

also e-mail the Panel DFO at the above e-mail address for a copy of the Charter.

SUPPLEMENTARY INFORMATION:

I. Background

The Secretary is required by section 1833(t)(9)(A) of the Social Security Act (the Act), [as amended by section 201(h) of the Medicare, Medicaid, and SCHIP Balanced Budget Refinement Act of 1999 (BBRA) (Pub. L. 106–113), and re-designated by section 202(a)(2) of the BBRA] to establish and consult with an expert outside advisory panel regarding the clinical integrity of the APC groups and weights that are components of the hospital OPSS.

The APC Panel meets up to three times annually. The Charter requires that the Panel must be fairly balanced in its membership in terms of the points of view represented and the functions to be performed. The Panel consists of up to 15 members, who are representatives of providers, and a Chair. Each Panel member must be employed full-time by a hospital, hospital system, or other Medicare provider subject to payment under the OPSS. The Secretary or Administrator selects the Panel membership based upon either self-nominations or nominations submitted by Medicare providers and other interested organizations. All members must have technical expertise to enable them to participate fully in the work of the Panel. This expertise encompasses hospital payment systems; hospital medical-care delivery systems; provider billing systems; APC groups, Current Procedural Terminology codes, and alpha-numeric Healthcare Common Procedure Coding System codes; and the use and payment of drugs and medical devices in the outpatient setting, as well as other forms of relevant expertise.

The Charter requires that all members have a minimum of 5 years experience in their area(s) of expertise, but it is not necessary that any member be an expert in all of the areas listed above. For purposes of this Panel, consultants or independent contractors are not considered to be full-time employees of hospitals, hospital systems, or other Medicare providers that are subject to the OPSS. Panel members serve up to 4-year terms. A member may serve after the expiration of his or her term until a successor has been sworn in. All terms are contingent upon the renewal of the Panel's Charter by appropriate action before its termination. The Secretary re-chartered the APC Panel effective November 21, 2006.

II. Announcement of New Members

The Panel may consist of a Chair and up to 15 Panel members who serve without compensation, according to an advance written agreement. Travel, meals, lodging, and related expenses for the meeting are reimbursed in accordance with standard Government travel regulations. We have a special interest in ensuring that women, minorities, representatives from various geographical locations, and the physically challenged are adequately represented on the Panel.

The Secretary, or his designee, appoints new members to the Panel from among those candidates determined to have the required expertise. New appointments are made in a manner that ensures a balanced membership.

The Panel presently consists of the following 15 members and a Chair: (The asterisk [*] indicates a Panel member whose term expires on 09/30/2007.)

- Edith Hambrick, M.D., J.D., Chair.
- Gloryanne Bryant, B.S., R.H.I.A., R.H.I.T., C.C.S.
- Hazel Kimmel, R.N., C.C.S., C.P.C.
- *Sandra J. Metzler, M.B.A., R.H.I.A., C.P.H.Q.
- Michael D. Mills, Ph.D., M.S.P.H.
- Thomas M. Munger, M.D., F.A.C.C.
- Beverly Khnie Philip, M.D.
- Louis Potters, M.D., F.A.C.C.R.
- Russ Ranallo, M.S.
- James V. Rawson, M.D.
- Michael A. Ross, M.D., F.A.C.E.P.
- Judie S. Snipes, R.N., M.B.A., F.A.C.H.E.
- Patricia Spencer-Cisek, M.S., A.P.R.N.–BC, A.O.C.N.®
- *Lou Ann Schraffenberger, M.B.A., R.H.I.A., C.C.S.–P.
- Kim Allan Williams, M.D., F.A.C.C., F.A.B.C.
- Robert Matthew Zwolak, M.D., Ph.D., F.A.C.S.

On March 23, 2007, we published the notice titled "Request for Nominations to the Advisory Panel on Ambulatory Payment Classification Groups" (CMS–1305–N2) in the **Federal Register** requesting nominations to the Panel replacing Panel members whose terms would expire by September 30, 2007. As a result of that **Federal Register** notice, we are announcing two new members to the Panel. One new 3-year appointment commences on August 1, 2007, and one new 4-year appointment commences on October 1, 2007, as indicated below:

New Panel Members/Terms

- Michael D. Mills, Ph.D., M.S.P.H., 08/01/2007–09/30/2010.
- Patrick Grusenmeyer, Sc.D., M.P.A., 10/01/2007–09/30/2011.

Note: Dr. Mills replaces Dr. Tyler whose term expired 03/31/2007. Dr. Grusenmeyer will replace Ms. Schraffenberger whose term expires on 09/30/2007. Agatha L. Nolen, D.Ph., M.S., announced in a previous **Federal Register** notice, will replace Ms. Metzler whose term expires on 09/30/2007.)

Authority: Section 1833(t) of the Act (42 U.S.C. 1395l(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: July 19, 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

Medicaid Program; Notice of Single-Source Grant Award to the States of Alabama, Louisiana, and Mississippi for the Grant Entitled "Deficit Reduction Act-Hurricane Katrina Healthcare Related Provider Stabilization"

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

ACTION: Single-Source Non-Competitive Supplemental Awards.

Funding Amount: \$60,000,000.
Period of Performance: June 18, 2007–September 30, 2009.
CFDA: 93.779.

Authority: Section 6201(a)(4) of the Deficit Reduction Act of 2005 (DRA).

