

Medicare Provider #107920

Effective Date 3/9/06

Enloe Medical Center
1531 Esplanade
Chico, CA 95926
Medicare Provider #050039

Northwest Medical Center—Washington
County

609 W. Maple Avenue
Springdale, AR 72764
Medicare Provider #040022

Effective Date 3/13/06

Northwest Medical Center—Bentonville
3000 Medical Center Parkway
Bentonville, AR 72712
Medicare Provider #040138

St. Rose Dominican Hospitals, Siena Campus
3001 St. Rose Parkway
Henderson, NV 89052
Medicare Provider #290045

Effective Date 3/20/06

Bayshore Community Hospital
727 North Beers Street
Holmdel, NJ 07733
Medicare Provider #310112

JFK Medical Center
65 James Street
Edison, NJ 08818
Medicare Provider #310108

Lakewood Regional Medical Center
P.O. Box 6070

3700 East South Street
Lakewood, CA 90712
Medicare Provider #050581

Memorial Hospital of Burlington
252 McHenry Street
P.O. Box 400

Burlington, WI 53105-0400
Medicare Provider #520059

Methodist Heart Hospital
7700 Floyd Curl Drive
San Antonio, TX 78229
Medicare Provider #450388

Methodist Specialty and Transplant Hospital
8026 Floyd Curl Drive
San Antonio, TX 78229
Medicare Provider #450388

Muhlenberg Regional Medical Center
Park Avenue & Randolph Road

Plainfield, NJ 07061
Medicare Provider #310063

Effective Date 3/23/06

Danbury Hospital
24 Hospital Avenue
Danbury, CT 06810
Medicare Provider #070033

Lake Hospital System, Inc.
10 East Washington Street
Painesville, OH 44077-3472
Medicare Provider #360098

Sinai Hospital of Baltimore
2401 West Belvedere Avenue
Baltimore, MD 21215-5271
Medicare Provider #210012

Sutter General Hospital dba Sutter Memorial
Hospital

5151 F Street
Sacramento, CA 95819
Medicare Provider #050108

Valley Hospital Medical Center
620 Shadow Lane
Las Vegas, NV 89106
Medicare Provider #290021

Warren Hospital
185 Roseberry Street
Phillips, NJ 08865
Medicare Provider #310060

Effective Date 3/28/06

Aurora Medical Center—Kenosha
10400 75th Street
Kenosha, WI 53142-7884
Medicare Provider #520189

Caritas Good Samaritan Medical Center
235 N. Pearl Street
Brockton, MA 02301
Medicare Provider #220111

Medical City Dallas Hospital
7777 Forest Lane
Dallas, TX 75230
Medicare Provider #450647

Southeast Missouri Hospital
1701 Lacey Street
Cape Girardeau, MO 63701
Medicare Provider #260110

St. Joseph Hospital
360 Broadway
P.O. Box 403
Bangor, ME 04402-0403
Medicare Provider #200001

[FR Doc. 06-5486 Filed 6-22-06; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-1295-N]

Medicare Program; Second Biannual Meeting of the Advisory Panel on Ambulatory Payment Classification (APC) Groups—August 23, 24, and 25, 2006

AGENCY: Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (DHHS).

ACTION: Notice.

SUMMARY: In accordance with section 10(a) of the Federal Advisory Committee Act (FACA) (5 U.S.C. Appendix 2), this notice announces the second biannual meeting of the Advisory Panel on Ambulatory Payment Classification (APC) Groups (the Panel) for 2006. 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) concerning the clinical integrity of the APC groups and their associated weights. The advice provided by the Panel will be considered as we prepare the final rule that updates the

hospital Outpatient Prospective Payment System (OPPS) for CY 2007.

DATES: Meeting Dates: The second biannual meeting for 2006 is scheduled for the following dates and times:

- Wednesday, August 23, 2006, 1 p.m. to 5 p.m. (e.d.t.).
- Thursday, August 24, 2006, 8 a.m. to 5 p.m. (e.d.t.).
- Friday, August 25, 2006, 8 a.m. to 12 noon (e.d.t.).

