

Program; and c) upon request by the Secretary, HHS, advise the Secretary on whether there is a class of employees at any Department of Energy facility who were exposed to radiation but for whom it is not feasible to estimate their radiation dose, and on whether there is reasonable likelihood that such radiation doses may have endangered the health of members of this class.

Matters to be Discussed: Agenda for this meeting will focus on Program Status Reports from NIOSH and Department of Labor; Site Profile Status; Research Issues; a Board Working Session with Sanford Cohen and Associates, and a closed session to discuss Task Order Proposals and Independent Government Cost Estimate.

The closed portion of the meeting on the afternoon of February 6th will involve discussion of the Task Order proposals and Independent Government Cost Estimate (IGCE), which could lead to a revision of the IGCE. These contracts will serve to provide technical support consultation to assist the ABRWH in fulfilling its statutory duty to advise the Secretary of Health and Human Services on the scientific validity and quality of dose estimation and reconstruction efforts under the Energy Employees Occupational Illness Compensation Program Act.

This portion of the meeting will be closed to the public in accordance with provisions set forth regarding subject matter considered confidential under the terms of 5 U.S.C. 552b(c)(9)(B), 48 CFR 5.401(b)(1) and (4), and 48 CFR 7.304(d), and the Determination of the Director of the Director of the Management Analysis and Services Office, Centers for Disease Control and Prevention, pursuant to Pub. L. 92-1.A summary of this meeting will be prepared and submitted within 14 days of the close of the meeting.

The agenda is subject to change as priorities dictate.

Due to programmatic issues that had to be resolved, the **Federal Register** notice is being published less than fifteen days before the date of the meeting.

FOR FURTHER INFORMATION CONTACT:

Larry Elliott, Executive Secretary, ABRWH, NIOSH, CDC, 4676 Columbia Parkway, Cincinnati, Ohio 45226, telephone (513) 533-6825, fax (513) 533-6826.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for both the Centers for Disease Control and

Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: January 16, 2004.

Alvin Hall,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-1375-N]

Medicare Program; Request for Nominations to the Advisory Panel on Ambulatory Payment Classifications Groups

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

ACTION: Notice.

SUMMARY: This notice invites nominations of members to the Advisory Panel on Ambulatory Payment Classification (APC) Groups (the Panel). There will be four vacancies on the Panel as of March 31, 2004. 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 these groups and weights, which are major elements of the hospital outpatient prospective payment system. The Panel is chartered through November 21, 2004.

Nominations

Nominations will be considered if received at the appropriate address, which is provided below, no later than 5 p.m. e.s.t. February 13, 2004. Mail or deliver nominations to the following address: CMS, Center for Medicare Management, Hospital & Ambulatory Policy Group, Division of Outpatient Care, Attention: Shirl Ackerman Ross, Designated Federal Official (FACA), Advisory Panel on APC Groups, 7500 Security Boulevard, Mail Stop C4-05-17, Baltimore, MD 21244-1850.

FOR FURTHER INFORMATION CONTACT:

Persons wishing to nominate individuals to serve on the Panel or to obtain further information can also contact the Panel coordinator, Shirl Ackerman-Ross by e-mail at SAckermanross@cms.hhs.gov or by telephone at (410) 786-4474.

For additional information and updates on the Panel's activities, please refer to the Internet at <http://www.cms.gov/faca>.

You may also refer to the CMS Advisory Committee Information Hotlines at 1-877-449-5659 (toll-free) or 410-786-9379 (local) for additional information.

News media representatives should contact the CMS Press Office, (202) 690-6145.

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 Social Security Act (the Act) to consult with an advisory panel on Ambulatory Payment Classification (APC) Groups (the Panel). The Panel will meet up to three times annually to review the APC groups and to provide technical advice to the Secretary and to the Administrator of the Centers for Medicare & Medicaid Services (CMS) concerning the clinical integrity of the groups and their associated weights. The groups and their weights are major elements of the hospital Outpatient Prospective Payment System (OPPS). We will consider the technical advice provided by the Panel as we prepare the annual Notice of Proposed Rulemaking that will propose changes to the OPPS for the next calendar year.

The current members of the Panel are: Marilyn Bedell, M.S., R.N., O.C.N.; Geneva Craig, R.N., M.A.; Lora DeWald, M.Ed.; Albert Brooks Einstein, Jr., M.D.; Robert E. Henkin, 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.; Gerald V. Naccarelli, M.D.; Frank G. Opelka, M.D., F.A.C.S.; Beverly K. Philip, M.D.; Lynn R. Tomascik, R.N., M.S.N.; Timothy Gene Tyler, Pharm.D.; and William Van Decker, M.D. The Panel Chair position, which must be a CMS Federal official, is vacant.

The Charter allows for up to 15 members plus a Chair, and we will have four openings as of March 31, 2004. Therefore, we are requesting nominations for members to serve on the Panel. Panel members serve without compensation, pursuant to advance written agreement; however, travel, meals, lodging, and related expenses will be reimbursed in accordance with standard Government travel regulations. We have a special interest for ensuring that women, minorities, and the physically challenged are adequately represented on the Panel, and we

encourage nominations of qualified candidates from those groups.

The Secretary, or his designee, will appoint new members to the Panel from among those candidates determined to have the required expertise; new appointments will be done in a manner that will ensure an appropriate balance of membership.

