

The agenda for the November 30, 2004 meeting will include the following:

- Recap of the previous (September 9, 2004) meeting.
- Centers for Medicare & Medicaid Services Update.
- Medicare Modernization Act: Outreach and Education.
- Public Comment.
- Listening Session with CMS Leadership.
- Next Steps.

Individuals or organizations that wish to make a 5-minute oral presentation on an agenda topic must submit a written copy of the oral presentation to Lynne Johnson, Health Insurance Specialist, Division of Partnership Development, Center for Beneficiary Choices, Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Mail stop S2-23-05, Baltimore, MD 21244-1850 or by email at ljohnson3@cms.hhs.gov no later than 12 noon, e.s.t., November 23, 2004. The number of oral presentations may be limited by the time available. Individuals not wishing to make a presentation may submit written comments to Ms. Johnson by 12 noon, (e.s.t.), November 23, 2004. The meeting is open to the public, but attendance is limited to the space available.

Special Accommodation: Individuals requiring sign language interpretation or other special accommodations must contact Ms. Johnson at least 15 days before the meeting.

Authority: Sec. 222 of the Public Health Service Act (42 U.S.C. 217a) and sec. 10(a) of Pub. L. 92-463 (5 U.S.C. App. 2, sec. 10(a) and 41 CFR 102-3).

(Catalog of Federal Domestic Assistance Program No. 93.733, Medicare—Hospital Insurance Program; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program.)

Dated: September 22, 2004.

Mark B. McClellan,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 04-23441 Filed 10-21-04; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-1484-N]

Medicare Program; November 22, 2004, Meeting of the Practicing Physicians Advisory Council

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

ACTION: Notice of meeting.

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). This meeting is open to the public.

DATES: The meeting is scheduled for Monday, November 22, 2004, from 8:30 a.m. until 5 p.m. e.s.t.

ADDRESSES: The meeting will be held in Room 505A, 5th floor, in the Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201.

MEETING REGISTRATION: Persons wishing to attend this meeting must contact John Lanigan, the Designated Federal Official (DFO), by e-mail at

Jlanigan@cms.hhs.gov or by telephone at (410) 786-2312, at least 72 hours in advance of the meeting to register.

Persons not registered in advance will not be permitted into the Humphrey Building and will not be permitted to attend the Council meeting. Persons attending the meeting will be required to show a photographic identification, preferably a valid driver's license, before entering the building.

FOR FURTHER INFORMATION CONTACT:

Kenneth Simon, M.D., Executive Director, Practicing Physicians Advisory Council, 7500 Security Blvd., Mail Stop C4-10-07, Baltimore, MD 21244-1850, telephone (410) 786-2312, or e-mail Ksimon@cms.hhs.gov. News media representatives must contact the CMS Press Office, (202) 690-6145. Please refer to the CMS Advisory Committee's Information Line (1-877-449-5659 toll free)/(410-786-9379 local) or the Internet at <http://www.cms.hhs.gov/faca/ppac/default.asp> for additional information and updates on committee activities.

SUPPLEMENTARY INFORMATION:

The Secretary of the Department of Health and Human Services (the Secretary) is mandated by section 1868 (a) 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 must have 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 members of the Council must be physicians as described in section 1861(r)(1) of the Act; that is, State-licensed doctors of medicine or osteopathy. The remaining 4 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 prior to 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—Jose Azocar, M.D.; James Bergeron, M.D.; Ronald Castellanos, M.D.; Rebecca Gaughan, M.D.; Peter Grimm, D.O.; Carlos R. Hamilton, M.D.; Dennis K. Iglar, M.D.; Joe Johnson, D.C.; Christopher Leggett, M.D.; Barbara McAneny, M.D.; Geraldine O'Shea, D.O.; Laura B. Powers, M.D.; Michael T. Rapp, M.D. (Chairperson); Anthony Senagore, M.D.; and Robert L. Urata, M.D.

The meeting will commence with a status report and our response to recommendations made by the Council at the August 30, 2004 meeting and prior meeting recommendations. Additionally, an update will be provided on the Physicians Regulatory Issues Team and Part "D" Benefits.

In accordance with the Council charter we are requesting assistance with the following agenda topics:

- Physician Fee Schedule Final Rule;
- Outpatient Final Rule;
- Medicare Coverage Process;
- Medicare Preventive Benefits & Welcome to Medicare Exam Visit; and
- Quality Initiative Projects: Doctor Office Quality—Information Technology Project (DOQ-IT).