Note: ¹ We anticipate that there will be a meeting on Friday, August 25, 2006. However, if the business of the Panel concludes on Thursday, August 24, 2006, the Panel will not meet on August 25, 2006.

² The times listed above are approximate times; consequently, the meetings may last longer than listed above.

Deadlines:

Deadline for Hardcopy Comments/Suggested Agenda Topics—5 p.m. (e.d.t.), Wednesday, August 2, 2006.

Deadline for Hardcopy Presentations—5 p.m. (e.d.t.), Wednesday, August 2, 2006.

Deadline for Attendance Registration—5 p.m. (e.d.t.), Wednesday, August 9, 2006.

Deadline for Special Accommodations—5 p.m. (e.d.t.), Wednesday, August 9, 2006.

Submission of Materials to the Designated Federal Officer (DFO):

Because of staffing and resource limitations, we cannot accept written comments and presentations by FAX, nor can we print written comments and presentations received electronically for dissemination at the meeting.

Only hardcopy comments and presentations can be reproduced for public dissemination. All hardcopy presentations *must be accompanied by Form CMS-20017*. The form is now available through the CMS Forms Web site. The URL for linking to this form is as follows: <http://www.cms.hhs.gov/cmsforms/downloads/cms20017.pdf>.

We are also requiring electronic versions of the written comments and presentations (in addition to the hardcopies), so we can send them electronically to the Panel members for their review before the meeting.

Consequently, *you must send BOTH electronic and hardcopy versions of your presentations and written comments by the prescribed deadlines*. (Electronic transmission must be sent to the e-mail address below, and hardcopies—accompanied by Form CMS-20017—must be mailed to the Designated Federal Officer [DFO], as specified in the **FURTHER FURTHER INFORMATION CONTACT** section of this notice.)

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

FOR FURTHER INFORMATION CONTACT: For inquiries regarding the meeting; meeting registration; and hardcopy submissions of oral presentations, agenda items, and comments, please contact the DFO:

Shirl Ackerman-Ross, DFO, CMS, CMM, HAPG, DOC, 7500 Security Boulevard, Mail Stop C4-05-17, Baltimore, MD 21244-1850. Phone: (410) 786-4474.*

(***Note:** When delivering hardcopies of presentations, if no one answers at the above phone number, please call (410) 786-4532.)

- E-mail address for comments, presentations, and registration requests is APCPanel@cms.hhs.gov.
- News media representatives must contact our Public Affairs Office at (202) 690-6145.

Advisory Committees' Information Lines: The phone numbers for the CMS Federal Advisory Committee Hotline are 1-877-449-5659 (toll free) and (410) 786-9379 (local).

Web Sites: Please search the CMS Web site at http://www.cms.hhs.gov/FACA/05_AdvisoryPanelonAmbulatoryPaymentClassificationGroups.asp#TopOfPage in order to obtain the following:

- Additional information on the APC meeting agenda topics,
- Updates to the Panel's activities,
- Copies of the current Charter, and
- Membership requirements.

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 Act, as amended and redesignated by sections 201(h) and 202(a)(2) of the Medicare, Medicaid, and SCHIP Balanced Budget Refinement Act of 1999 (BBRA) (Pub. L. 106-113), respectively, to establish and consult with an expert, outside advisory panel on Ambulatory Payment Classification (APC) groups. The APC Panel meets up to three times annually to review the APC groups and to provide technical advice to the Secretary and the Administrator concerning the clinical integrity of the groups and their associated weights. All members must have technical expertise that enables them to participate fully in the work of the Panel. The expertise encompasses hospital payment systems, hospital medical-care delivery systems, outpatient payment requirements, APCs, Current Procedural Terminology (CPT) codes, and the use and payment of

drugs and medical devices in the outpatient setting, as well as other forms of relevant expertise. Details regarding membership requirements for the APC Panel can be found on the CMS Web site as listed above under Web sites.

We will consider the technical advice provided by the Panel as we prepare the final rule that updates the hospital Outpatient Prospective Payment System (OPPS) for CY 2007.

