

sometime during the month of February 2008. Interested offerors should monitor the Federal Business Opportunities Web site for all information relating to the RFP.

Section 1153(i)(3) of the Act requires that an in-State QIO have its primary place of business in the State in which review will be conducted (or, if a QIO is owned by a parent corporation, the headquarters of which is located in that State).

In the proposal, each QIO must furnish, among other things, materials that demonstrate that it meets the following requirements under sections 1152(1)(A), (B), (2), and (3) of the Act and the regulations at § 475.102 and § 475.103:

A. Be Either a Physician-Sponsored or a Physician-Access Organization

1. Physician-Sponsored Organization

To be eligible as a physician-sponsored organization, the organization must meet the following requirements:

a. The organization must be composed of a substantial number of the licensed doctors of medicine and osteopathy practicing medicine or surgery in the review area, who are representative of the physicians practicing in the review area.

b. The organization must not be a health care facility, health care facility association, health care facility affiliate, payor organization, or affiliated with any of these entities. However, statutes and regulations provide that, in the event that we determine no otherwise qualified non-payor organization is available to undertake a given QIO contract, we may select a payor organization which otherwise meets requirements to be eligible to conduct Utilization and Quality Control Peer Review as specified in Part B of Title XI of the Act and its implementing regulations.

c. In order to meet the "substantial number of doctors of medicine and osteopathy" requirement of paragraph A.1.a of this section, an organization must be composed of at least 10 percent of the licensed doctors of medicine and osteopathy practicing medicine or surgery in the review area. In order to meet the representation requirement of paragraph A.1.a of this section, an organization must state and have documentation in its files demonstrating that it is composed of at least 20 percent of the licensed doctors of medicine and osteopathy practicing medicine or surgery in the review area. Alternatively, if the organization does not demonstrate that it is composed of

at least 20 percent of the licensed doctors of medicine and osteopathy practicing medicine or surgery in the review area, the organization must demonstrate in its statement of interest through letters of support from physicians or physician organizations, or through other means, that it is representative of the area physicians.

2. Physician-Access Organization

To be eligible as a physician-access organization, the organization must meet the following requirements:

a. The organization must have available to it, by arrangement or otherwise, the services of a sufficient number of licensed doctors of medicine or osteopathy practicing medicine or surgery in the review area to ensure adequate peer review of the services furnished by the various medical specialties and subspecialties.

b. The organization must not be a health facility, health care facility association, health care facility affiliate, payor organization, or be affiliated with any of these mentioned entities.

c. An organization meets the requirements of paragraph A.2.a. of this section if it demonstrates that it has available to it at least one physician in every generally recognized specialty and has an arrangement or arrangements with physicians under which the physicians would conduct review for the organization.

B. Have at Least One Individual Who Is a Representative of Consumers on Its Governing Board

If one or more organizations meet the above requirements in a QIO area and submit proposals for the contracts in accordance with this notice, we will consider those organizations to be potential sources for the 6 contracts upon their expiration. These organizations will be entitled to participate in a full and open competition for the QIO contract to perform the QIO statement of work.

III. Information Collection Requirements

This document does not impose information collection and recordkeeping requirements. Consequently, it need not be reviewed by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. 35).

Authority: Section 1153 of the Social Security Act (42 U.S.C. 1320c-2). (Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance Program; and No. 93.774,

Medicare-Supplementary Medical Insurance Program)

Dated: December 6, 2007.

Kerry Weems,

Acting Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. E7-24477 Filed 12-27-07; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-1323-N]

Medicare Program; Semi-Annual Winter Meeting of the Advisory Panel on Ambulatory Payment Classification Groups—March 5, 6, and 7, 2008

AGENCY: Centers for Medicare & Medicaid Services, Department of Health and Human Services.

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 first semi-annual winter meeting of the Advisory Panel on Ambulatory Payment Classification (APC) Groups (the Panel) for 2008. The purpose of the Panel is to review the APC groups and their associated weights and to advise the Secretary of the Department of Health and Human Services (DHHS) (the Secretary) and the Administrator of the Centers for Medicare & Medicaid Services (CMS) (the Administrator) concerning the clinical integrity of the APC groups and their associated weights. We will consider the Panel's advice as we prepare the proposed rule that updates the hospital Outpatient Prospective Payment System (OPPS) for CY 2009.

