

TABLE 12.—PROJECTED IMPACT OF FY 2005 UPDATE TO THE SNF PPS—Continued

	Number of facilities	Wage index change	Total FY 2005 change
Freestanding urban	8,466	0.0%	2.8%
Hospital based rural	640	0.1%	2.9%
Freestanding rural	3,708	0.0%	2.8%
Urban by region:			
New England	913	−0.6%	2.2%
Middle Atlantic	1,526	−0.7%	2.1%
South Atlantic	1,610	0.3%	3.1%
East North Central	1,943	0.2%	3.0%
East South Central	456	0.0%	2.8%
West North Central	691	0.4%	3.2%
West South Central	965	0.8%	3.6%
Mountain	432	−0.4%	2.4%
Pacific	1,473	0.4%	3.2%
Rural by region:			
New England	149	0.4%	3.2%
Middle Atlantic	254	−0.4%	2.4%
South Atlantic	715	−0.3%	2.5%
East North Central	948	0.1%	2.9%
Central East South	595	−0.4%	2.4%
West North Central	1,220	0.5%	3.3%
West South Central	817	0.4%	3.2%
Mountain	330	−0.2%	2.6%
Pacific	208	0.0%	2.8%
Ownership:			
Government	712	0.0%	2.8%
Proprietary	9,457	0.0%	2.8%
Voluntary	3605	0.0%	2.8%

III. Waiver of Proposed Rulemaking and Delayed Effective Date

We ordinarily publish a notice of proposed rulemaking in the **Federal Register** to provide a period for public comment before the provisions of a notice such as this take effect in accordance with section 553(b) of the Administrative Procedure Act (APA) (5 U.S.C. 553(b)). We also ordinarily provide a 30-day delay in the effective date of the provisions of a notice in accordance with section 553(d) of the APA (5 U.S.C. 553(d)). However, we can waive both the notice and comment procedure and the 30-day delay in effective date if the Secretary finds, for good cause, that a notice and comment process is impracticable, unnecessary or contrary to the public interest, and incorporates a statement of the finding and the reasons therefore in the notice.

We find it unnecessary to undertake notice-and-comment rulemaking because this notice merely provides technical corrections to the regulations. We are not changing our payment methodology, but rather, are simply implementing correctly the payment methodology that we previously proposed, received comment on, and subsequently finalized. Thus, because the public has already had the opportunity to comment on the payment methodology being used to calculate

wage indexes, additional comment would be unnecessary.

Further, we believe a delayed effective date is unnecessary because this correction notice merely corrects inadvertent technical errors. Further, we believe imposing a 30-day delay in the effective date would be contrary to the public interest for SNF providers in the affected MSAs. We believe that it is imperative that these providers receive appropriate SNF PPS payments in as timely a manner as possible, and any delay in applying the appropriate wage index would be contrary to the public interest. Further, the changes noted above do not make any substantive changes to the SNF PPS payment methodology or underlying payment policies. Therefore, we find good cause to waive notice-and-comment procedures, as well as the 30-day delay in effective date.

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: December 15, 2004.

Ann Agnew,

Executive Secretary to the Department.

[FR Doc. 04-28157 Filed 12-29-04; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-1285-N]

Medicare Program: Meeting of the Advisory Panel on Ambulatory Payment Classification (APC) Groups (Panel)—February 23, 24, and 25, 2005, and Re-chartering of APC Panel on November 8, 2004

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

ACTION: Notice of meeting and re-chartering of Panel.

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 biannual meeting of the Ambulatory Payment Classification (APC) Panel for 2005.

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 and the Administrator of the Centers for Medicare and Medicaid Services concerning the clinical integrity of the APC groups and their associated weights. The advice provided by the Panel will be considered as CMS prepares its annual updates of the

hospital Outpatient Prospective Payment System (OPPS) through rulemaking.

DATES: *Meeting Dates:* The first biannual meeting for 2005 is scheduled for the following dates and times:

- Wednesday, February 23, 2005, 1 p.m. to 5 p.m. (e.s.t.)
- Thursday, February 24, 2005, 8 a.m. to 5 p.m. (e.s.t.)
- Friday, February 25, 2005, 8 a.m. to 12 noon (e.s.t.)

DEADLINES:

Deadline for Hardcopy Comments/Suggested Agenda Topics—

- 5 p.m. (e.s.t.), Wednesday, January 26, 2005

Deadline for Hardcopy Presentations—

- 5 p.m. (e.s.t.), Wednesday, January 26, 2005

Deadline for Attendance Registration—

- 5 p.m. (e.s.t.), Wednesday, February 9, 2005.

Deadline for Special Accommodations—

- 5 p.m. (e.s.t.), Wednesday, February 9, 2005.

SUBMITTAL 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 will be accepted for placement in the meeting booklets. 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 (<http://www.cms.hhs.gov/forms/cms20017.pdf>).

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

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, and hardcopies (accompanied by Form CMS-20017) must be mailed to the Designated Federal Officer [DFO], as specified in the **FOR FURTHER INFORMATION CONTACT** section of this notice.)

ADDRESS: The meeting will be held in the Multipurpose Room, 1st Floor, at the 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.

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

ADVISORY COMMITTEES' INFORMATION LINES:

The CMS Advisory Committees' Information Line is 1–877–449–5659 (toll free) and (410) 786–9379 (local).

WEB SITES:

- For additional information on the APC meeting agenda topics and updates to the Panel's activities, search our Web site at: <http://www.cms.hhs.gov/faca/apc/default.asp>.
- To obtain Charter copies, search our Web site at <http://www.cms.hhs.gov/faca> or e-mail the Panel DFO.

