

ADDRESSES: The Town Hall meeting will be held in the main auditorium of the Centers for Medicare and Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244. Interested parties attending the meeting must enter the building at the main entrance on the first floor of the Central Building.

Written Questions or Statements: Any interested party may send written comments by mail, fax, or electronically. We will accept written testimony, questions, or other statements until September 20, 2006. Send written testimony, questions, or other statements to Centers for Medicare & Medicaid Services, Medicare Enrollment Appeals Group, Division of Consumer Protection, Mail Stop C2-12-16, 7500 Security Boulevard, Baltimore, Maryland 21244-1850. Attention: Charlayne Van. Fax: (410) 786-8883. E-mail: charlayne.van@cms.hhs.gov.

Although written submissions will be accepted in advance of the meeting, they may not be read during the meeting due to time constraints.

FOR FURTHER INFORMATION CONTACT: Charlayne Van, (410) 786-8659, charlayne.van@cms.hhs.gov.

SUPPLEMENTARY INFORMATION:

Background

The current Skilled Nursing Facility Advance Beneficiary Notice (SNFABN), CMS-10055 (2006), is a notice that the Skilled Nursing Facility (SNF) gives to a Medicare beneficiary, or to his or her authorized representative, before extended care items or services are reduced or terminated, or before non-covered care is initiated. This notice is issued when the SNF, the utilization review entity, the quality improvement organization, or the Medicare contractor believes that Medicare will not pay for or will not continue to pay for extended care items and/or services that the SNF furnishes. Currently, SNFs may also use official denial letters for the same purpose, and must use the general Advance Beneficiary Notice (ABN-G) for Part B services.

In February of 2004, we held a Town Hall meeting to solicit comments on the SNFABN. In response to the questions and comments arising from the 2004 Town Hall meeting, we revised the SNFABN and instructions for its use when delivered by a SNF and paid by Part A or Part B. In July of 2006, we consumer tested the revised form and instructions with Medicare beneficiaries, caregivers, and professional SNF staff members.

In an effort to streamline the notice process and to alleviate confusion for beneficiaries, the new form will replace

the current SNFABN for Part A services and the ABN for Part B items and/or services. In addition, we are also considering voluntary uses of the SNFABN so that alternatives, like the Notice of Exclusion from Medicare Benefits (NEMB), will no longer be necessary.

II. Meeting Format

The initial portion of the meeting will be a presentation to provide background on the evolution of the SNFABN and the current notice structure. The remainder of the meeting will be reserved for individual statements from interested parties.

The time for each participant to make statements may be limited according to the number of registered participants. Therefore, individuals who wish to make statements must contact the individual identified in the **FOR FURTHER INFORMATION CONTACT** section above, at the time of registration to sign up to make a statement. Participants will be permitted to speak in the order in which they sign up. If time permits, comments from individuals not registered to speak will be heard after scheduled statements.

III. Registration Instructions

Anyone who wishes to participate in the public meeting must notify us, in advance, of their interest in attending, and also if they wish to make a statement. Interested parties may register through the Town Hall meeting Web site at SNF_06_Town_Hall@cms.hhs.gov. Please submit the following information when registering: name, company name, address, telephone number and e-mail address. Individuals requiring sign language interpretation or other special accommodations must provide that information upon registration for the meeting. If you have trouble registering over the Internet, you may contact Charlayne Van at (410) 786-8659 or by e-mail at charlayne.van@cms.hhs.gov.

IV. Security, Building, and Parking Guidelines

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 September 20, 2006. 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 12 noon until 1 p.m. Please allow sufficient time to go through the security checkpoints. It is suggested that

you arrive at 7500 Security Boulevard no later than 12 noon so that you will be able to arrive promptly at the meeting by 1 p.m. All items brought to the building, whether personal or for the purpose of demonstration or to support a presentation, are subject to inspection.

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, and palm pilots, are subject to physical inspection.

Authority : Section 1879 of the Social Security Act, 42 U.S.C. 1395pp.

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

Dated: August 18, 2006.

Mark B. McClellan,

Administrator, Centers for Medicare & Medicaid Services. CMS-4122-N 2

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-3166-N]

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

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

ACTION: Notice of meeting.

SUMMARY: This notice announces a public meeting of the Medicare Coverage Advisory Committee (MCAC) (“Committee”). The Committee provides guidance and advice to CMS on specific clinical topics under review for Medicare coverage. This meeting concerns spinal fusion for the treatment of low back pain secondary to lumbar degenerative disc disease (DDD), generally, and to identify areas where current data is deficient and additional research is necessary.

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

DATES: *Meeting Date:* The public meeting will be held on Thursday, November 30, 2006 from 7:30 a.m. until 4:30 p.m., e.s.t.