DATES: *Meeting Dates:* We are scheduling the first semi-annual winter meeting in 2008 for the following dates and times:

- Wednesday, March 5, 2008, 1 p.m. to 5 p.m. (e.s.t.)¹
- Thursday, March 6, 2008, 8 a.m. to 5 p.m. (e.s.t.)¹
- Friday, March 7, 2008, 8 a.m. to 12 noon (e.s.t.)²

Deadlines:

*Deadline for Hardcopy Comments/Suggested Agenda Topics—*5 p.m. (e.s.t.), Thursday, February 7, 2008.

¹ The times listed in this notice are approximate times; consequently, the meetings may last longer than listed in this notice—but will not begin before the posted times.

² If the business of the Panel concludes on Thursday, March 6, there will be no Friday meeting.

Deadline for Hardcopy Presentations—5 p.m. (e.s.t.), Thursday, February 7, 2008.

Deadline for Attendance Registration—5 p.m. (e.s.t.), Wednesday, February 27, 2008.

Deadline for Special Accommodations—5 p.m. (e.s.t.), Wednesday, February 27, 2008.

Submission of Materials to the Designated Federal Officer (DFO): Because of staffing and resource limitations, we cannot accept written comments and presentations by FAX, and we cannot 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 (revised 01/07). The form is now available through the CMS Forms Web site. The Uniform Resource Locator (URL) for linking to this form is as follows: <http://www.cms.hhs.gov/cmsforms/downloads/cms20017.pdf>.

Presenters must use the most recent copy of CMS-20017 (updated 01/07) at the above URL. Additionally, presenters must clearly explain the action(s) that they are requesting CMS to take in the appropriate section on the form. They must also clarify their relationship to the organization that they represent in the presentation.

Note: Issues that are vague, or that are outside the scope of the APC Panel's purpose, will not be considered for presentations and comments. There will be no exceptions to this rule. We appreciate your cooperation on this matter.

We are also requiring electronic versions of the written comments and presentations, in addition to the hardcopies, to send electronically to the Panel members for their review prior to the meeting.

In summary, presenters and/or commenters must do the following:

- Send both electronic and hardcopy versions of their presentations and written comments by the prescribed deadlines.
- Send electronic transmissions to the e-mail address below.
- Do not send pictures of patients in any of the documents unless their faces have been blocked out.
- Do not send documents electronically that have been archived.
- Mail (or send by courier) to the DFO all hardcopies, accompanied by Form CMS-20017 (revised 01/07), if they are presenting, as specified in the **FURTHER INFORMATION CONTACT** section of this notice.

• Commenters are not required to send Form CMS-20017 with their written comments.

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

FURTHER INFORMATION CONTACT: For further information, contact: 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: Please advise couriers of the following: When delivering hardcopies of presentations to CMS, if no one answers at the above phone number, please call (410) 786-4532 or (410) 786-9316.)

E-mail address for comments, presentations, and registration requests is CMSAPCPanel@cms.hhs.gov. **Note:** There is no underscore in this e-mail address; there is a space between CMS and APC Panel.

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.gov/FACA/05_AdvisoryPanelonAmbulatoryPaymentClassificationGroups.asp#TopOfPage in order to obtain the following information:

Note: There is an underscore after FACA/05 (like this_); there is no space.

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

You may also search information about the APC Panel and its membership in the FACA database at the following URL: <https://www.fido.gov/facadatabase/public.asp>.

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 OPPS.

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 chairperson.

Each Panel member must be employed full-time by a hospital, hospital system, or other Medicare provider subject to payment under the OPSS. All Panel 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, provider billing systems, outpatient payment requirements, APC groups, Current Procedural Terminology 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 are found on the CMS and FACA Web sites as listed above.

The Panel presently consists of the following members:

- E.L. Hambrick, M.D., J.D., Chair
- Gloryanne Bryant, B.S., R.H.I.A., R.H.I.T., C.C.S.
- Patrick Grusenmeyer, Ph.D.
- Hazel Kimmel, R.N., C.C.S., C.P.C.
- Michael Mills, Ph.D.
- Thomas Munger, M.D.
- Agatha Nolan, D.Ph., M.S.
- Beverly Khnie Philip, M.D.
- Louis Potters, M.D., F.A.C.R.
- Russ Ranallo, M.S.
- James V. Rawson, M.D.
- Michael Ross, M.D.
- Judie S. Snipes, R.N., M.B.A., F.A.C.H.E.
- Patricia Spencer-Cisek, M.S., APRN-BC, AOCN®.
- Kim Allan Williams, M.D., F.A.C.C., F.A.B.C.
- Robert M. Zwolak, M.D., Ph.D. F.A.C.S.