The Panel presently consists of the following members:

- E.L. Hambrick, M.D., J.D., Chair.
- Marilyn Bedell, M.S., R.N., O.C.N.
- Gloryanne Bryant, B.S., R.H.I.A., R.H.I.T., C.C.S.
- Albert Brooks Einstein, Jr., M.D., F.A.C.P.
- Hazel Kimmel, R.N., C.C.S., C.P.C.
- Sandra J. Metzler, M.B.A., R.H.I.A., C.P.H.Q.
- Thomas M. Munger, M.D., F.A.C.C.
- Frank G. Opelka, M.D., F.A.C.S.
- Louis Potters, M.D., F.A.C.R.
- James V. Rawson, M.D.
- Lou Ann Schraffenberger, M.B.A., R.H.I.A., C.C.S.-P.
- Judie S. Snipes, R.N., M.B.A., F.A.C.H.E.
- Lynn R. Tomascik, R.N., M.S.N., C.N.A.A.
- Timothy Gene Tyler, Pharm.D.
- Kim Allan Williams, M.D., F.A.C.C., F.A.B.C.
- Robert Matthew Zwolak, M.D., Ph.D., F.A.C.S.

II. Agenda

The agenda for the August 2006 meeting will provide for discussion and comment on the following topics as designated in the Panel's Charter:

- 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 device 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.
- Other technical issues concerning APC structure.

The subject matter before the Panel shall be limited to these and related topics. Issues related to calculation of the OPPS conversion factor, charge compression, pass-through payments, or wage adjustments are not related to the subject matter that the Panel reviews.

The Panel may use data collected or developed by entities and organizations,

other than DHHS and CMS, in conducting its review.

III. Written Comments and Suggested Agenda Topics

Send hardcopy written comments and suggested agenda topics to the DFO at the address indicated above. These items must be received by the DFO by 5 p.m. (e.d.t.), Wednesday, August 2, 2006.

Written comments and suggested agenda topics for the August 2006 APC Panel meeting must fall within the subject categories outlined in the Panel's Charter as listed in the Agenda section of this notice.

IV. Oral Presentations

Individuals or organizations wishing to make 5-minute oral presentations must submit hardcopies of their presentations to the DFO by 5 p.m. (e.d.t.), Wednesday, August 2, 2006, in order to be considered.

The number of oral presentations may be limited by the time available. Oral presentations should not exceed 5 minutes in length.

The Chair may further limit time allowed for presentations due to the number of oral presentations, if necessary.

V. Presenter and Presentation Information

All presenters must submit Form CMS-20017. Hardcopies are required for oral presentations; however, electronic submissions of Form CMS-20017 are optional. The DFO must receive the following information from those wishing to make oral presentations:

- Form CMS-20017 completed with all pertinent information identified on the first page of the presentation.
- Hardcopy of presentation.
- Electronic copy of presentation.

(Those wishing to submit comments only must send hard-copy and electronic versions of their comments, but they are not required to submit Form CMS-20017.)

VI. Oral Comments

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

VII. Meeting Attendance

The meeting is open to the public; however, attendance is limited to space available. Attendance will be determined on a first-come, first-served basis.

Persons wishing to attend this meeting, which is located on Federal property, must e-mail the Panel DFO to register in advance no later than 5 p.m. (e.d.t.), Wednesday, August 9, 2006. A confirmation will be sent to the requester(s) via return e-mail.

The following information must be e-mailed or telephoned to the DFO by the date and time above:

- Name(s) of attendee(s),
- Title(s),
- Organization,
- E-mail address(es), and
- Telephone number(s).

VIII. Security, Building, and Parking Guidelines

Persons attending the meeting must present photographic identification to the Federal Protective Service or Guard Service personnel before they will be allowed to enter the building.

Security measures will include inspection of vehicles, inside and out, at the entrance to the grounds. In addition, all persons entering the building must pass through a metal detector. All items brought to CMS, including personal items such as desktops, cell phones, palm pilots, etc., are subject to physical inspection.

Individuals who are not registered in advance will not be permitted to enter the building and will be unable to attend the meeting. (Note: Presenters must also be registered for attendance at the meeting.) The public may enter the building 30–45 minutes before the meeting convenes each day. (The meeting on Wednesday, August 23, 2006, convenes at 1 p.m.)

All visitors must be escorted 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.