For additional information and clarification on these topics, contact the Executive Director, listed under the **FOR FURTHER INFORMATION CONTACT** section of this notice. Individual physicians or medical organizations that represent physicians wishing to make a 5-minute oral presentation on agenda issues must contact the Executive Director by 12

noon, November 1, 2004, to be scheduled. Testimony is limited to agenda topics only.

The number of oral presentations may be limited by the time available. A written copy of the presenter's oral remarks must be submitted to John Lanigan, Designated Federal Official, by e-mail at Jlanigan@cms.hhs.gov no later than 12 noon, November 1, 2004, for distribution to Council members for review prior to the meeting. Physicians and medical organizations not scheduled to speak may also submit written comments to the Designated Federal Officer for distribution.

The meeting is open to the public, but attendance is limited to the space available.

Special Accommodations: Individuals requiring sign language interpretation or other special accommodation must contact John Lanigan by e-mail at Jlanigan@cms.hhs.gov or by telephone at (410) 786-2312 at least 10 days before the meeting.

Authority: (Section 1868 of the Social Security Act (42 U.S.C. 1395ee) and section 10(a) of Pub. L. 92-463 (5 U.S.C. App. 2, section 10(a)).

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

Dated: October 7, 2004.

Mark B. McClellan,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 04-23442 Filed 10-21-04; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-1302-N]

Medicare Program; Town Hall Meeting on the Medicare Provider Feedback Group (MPFG) November 16, 2004

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

ACTION: Notice.

SUMMARY: This notice announces a town hall meeting. The purpose of the meeting is to solicit the opinions of individual Medicare providers and suppliers to educate CMS on how we can better serve Medicare providers and suppliers. Providers, physicians, home health agencies, industry billing staff representatives, and other Medicare billers are invited to attend this meeting. We will consider facts and opinions

provided by individuals during this meeting. The information gathered will be used as feedback on CMS provider and supplier communication activities and related topics. The meeting is open to the public, but attendance is limited to space available.

DATES: The meeting is scheduled for Tuesday, November 16, 2004, from 2 p.m. until 3 p.m. e.s.t.

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

FOR FURTHER INFORMATION CONTACT: Robin Magwood, (410) 786-1999. You may also send e-mail inquiries about this meeting to RMagwood@cms.hhs.gov.

SUPPLEMENTARY INFORMATION:

Background

On November 16, 2004, we will convene a town hall meeting to solicit the opinions of individual Medicare providers and suppliers on how CMS can better serve Medicare providers and suppliers through communication education materials and other means. This meeting will provide the Agency with a venue that allows Agency managers an opportunity to interact with individual Medicare providers and suppliers and obtain their opinions on various topics. We will have follow-up meetings to solicit additional opinions and clarify any issues that may arise during the November 16, 2004 meeting.

At the November 16th meeting, we will explain CMS's design for gathering individual provider and supplier information, and then ask for opinions on how CMS can better serve the Medicare provider and supplier community. An on-line registration is available for interested individuals who wish to participate in the meeting in person or by teleconference. The on-line registration will capture contact information and practice characteristics, such as names, email addresses, and provider and supplier types.

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 providers and suppliers. The meeting moderator will be introduced, and, along with members of the Provider Communications Group, Centers for Medicare Management, will provide background information on the initiative. We will then hold a question and answer session that offers meeting attendees an opportunity to provide feedback on how CMS serves Medicare

providers and suppliers, as well as make suggestions regarding how this process can be improved.

Attending the Meeting: The Provider Communication Group, Centers for Medicare Management, Division of Provider Relations and Evaluation, 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.intercall.com/go/cms>. Registration will open on October 25, 2004 and close November 23, 2004. 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 12 p.m. on November 15, 2004 will delay confirmation and individuals may not be permitted entrance to the building. However, registrations received after November 16 will enable individuals to listen to a digital recording of the meeting.

Individuals may participate in the public meeting by teleconference. The dial-in number is 877-357-7851, and you should reference conference identification number 1040512. 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 the point of contact named in this **Federal Register** Notice.

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

Authority: Section 1811 and 1831 of the Social Security Act (42 U.S.C. 1395c and 1395j).

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

Dated: October 14, 2004.

Mark B. McClellan,

Administrator, Centers for Medicare & Medicaid Services.

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