speaker Presentations

Meeting attendees can sign up at the meeting, on a first-come, first-served basis, to make 5-minute presentations on individual agenda items. Based on the number of items on the agenda and the progress of the meeting, a determination will be made at the meeting by the meeting coordinator and the meeting moderator regarding how many 5-minute speakers can be accommodated.

D. Speaker Declaration

On the day of the meeting, before the end of the meeting, all primary speakers and 5-minute speakers must provide a brief written summary of their comments and conclusions to the HCPCS Public Meeting Coordinator.

The primary speakers and the 5-minute speakers must declare in their presentations at the meeting, as well as in their written summaries, whether they have any financial involvement with the manufacturers or competitors of any items or services being discussed; this includes any payment, salary, remuneration, or benefit provided to that speaker by the manufacturer or the manufacturer's representatives.

E. Written Comments From Meeting Attendees

Written comments can be submitted either the before or at the meeting via e-mail to <http://www.cms.hhs.gov/medhpcsgeninfo> or via regular mail to the HCPCS Public Meeting Coordinator, Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Mail Stop C5-08-27, Baltimore, MD 21244. Due to the close timing of the public meetings, subsequent workgroup reconsiderations, and final decisions, we are able to consider only those comments received in writing by the close of the public meeting at which the request is discussed. Written comments to this address are also accepted from the general public anytime up to the date of the public meeting at which a request is discussed.

IV. Security, Building, and Parking Guidelines

The meetings are held in a Federal government building; therefore, Federal security measures are applicable. In planning your arrival time, we recommend allowing additional time to clear security. In order to gain access to

the building and grounds, participants must bring government-issued photo identification and a copy of your written meeting registration confirmation. Persons without proper identification will be denied access.

Individuals who are not registered in advance will not be permitted to enter the building and will be unable to attend the meeting. The public may not enter the building earlier than 45 minutes before the convening of the meeting each day.

Security measures will also include inspection of vehicles, inside and outside, at the entrance to the grounds and buildings. In addition, all persons entering the building must pass through a metal detector. All items brought to CMS are subject to inspection. We cannot assume responsibility for coordinating the receipt, transfer, transport, storage, set-up, safety, or timely arrival of any personal belongings or items used for demonstration or to support a presentation. Special arrangements and approvals are required in order to bring pieces of equipment or medical devices at least two weeks prior to each public meeting. These arrangements need to be made with the appropriate public meeting coordinator. It is possible that certain requests, made in advance, of the public meeting could be denied because of unique safety, security or handling issues related to the equipment. A minimum of two weeks is required for approvals and security procedures. Any request not submitted at least two weeks in advance of the public meeting will be denied.

Parking permits and instructions are issued upon arrival by the guards at the main entrance.

All visitors must be escorted in areas other than the lower and first-floor levels in the Central Building.

Authority: Section 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 42 U.S.C. 1395hh).

Dated: January 29, 2007.

Leslie V. Norwalk,

Acting Administrator, Centers for Medicare & Medicaid Services.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-1383-N2]

Medicare Program; Listening Session on the Draft Plan for Medicare Hospital Value-Based Purchasing—April 12, 2007

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

ACTION: Notice of meeting.

SUMMARY: This notice announces the second Listening Session being conducted as part of the development of a plan for Medicare hospital value-based purchasing, as authorized by section 5001(b) of the Deficit Reduction Act of 2005 (Pub. L. 109-171) (DRA). The purpose of the second Listening Session is to solicit comments on the Draft Plan that has been developed. Hospitals, hospital associations, and all interested parties are invited to attend and make comments in person. The perspectives expressed during this session and in writing will assist us in making revisions to the Draft Plan to create the final Medicare Hospital Value-Based Purchasing Plan to be completed by June 2007. The Draft Plan will be posted no later than March 22, 2007 on the CMS Web site, Hospital Center, under Spotlights at <http://www.cms.hhs.gov/center/hospital.asp>.

DATES:

Meeting Date: The listening session will be held on Thursday, April 12, 2007 from 10 a.m. until 5 p.m. e.d.t.

Registration and Request for Special Accommodations Deadline: Registration will open February 26, 2007. For security reasons, registration must be completed no later than 5 p.m. e.d.t. on Thursday, April 9, 2007. Requests for special accommodations must be received by 5 p.m. e.d.t. on Thursday, April 9, 2007. See Section III. below for detailed instructions.

Deadline for Submission of Written Comments or Statements: Written comments on the Draft Plan may be sent by mail, fax, or electronically and must be received by 5 p.m. e.d.t. on April 19, 2007.

ADDRESSES:

Meeting Location: The Listening Session will be held in the main auditorium of the central building of the Centers for Medicare and Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244-1850.

Registration and Special Accommodations: Persons interested in

attending the meeting or listening by teleconference must register by completing the on-line registration located at <http://registration.mshow.com/cms2/>. Individuals who need special accommodations should contact Robin Phillips at (410) 786-3010, by e-mail to robin.phillips@cms.hhs.gov, or by regular mail to Mail Stop C4-13-07 Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244-1850.

Written Comments or Statements: Written comments on the Draft Plan may be mailed to Mail Stop C4-13-07 Centers for Medicare and Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244; e-mail to cmshospitalVBP@cms.hhs.gov or fax to 410-786-0330.

FOR FURTHER INFORMATION CONTACT: Robin Phillips, 410-786-3010 in the Medicare Feedback Group. You may also send inquires about this meeting via e-mail to robin.phillips@cms.hhs.gov.

SUPPLEMENTARY INFORMATION:

I. Background

Section 5001(b) of the Deficit Reduction Act of 2005 (Pub. L. 109-171) (DRA) specifies that we develop a plan to implement a Value-Based Purchasing (VBP) Program for payments under the Medicare program for subsection (d) hospitals (as defined in section 1886(d)(1)(B) of the Social Security Act) beginning with FY 2009. The Congress specified that the "plan" include consideration of the following issues:

- The ongoing development, selection, and modification process for measures of quality and efficiency in hospital inpatient settings.
- The reporting, collection, and validation of quality data.
- The structure of value-based payment adjustments, including the determination of thresholds or improvements in quality that would substantiate a payment adjustment, the size of such payments, and the sources of funding for the value-based payments.
- The disclosure of information on hospital performance.

In developing the plan, we must consult with relevant affected parties and consider experience with demonstrations that are relevant to the VBP program. We have created an internal Hospital Pay-for-Performance Workgroup that is charged with developing the VBP Plan for Medicare hospital services. This Workgroup is organized into four subgroups to address each of the required planning