Registration Deadline: For security reasons, individuals must register by the close of business on November 23, 2006. In addition, request for special

accommodations must be received by close of business on November 23, 2006.

Presentation and Written Comments

Deadline: Written comments and presentations must be received by 5 p.m., October 30, 2006, e.s.t. Presentations once submitted are final. No further changes to the presentation can be accepted after submission.

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: Individuals must register by contacting Maria Ellis at (410) 786-0309; e-mail to

Maria.Ellis@cms.hhs.gov; or by regular mail to Maria Ellis, Centers for Medicare & Medicaid Services, OCSQ-Coverage and Analysis Group, C1-09-06, 7500 Security Boulevard, Baltimore, MD 21244.

Presentation and Comment

Submission: Interested persons may present data, information, or views orally or in writing on issues pending before the Committee. Presentation and written comments must be submitted to Michelle Atkinson, Executive Secretary for MCAC, Centers for Medicare & Medicaid Services, OCSQ-Coverage and Analysis Group, C1-09-06, 7500 Security Boulevard, Baltimore, MD 21244.

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

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

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

This notice announces the November 30, 2006 public meeting of the Committee. During this meeting, the Committee will discuss evidence and hear presentations and public comments concerning spinal fusion for the treatment of low back pain secondary to lumbar degenerative disc disease. The clinical outcomes in the Medicare population will be discussed. The

Committee will review evidence including: (1) What are the most informative measures of clinical outcomes; (2) indications; (3) clinical outcomes for the different surgical techniques and components; (4) complications; (5) harms and adverse events; (6) persistence of benefits and harms over time; and, general applicability to the Medicare population in routine practice. In addition to evaluating the available data, the Committee will identify areas in which the current data are deficient and in which additional research is warranted.

Background information about this topic, including panel materials, are available at <http://www.cms.hhs.gov/center/coverage.asp>.

II. Meeting Procedures

This meeting is open to the public. The Committee will hear oral presentations from the public for approximately 45 minutes. The Committee may limit the number and duration of oral presentations to the time available. If you wish to make formal presentations, you must notify the Executive Secretary for MCAC (see **FOR FURTHER INFORMATION CONTACT**) and submit the following to the address listed in the **ADDRESSES** section of this notice by the date listed in the **DATES** section of this notice: (1) A brief statement of the general nature of the evidence or arguments you wish to present; (2) the names and addresses of proposed participants; and (3) a written copy of your presentation. Your presentation should consider the questions we have posed to the Committee and focus on the issues specific to the topic. The questions will be available on the following Web site: http://www.cms.hhs.gov/FACA/02_MCAC.asp#TopOfPage. We require that you declare at the meeting whether you have any financial involvement with manufacturers of any items or services being discussed (or with their competitors).

After the public and CMS presentations, the Committee will deliberate openly on the topic. Interested persons may observe the deliberations, but the Committee will not hear further comments during this time except at the request of the chairperson. The Committee will also allow a 15 minute unscheduled open public session for any attendee to address issues specific to the topic. At the conclusion of the day, the members will vote and the Committee will make its recommendation.

III. Registration Instructions and Requests for Special Accommodations

The Coverage and Analysis Group is coordinating meeting registration. While there is no registration fee, individuals must register to attend. Register by contacting Maria Ellis at the address specified in the **ADDRESSES** section of this notice by November 23, 2006. Please provide your name, address, organization, telephone number(s), fax number(s), and e-mail address.

You will receive a registration confirmation with instructions for your arrival at the CMS complex. You will be notified if the seating capacity has been reached. Persons attending the meeting who are hearing or visually impaired, or have a condition that requires special assistance or accommodations, must submit their request with their registration information or to Michelle Atkinson, Executive Secretary for MCAC, at the address specified in the **ADDRESSES** section of this notice by November 23, 2006.

This meeting is located on Federal property; therefore, for security reasons, any individuals wishing to attend this meeting must register by close of business on November 23, 2006.

IV. Security, Building, and Parking Guidelines

This meeting will be held in a Federal government building; therefore, Federal security measures are applicable. In planning your arrival time, we recommend that you arrive reasonably early to allow additional time to clear security.

In order to gain access to the building and grounds, individuals must present photographic identification to the Federal Protective Service or Guard Service personnel before being allowed entrance.

Security measures also include a full inspection of vehicles, inside and exterior areas, at the entrance to the grounds. In addition, all individuals entering the building must pass through a metal detector. All items brought to CMS, whether personal or for the purpose of or to support a demonstration, 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 demonstration.

Parking permits and instructions will be issued upon arrival.

Note: 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 more than 45 minutes prior to the convening of the meeting.

All visitors must be escorted in areas except for the lower and first floor levels of the Central Building.

Authority: 5 U.S.C. App. 2, section 10(a). (Catalog of Federal Domestic Assistance Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: August 11, 2006.