IX. Special Accommodations

Individuals requiring sign-language interpretation or other special accommodations must send a request for these services to the DFO by 5 p.m. (e.d.t.), Wednesday, August 9, 2006.

Authority: Section 1833(t)(9) of the Act (42 U.S.C. 13951(t)). The Panel is governed by the provisions of Public Law 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: June 16, 2006.

Mark B. McClellan,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. E6–9905 Filed 6–22–06; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–3170–N]

Medicare Program; Meeting of the Medicare Coverage Advisory Committee—August 30, 2006

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

ACTION: Notice.

SUMMARY: This notice announces a public meeting of the Medicare Coverage Advisory Committee (MCAC) (“Committee”). Among other things, the Committee provides advice and recommendations about whether scientific evidence is adequate to determine whether certain medical items and services are reasonable and necessary under the Medicare statute. This meeting will discuss the following issues: (1) Glycemic control and the use of glucose monitors by which sensors automatically monitor glucose levels in body fluids; and (2) whether and how the frequency of outpatient glucose monitoring is related to glycemic control and clinical outcomes in the various Medicare populations.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. App. 2, section 10(a)).

DATES: The public meeting will be held on Wednesday, August 30, 2006 from 7:30 a.m. until 4:30 p.m., e.s.t.

Deadlines: Deadline for Presentations and Comments: Send written comments and presentations to the address listed in the **ADDRESSES** section of this notice by 5 p.m., e.s.t. on July 31, 2006. [Please note that the presentation you submit will be final, as no further changes to the presentation can be accepted after submission.]

Deadline for Meeting Registration: For security reasons, individuals wishing to attend this meeting must register by 5 p.m., e.s.t. on August 24, 2006.

Special Accommodations: Persons attending the meeting who are hearing or visually impaired, or have a condition that requires special assistance or accommodations, are asked to notify the Executive Secretary (see **FOR FURTHER INFORMATION CONTACT**) by August 24, 2006.

ADDRESSES: *Meeting Location:* The meeting will be held in the main auditorium of the Centers for Medicare & Medicaid Services, 7500 Security Blvd., Baltimore, MD 21244.

Registration: Register by contacting Maria Ellis (410–786–0309; Maria.Ellis@cms.hhs.gov); Centers for Medicare & Medicaid Services, OCSQ—Coverage and Analysis Group, C1–09–06, 7500 Security Boulevard, Baltimore, MD 21244).

Presentation and Comment Submission: Submit presentation and comments to Michelle Atkinson, Centers for Medicare & Medicaid Services, OCSQ—Coverage and Analysis Group, C1–09–06, 7500 Security Boulevard, Baltimore, MD 21244.

Web Site: You may access up-to-date information on this meeting at http://www.cms.hhs.gov/FACA/02_MCAC.asp#TopOfPage.

Presentations And Comments: Interested persons may present data, information, or views orally or in writing on issues pending before the Committee. Please submit written comments and presentations to the Executive Secretary at the address listed in the **ADDRESSES** section of this notice.

FOR FURTHER INFORMATION CONTACT: Michelle Atkinson, Executive Secretary for MCAC, (410–786–2881; Michelle.Atkinson@cms.hhs.gov); Centers for Medicare & Medicaid Services, OCSQ—Coverage and Analysis Group, C1–09–06, 7500 Security Boulevard, Baltimore, MD 21244).

SUPPLEMENTARY INFORMATION:

I. Meeting Topic

On December 14, 1998, we published a notice in the **Federal Register** (63 FR 68780) to describe the Medicare Coverage Advisory Committee (MCAC), which provides advice and recommendations to CMS about clinical issues.

This notice announces the August 30, 2006 public meeting of the Committee. During this meeting, the Committee will discuss evidence and hear presentations and public comments concerning outpatient glycemic control (as measured by glycated hemoglobin), the frequency of glucose monitoring, and clinical outcomes in the Medicare populations. Specifically, the Committee will review the available data on the ability of glycemic control to blunt the progression of disease, reverse diabetic complications, and alter morbidity and mortality in the Medicare populations; whether the effects of glycemic control (if any) are linear and mitigated by increased hypoglycemic risk; and whether the frequency of