II. Agenda

The agenda for the March 2008 meeting will provide the opportunity for discussion and comment on the following topics as designated in the Panel's Charter:

- Reconfiguring 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).
- Evaluating APC weights.
- Packaging device and drug costs into APCs methodology, effect on APCs, and the need for reconfiguring APCs based upon device and drug packaging.
- Removing procedures for payment from the inpatient list under the OPSS.

- Using single and multiple procedure claims data.
- Addressing other APC structure technical issues.

Note: The subject matter before the Panel will be limited to these and related topics. Issues related to calculation of the OPPS conversion factor, charge compression, pass-through payments, and wage adjustments are not within the scope of the Panel's purpose. Therefore, these issues will not be considered for presentations and/or comments. There will be no exceptions to this rule. We appreciate your cooperation on this matter.

The Panel may use data collected or developed by entities and organizations, other than DHHS and CMS, in conducting its review. We urge organizations to submit data for the Panel's and CMS staff's review.

III. Written Comments and Suggested Agenda Topics

Send hardcopy and electronic written comments and suggested agenda topics to the DFO at the address indicated above. The DFO must receive these items by 5 p.m. (e.s.t.), Thursday, February 7, 2008. There will be no exceptions. We appreciate your cooperation on this matter.

The written comments and suggested agenda topics submitted for the March 2008 APC Panel meeting must fall within the subject categories outlined in the Panel's Charter and as listed in the Agenda section of this notice.

IV. Oral Presentations

Individuals or organizations wishing to make 5-minute oral presentations must submit hardcopy and electronic versions of their presentations to the DFO by 5 p.m. (e.s.t.), Thursday, February 7, 2008, for consideration.

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

The Chairperson may further limit the 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 (revised 01/07). 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.
- One hardcopy of presentation.

- Electronic copy of presentation.
- Personal registration information as described in the Meeting Attendance section below.
 - Those persons wishing to submit comments only must send hardcopy 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 3 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.s.t.), Wednesday, February 27, 2008. A confirmation will be sent to the requester(s) via return e-mail.

The following personal information must be e-mailed 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

The following are the security, building, and parking guidelines:

- Persons attending the meeting—including presenters—must be registered and on the attendance list by the prescribed date.
 - Individuals who are not registered in advance will not be permitted to enter the building and will be unable to attend the meeting.
 - Attendees must present photographic identification to the Federal Protective Service or Guard Service personnel before entering the building.
 - Security measures 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 into CMS—including personal items such as desktops, cell phones, palm pilots—are subject to physical inspection.
 - The public may enter the building 30–45 minutes before the meeting convenes each day.

- All visitors must be escorted in areas other than the lower and first-floor levels in the Central Building.
 - The main-entrance guards will issue parking permits and instructions upon arrival at the building.

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.s.t.), Wednesday, February 27, 2008.

Authority: Section 1833(t)(9) of the Act (42 U.S.C. 1395l(t)). The Panel is governed by the provisions of Pub. L. 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: November 20, 2007.

Kerry Weems,

Acting Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. E7-24265 Filed 12-27-07; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-1490-N]

Medicare Program; Town Hall Meeting on the Fiscal Year 2009 Applications for New Medical Services and Technologies Add-on Payments Under the Hospital Inpatient Prospective Payment System, February 21, 2008

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

ACTION: Notice of meeting.

SUMMARY: This notice announces a Town Hall meeting in accordance with section 503 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) to discuss fiscal year (FY) 2009 applications for add-on payments for new medical services and technologies under the hospital inpatient prospective payment system (IPPS). Interested parties are invited to this meeting to present their comments, recommendations, and data regarding whether the FY 2009 new medical services and technologies applications meet the substantial clinical improvement criterion.

DATES: *Meeting Date:* The Town Hall meeting announced in this notice will be held on Thursday, February 21, 2008 at 1:30 p.m., e.s.t. and check-in will begin at 1 p.m. e.s.t.