Barry M. Straube,

Chief Medical Officer and Director, Office of Clinical Standards and Quality, Centers for Medicare & Medicaid Services.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-1528-N]

Medicare Program; Medicare Provider Feedback Group (MPFG) Town Hall Meeting September 20, 2006

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

ACTION: Notice of meeting.

SUMMARY: This notice announces a town hall meeting on the Medicare Provider Feedback Group (MPFG). The purpose of the meeting is to solicit the opinions of individual Medicare physicians, providers, and suppliers on selected policies and operational issues that affect providers that participate in the Medicare program. In addition, we will be soliciting input on how we can better serve the Medicare providers and suppliers. All Medicare providers and suppliers that participate in the Medicare program, including physicians, hospitals, home health agencies, and other third-party billers, are invited to attend this meeting. We will consider facts and opinions obtained from individual Medicare physicians, providers, and suppliers. We will use the information obtained during the meeting as feedback on selected policy issues and on CMS provider and supplier communication activities and related topics.

The meeting is open to the public, but attendance is limited to space available. Registered participants from the meeting may be contacted for follow-up meetings to solicit additional opinions and clarify any issues that may arise from the September 20, 2006 meeting.

DATES: The meeting is scheduled for September 20, 2006 from 2 p.m. until 4 p.m. e.d.t.

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

FOR FURTHER INFORMATION CONTACT: Colette Shatto, 410-786-6932. You may also send e-mail inquiries about this meeting to MFG@cms.hhs.gov.

SUPPLEMENTARY INFORMATION:

I. Background

On November 16, 2004, we held the first Medicare Provider Feedback town hall meeting to solicit the opinions of individual Medicare physicians, providers, and suppliers. Topics discussed during the November 16 meeting included Medicare Fee-for-Service (FFS) Chronic Care Improvement Programs, CMS electronic medical records, CMS Provider Outreach, and consolidated billing. Subsequent to the meeting, we conducted follow-up meetings to clarify information received and solicited additional opinions. The information gathered from the town hall and subsequent meetings was used as feedback on our provider and supplier communication activities and related topics.

On September 12, 2005, we convened the second town hall meeting to solicit the opinions of individual Medicare physicians, providers, and suppliers on how we could better serve Medicare physicians, providers, and suppliers through communications, educational material, and other means. This meeting also focused on our design for gathering individual physician, provider, and supplier information, presented topics for provider and supplier input, and then solicited opinions on how we can better serve the Medicare physician, provider, and supplier community.

II. Meeting Format

The meeting will begin with an overview of the goals and objectives of the initiative, including a discussion of our efforts to gather feedback from individual Medicare physicians, providers, and suppliers. The meeting moderator will be introduced, and, along with members of the Provider Communications Group, the Center for Medicare Management of CMS, will provide background information on the initiative. Topics to be discussed during the meeting include, but are not limited to the implementation of the National Provider Identifier (NPI), the Pay for Performance initiative, Part D

Compliance, Durable Medical Equipment (DME) Accreditation and Medicare Contracting. This meeting will provide the Agency with an open and public venue to interact with individual Medicare physicians, providers and suppliers and obtain their feedback on Medicare policy and operational issues. We will then hold a question and answer session that offers meeting attendees an opportunity to provide feedback on how CMS serves physicians, providers, and suppliers, as well as make suggestions on how this process can be improved.

Attending the Meeting: The Provider Communications Group, Center for Medicare Management, Division of Provider Relations and Evaluations, is the coordinator for this meeting. This meeting will be held in a Federal Government building, and persons attending the meeting will be required to show a photographic identification, preferably a valid driver's license, and be listed on an approved security list before entering. Persons interested in attending the meeting and providing feedback must complete the on-line registration located at <http://registration.mshow.com/cms2/>.

III. Registration Instructions

Registration will open on August 25, 2006 and close on September 18, 2006. The on-line registration system will generate a confirmation page to indicate the completion of your registration. Please print this page as your registration receipt. Registration after 5 p.m. on September 18, 2006 will delay confirmation and individuals may not be permitted entrance to the building.

Individuals may participate in the public meeting by teleconference. The dial-in number is 877-357-7851 and the conference identification number is 2323964. Physicians and other interested parties may speak or ask questions during the question and answer period facilitated by the moderator. Parties may also submit written comments to Colette Shatto at MFG@cms.hhs.gov.

An on-line registration tool is available for interested individuals who wish to participate in the meeting in person or by teleconference. The on-line registration system will capture contact information and practice characteristics, such as names, e-mail addresses, and provider and supplier types.

Special Accommodations: Individuals requiring sign language interpretation or other special accommodations must contact Colette Shatto by e-mail at MFG@cms.hhs.gov.