SUPPLEMENTARY INFORMATION:

I. Background

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 APC groups. The 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 shall enable them to participate fully in the work of the Panel. Such expertise encompasses hospital payment systems, hospital medical-care delivery systems, outpatient payment requirements, APCs, Physicians' Current Procedural Terminology Codes (CPTs), the use and payment of drugs and medical devices in the outpatient setting, and other forms of relevant expertise. It is not necessary that any member be an expert on all areas.

We will consider the technical advice provided by the Panel as we prepare the proposed rule that proposes changes to the OPPS for the next calendar year. The Secretary recently re-chartered the Panel on November 8, 2004.

The Panel may consist of up to 15 representatives who are full-time

employees (not consultants) of Medicare providers, which are subject to the OPPS, and a Chair.

The Administrator selected the Panel membership based upon either self-nominations or nominations submitted by providers or interested organizations. The Panel presently consists of the following members and a Chair:

- Edith Hambrick, M.D., J.D., Chair
 - Marilyn Bedell, M.S., R.N., O.C.N.
 - Albert Brooks Einstein, Jr., M.D.
 - Lee H. Hilborne, M.D., M.P.H.
 - Stephen T. House, M.D.
 - Kathleen Kinslow, C.R.N.A., Ed.D.
 - Mike Metro, R.N., B.S.
 - Sandra J. Metzler, M.B.A., R.H.I.A., C.P.H.Q.
 - Gerald V. Naccarelli, M.D.
 - Frank G. Opelka, M.D., F.A.C.S.
 - Louis Potters, M.D., F.A.C.R.*
 - Lou Ann Schraffenberger, M.B.A., R.H.I.A., C.C.S.-P.
 - Judie S. Snipes, R.N., M.B.A., C.H.E.*
 - Lynn R. Tomascik, R.N., M.S.N., C.N.A.A.
 - Timothy Gene Tyler, Pharm.D.
 - William Van Decker, M.D.
- (*New member as of 10/1/2004)

II. Agenda

The agenda for the February 2005 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 devices 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.
- Packaging of HCPCS codes.
- Other technical issues concerning APC structure.

III. Written Comments and Suggested Agenda Topics

Hardcopy written comments and suggested agenda topics should be sent to the DFO. Such items must be received by the DFO 5 p.m. (e.s.t.), Wednesday, January 26, 2005.

Additionally, the written comments and suggested agenda topics must fall within the subject categories outlined in the Panel's Charter listed in the Agenda section of this notice.

IV. Oral Presentations

Individuals or organizations wishing to make 5-minute oral presentations must contact the DFO. The DFO must receive hardcopy presentations by 5 p.m. (e.s.t.), on Wednesday, January 26, 2005, in order to be scheduled.

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 Criteria

The additional criteria below must be supplied to the DFO by the January 26, 2005 deadline (along with hardcopies of presentations).

- Required personal information regarding presenter(s):
 - + Name of presenter(s);
 - + Title(s);
 - + Organizational affiliation;
 - + Address;
 - + E-mail address, and
 - + Telephone number(s).
- All presentations must contain, at a minimum, the following supporting information and data:
 - + Financial relationship(s) of presenter(s), if any, with any company whose products, services, or procedures that are under consideration;
 - + Physicians' Current Procedural Terminology (CPT) codes involved;
 - + APC(s) affected;
 - + Description of the issue(s);
 - + Clinical description of the service under discussion (with comparison to other services within the APC);
 - + Recommendations and rationale for change;
 - + Expected outcome of change; and
 - + Potential consequences of not making the change(s).

VI. Oral Comments

In addition to formal oral presentations, there will be opportunity during the meeting for public oral comments that 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 call or e-mail the Panel DFO to register in advance no later than 5 p.m. (e.s.t.), Wednesday, February 9, 2005.

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.

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 30–45 minutes prior to the convening of the meeting each day. (Please note that the meeting on Wednesday, February 23, 2005 does not convene until 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.s.t.), Wednesday, February 9, 2005.

Authority: Section 1833(t) of the Act (42 U.S.C. 1395l(t), as amended by section 201(h) of the BBRA of 1999 (Pub. L. 106–113). 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: December 9, 2004.

Mark B. McClellan,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 04–28151 Filed 12–29–04; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–1292–N]

Medicare Program; Town Hall Meeting on the Fiscal Year 2006 Applications for New Medical Services and Technologies Add-on Payments Under the Hospital Inpatient Prospective Payment System Scheduled for February 23, 2005

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

ACTION: Notice of meeting.

SUMMARY: This notice, in accordance with section 503 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), announces a Town Hall meeting to discuss fiscal year (FY) 2006 applications for add-on payments for new medical services and technologies under the hospital inpatient prospective payment system (IPPS). Applicants, supporters, opponents, and other interested parties are invited to this meeting to present their comments, recommendations, and data regarding whether the FY 2006 new medical services and technologies applications meet the substantial clinical improvement criteria.

DATES: *Meeting Date:* The Town Hall meeting announced in this notice will be held on Wednesday, February 23, 2005 at 9 a.m. and check-in will begin at 8:30 a.m. EST.

Registration Deadline for Presenters: All presenters, whether attending in person or by phone, must register and submit their agenda item(s) by February 15, 2005.

Registration Deadline for All Other Participants: All other participants must register by February 17, 2005.

Comment Deadline: Written comments for discussion at the meeting must be received by February 15, 2005. All other written comments for consideration before publication of the IPPS proposed rule must be received by March 15, 2005.

ADDRESSES: The Town Hall meeting will be held in the Auditorium in the central building of the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244–1850.

Agenda Items or Written Comments: Agenda items and written comments regarding whether a FY 2006 application meets the substantial clinical improvement criterion may be sent by mail, fax, or electronically.