Purpose

The Secretary has authorized an additional \$60 million in supplemental DRA grant funds to be made available to the States of Alabama, Louisiana, and Mississippi. The methodology is based on the relative share of each eligible general acute care hospital's, inpatient psychiatric facility's (IPF), community mental health center's (CMHC) and skilled nursing facility's (SNF) total Medicare inpatient payments in the FEMA designated counties in calendar year 2006 (the latest and most complete year of Medicare billing data available to CMS). As a result, this funding is being allocated for each State in the following proportions: 44 percent to Louisiana (\$26,223,040), 38 percent to

Mississippi (\$23,243,995) and 17 percent to Alabama (\$10,532,965).

This supplemental grant program is to fund State payments to general, acute care hospitals, IPFs, CMHCs, and SNFs in impacted communities that face financial pressures because of changing wage rates that are not yet reflected in Medicare PPS payment methodologies.

The grant funds must be used by the States to make payments to all Medicare participating general acute care hospitals, IPFs, CMHCs and SNFs that are currently paid under a Medicare PPS in the impacted communities. States have some flexibility in determining the methodology to determine the timing and amount of provider payments, but the methodology must reflect each provider's relative share of total Medicare payments during a specified period of time.

Grant funds may not be distributed to general acute care hospitals, IPFs, CMHCs and SNFs that are not in operation. States' payment methodologies should specify the relevant time periods and any other factors that will be considered in distributing available grant funds according to the principles specified above, and are subject to approval by CMS.

Under the authority of section 6201(a)(4) of the DRA of 2005, the Secretary, Department of Health and Human Services, has invoked his authority to restore health care in impacted communities affected by Hurricane Katrina by offering this unique funding opportunity which will enable States to make payments to assist general acute care hospitals, IPFs, CMHCs, and SNFs that are paid under a Medicare PPS, with the financial pressures that may result from changing wage rates in those impacted communities.

Louisiana, Mississippi and Alabama are the only states with knowledge and ability to administer a grant designed to affect impacted communities in their states. For the reasons cited above, the Secretary has directed the CMS to offer supplemental single-source awards to the States of Louisiana, Alabama and Mississippi.

FOR FURTHER INFORMATION CONTACT: Wendy J. Taparanskas, Ph.D., Health Insurance Specialist, Office of the Center Director, Centers for Medicaid and State Operations, Centers for Medicare & Medicaid Services, Mail Stop S2-26-12, 7500 Security Boulevard, Baltimore, MD 21244, (410) 786-5245.

Authority: Section 6201(a)(4) of the Deficit Reduction Act of 2005 (DRA).

Dated: July 2, 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

Medicaid Program; Notice of Single-Source Grant Award to the State of Louisiana for the Grant Entitled "Deficit Reduction Act-Hurricane Katrina Healthcare Related Professional Workforce Supply"

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

ACTION: Single-Source Non-Competitive Supplemental Award.

Funding Amount: \$35,000,000.

Period of Performance: June 18, 2007-September 30, 2009.

CFDA: 93.779.

Authority: Section 6201(a)(4) of the Deficit Reduction Act of 2005 (DRA).

Purpose

These supplemental grant funds will be made available to the State of Louisiana to fund additional State payments for professional healthcare workforce fulfillment in Greater New Orleans, which has continued to face unique health professional shortages as a result of Hurricane Katrina and its subsequent floods. With nearly 4,500 doctors displaced and approximately 50 percent of the physicians who worked in Region 1 before Hurricane Katrina, no longer practicing there, Greater New Orleans is experiencing a shortage of primary care doctors to see Medicaid and uninsured patients.

Funding awarded under this grant program must be used by the State to make payments for purposes of recruitment and retention of professional health care staff for the impacted communities. For purposes of this grant, impacted communities are those four parishes located in the State of Louisiana that comprise Region 1, as defined by the Louisiana Department of Health and Hospitals, namely, Orleans, Jefferson, St. Bernard, and Plaquemines.

The grant funds must be used only for purposes of recruitment or retention of healthcare workforce professionals in Greater New Orleans. The State has been given flexibility in determining the payment methodology, the scope and type of activities, criteria for awarding

payment, and the amount of payments to be made to such professionals. Payment recipients are limited to licensed healthcare professionals. Activities include those that were recommended by the Louisiana Health Care Redesign Collaborative (LHCRC) in their concept paper submitted to the Secretary on October 20, 2006. These activities include but are not limited to: income guarantees, annual medical malpractice payment relief, loan repayments, and incentive payments (relocation expenses and sign-on bonuses). Grant funds may not be distributed to staff who are no longer providing professional healthcare services in the Greater New Orleans area at the time of the disbursement of grant funds. All payments must be made under this grant program by September 30, 2009.

Payments to physicians, nurses, and other professional healthcare workforce staff under this program are not allowed to be considered payments for Medicare, Medicaid or other specific services, and are not available as the non-Federal share of expenditures or for supplemental disproportionate share hospital payments. Payments cannot be made conditional on the provision of any particular items or services by the professionals.

Under the authority of section 6201(a)(4) of the Deficit Reduction Act (DRA), the Secretary, Department of Health and Human Services (DHHS) has invoked his authority to restore health care in impacted communities affected by Hurricane Katrina by offering this unique funding opportunity which will give further incentive to the retention and recruitment of health care workforce professionals in Greater New Orleans. Louisiana is the only State with knowledge and ability to administer a grant designed to affect impacted Louisiana communities. For this reason, the Secretary has directed the Centers for Medicare & Medicaid Services to issue a single-source award to the State of Louisiana to increase access to health care services and to relieve economic pressures suffered by health care providers resulting from both the hurricane and its subsequent flooding.

For Further Information Contact: Wendy J. Taparanskas, Ph.D., Health Insurance Specialist, Office of the Center Director, Centers for Medicaid and State Operations, Centers for Medicare & Medicaid Services, Mail Stop S2-26-12, 7500 Security Boulevard, Baltimore, MD 21244, (410) 786-5245.