II. Criteria for Nominees

Qualified nominees will meet those requirements necessary to be a Panel member. Panel members must be full-time employees and representatives of Medicare providers subject to the OPPS, with technical and/or clinical expertise in any of the following areas:

- Hospital payment systems.
- Hospital medical care delivery systems.
- Outpatient payment requirements.
- Ambulatory payment classification groups.
- Use of, and payment for, drugs and medical devices in an outpatient setting.
- Provision of, and payment for, partial hospitalization services.
- Any other relevant expertise.

It is not necessary that any nominee possess expertise in all of the areas listed, but each must have a minimum of 5 years experience and currently be employed full-time in his or her area of expertise. (**Please Note:** Consultants do not qualify for Panel membership under the nominee criteria.)

Members of the Panel serve overlapping 4-year terms, contingent upon the rechartering of the Panel on or before November 21, 2004.

Any interested person may nominate one or more qualified individuals. Self-nominations will also be accepted. Each nomination must include a letter of nomination, a curriculum vita of the nominee, and a statement from the nominee that the nominee is willing to serve on the Panel under the conditions described in this notice and further specified in the Charter.

III. Copies of the Charter

You may obtain a copy of the charter for the Panel by submitting a request to: Shirl Ackerman-Ross, CMS, Center for Medicare Management, Hospital & Ambulatory Policy Group, Division of Outpatient Care, 7500 Security Boulevard, Mail Stop C4-05-17, Baltimore, MD 21244, by telephone at (410) 786-4474 or by e-mail to SAckermanross@cms.hhs.gov. A copy of the charter is also available on the Internet at <http://www.cms.hhs.gov/faca>.

Authority: Section 1833(t)(9)(A) of the Social Security Act (42 U.S.C. 13951(t)(9)(A)) and Pub. L. 92-463 (5 U.S.C. App. 2).

Dated: January 16, 2004.

Dennis G. Smith,

Acting Administrator, Centers for Medicare & Medicaid Services.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-1362-N]

Medicare Program; February 23-24, 2004, Meeting of the Practicing Physicians Advisory Council

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

ACTION: Notice.

SUMMARY: In accordance with section 10(a) of the Federal Advisory Committee Act, this notice announces a meeting of the Practicing Physicians Advisory Council (the Council). The Council will be meeting to discuss certain proposed changes in regulations and carrier manual instructions related to physicians' services, as identified by the Secretary of the Department of Health and Human Services (the Secretary). These meetings are open to the public.

Meeting Registration: Persons wishing to attend this meeting must register for the meeting at least 72 hours in advance by contacting the Council Administrative Officer, Cheryl Slay, at cslay@cms.hhs.gov or (410)-786-7054. Persons who are not registered in advance will not be permitted into the Humphrey Building and thus will not be able to attend the meeting. Persons attending the meeting will be required to show a photographic identification, preferably a valid driver's license, before entering the building.

DATES: The meeting is scheduled for February 23, and February 24, 2004 from 8:30 a.m. until 5 p.m. e.s.t.

ADDRESSES: The meeting will be held in Room 800, at the Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201.

FOR FURTHER INFORMATION CONTACT: Kenneth Simon, M.D., Executive Director, Practicing Physicians Advisory Council, 7500 Security Boulevard, Mail Stop C4-11-27, Baltimore, MD 21244-1850, (410) 786-3377. Please refer to the CMS Advisory Committees Information Line: (1-877-449-5659 toll free)/(410-786-9379 local) or the Internet at <http://cms.hhs.gov/faca/ppac/default.asp> for additional information and updates on committee activities.

News media representatives should contact the CMS Press Office, (202) 690-6145.

SUPPLEMENTARY INFORMATION: The Secretary of the Department of Health and Human Services (the Secretary) is mandated by section 1868 of the Social Security Act (the Act) to appoint a Practicing Physicians Advisory Council (the Council) based on nominations submitted by medical organizations representing physicians. The Council meets quarterly to discuss certain proposed changes in regulations and carrier manual instructions related to physicians' services, as identified by the Secretary. To the extent feasible and consistent with statutory deadlines, the consultation must occur before publication of the proposed changes. The Council submits an annual report on its recommendations to the Secretary and the Administrator of the Centers for Medicare & Medicaid Services not later than December 31 of each year.

The Council consists of 15 physicians, each of whom has submitted at least 250 claims for physicians' services under Medicare in the previous year. Members of the Council include both participating and nonparticipating physicians, and physicians practicing in rural and underserved urban areas. At least 11 of the members of the Council must be physicians described in section 1861(r)(1) of the Act; that is, State-licensed doctors of medicine or osteopathy. The remaining members may include dentists, podiatrists, optometrists, and chiropractors. Members serve for overlapping 4-year terms; terms of more than 2 years are contingent upon the renewal of the Council by appropriate action before its termination. Section 1868(a) of the Act provides that nominations to the Secretary for Council membership must be made by medical organizations representing physicians.

The Council held its first meeting on May 11, 1992. The current members are: James Bergeron, M.D.; Ronald Castellanos, M.D.; Rebecca Gaughan, M.D.; Carlos R. Hamilton, M.D.; Joseph Heyman, M.D.; Dennis K. Iglar, M.D.; Joe Johnson, D.O.; Christopher Leggett, M.D.; Barbara McAneny, M.D.; Angelyn L. Moultrie-Lizana, D.O.; Laura B. Powers, M.D.; Michael T. Rapp, M.D. (Council Chair); Amilu Rothhammer, M.D.; Robert L. Urata, M.D.; and Douglas L. Wood, M.D.

Council members will be updated on the status of recommendations made. The agenda will provide for discussion and comment on the following topics:

- 2004 Physician Fee Schedule.
- Physicians Regulatory Issues Team Update.