

CHART 4 - PRELIMINARY IMD DSH LIMIT FOR FY: 2009											
A	B	C	D	E	F	G	H	I	J	K	L
STATE	INPATIENT HOSPITAL SERVICES FY 95 DSH TOTAL COMPUTABLE	IMD AND MENTAL HEALTH SERVICES FY 95 DSH TOTAL COMPUTABLE	TOTAL INPATIENT & IMD & MENTAL HEALTH FY 95 DSH TOTAL COMPUTABLE Col B + C	APPLICABLE PERCENT Col D	FY 2009 ALLOTMENT IN FS	FY 2009 FMAP	FY 2009 ALLOTMENTS IN TC Col FG	COL E * COL H IN TC	FY 2009 TC IMD LIMIT (Lesser of Col I or Col J)	FY 2009 IMD LIMIT IN FS Col G x J	MDA LOW DSH STATUS
ALABAMA	\$413,006,229	\$4,451,770	\$417,457,999	1.07%	\$301,226,016	67.38%	\$443,109,782	\$475,920	\$4,451,770	\$3,026,918	N/A
ARIZONA	\$93,916,100	\$28,474,900	\$122,391,000	23.27%	\$99,194,176	65.77%	\$150,804,586	\$35,065,468	\$28,474,900	\$18,727,942	N/A
CALIFORNIA	\$2,189,879,543	\$1,555,919	\$2,191,435,462	0.071%	\$1,073,882,982	50.00%	\$2,147,765,984	\$1,524,914	\$1,524,914	\$762,457	N/A
COLORADO	\$173,900,441	\$594,778	\$174,495,217	0.34%	\$90,612,704	50.00%	\$181,225,406	\$97,716	\$594,778	\$297,389	N/A
CONNECTICUT	\$303,359,275	\$105,573,725	\$408,933,000	25.82%	\$195,919,360	50.00%	\$391,838,720	\$101,160,516	\$101,160,516	\$50,580,258	N/A
DISTRICT OF COLUMBIA	\$36,532,234	\$6,545,136	\$43,077,370	14.20%	\$80,000,304	70.00%	\$85,714,720	\$12,175,468	\$6,545,136	\$4,581,395	N/A
FLORIDA	\$184,468,014	\$149,714,985	\$334,183,000	33.00%	\$195,919,360	55.40%	\$353,645,054	\$116,702,868	\$116,702,868	\$64,853,389	N/A
GEORGIA	\$407,343,557	\$0	\$407,343,557	0.00%	\$263,266,640	64.49%	\$408,228,625	\$0	\$0	\$0	N/A
HAWAII	\$0	\$0	\$0	0.00%	\$10,000,000	55.11%	\$18,145,627	\$0	\$0	\$0	N/A
ILLINOIS	\$315,968,509	\$89,408,275	\$405,376,784	22.06%	\$210,613,312	50.32%	\$418,547,917	\$92,336,028	\$89,408,275	\$44,900,244	N/A
INDIANA	\$79,960,783	\$153,566,302	\$233,527,085	33.00%	\$239,388,616	64.26%	\$325,846,275	\$107,529,271	\$107,529,271	\$69,098,306	N/A
KANSAS	\$78,663,508	\$88,250,716	\$166,914,224	33.00%	\$40,408,368	60.08%	\$67,267,603	\$22,195,009	\$22,195,009	\$13,334,761	N/A
KENTUCKY	\$158,804,908	\$37,443,073	\$196,247,981	19.08%	\$142,041,536	70.13%	\$202,540,334	\$38,643,620	\$37,443,073	\$26,258,827	N/A
LOUISIANA	\$1,078,512,169	\$132,917,149	\$1,211,429,318	10.97%	\$731,960,000	71.31%	\$1,026,447,904	\$112,821,122	\$112,821,122	\$60,510,122	N/A
MAINE	\$99,967,958	\$60,958,342	\$160,926,300	33.00%	\$102,867,664	64.41%	\$159,692,073	\$32,698,384	\$32,698,384	\$33,943,029	N/A
MARYLAND	\$22,226,467	\$120,873,531	\$143,099,998	33.00%	\$74,694,256	50.00%	\$149,388,512	\$49,298,209	\$49,298,209	\$24,649,104	N/A
MASSACHUSETTS	\$469,653,946	\$105,635,054	\$575,289,000	18.36%	\$298,777,024	50.00%	\$597,554,048	\$109,723,381	\$105,635,054	\$52,817,527	N/A
MICHIGAN	\$133,258,800	\$304,765,552	\$438,024,352	33.00%	\$259,593,152	60.27%	\$430,717,027	\$142,136,619	\$142,136,619	\$85,665,740	N/A
MISSISSIPPI	\$182,808,033	\$0	\$182,808,033	0.00%	\$149,388,512	75.84%	\$196,978,523	\$0	\$0	\$0	N/A
MISSOURI	\$521,946,524	\$207,234,618	\$729,181,142	28.42%	\$484,083,964	63.19%	\$734,426,308	\$208,725,304	\$207,234,618	\$130,951,555	N/A
NEVADA	\$73,560,000	\$0	\$73,560,000	0.00%	\$45,306,352	50.00%	\$90,612,704	\$0	\$0	\$0	N/A
NEW HAMPSHIRE	\$92,755,918	\$94,753,948	\$187,509,864	33.00%	\$155,832,000	50.00%	\$313,664,000	\$103,509,120	\$94,753,948	\$47,376,974	N/A
NEW JERSEY	\$736,742,538	\$357,370,461	\$1,094,113,000	32.68%	\$630,615,440	50.00%	\$1,261,230,880	\$411,956,225	\$357,370,461	\$178,685,231	N/A
NEW YORK	\$2,418,869,388	\$605,000,000	\$3,023,869,388	20.01%	\$1,573,477,360	50.00%	\$3,146,954,720	\$629,626,275	\$629,626,275	\$302,500,000	N/A
NORTH CAROLINA	\$193,201,995	\$236,072,627	\$429,274,622	33.00%	\$288,981,056	64.60%	\$447,338,096	\$147,621,902	\$147,621,902	\$95,983,748	N/A
OHIO	\$535,731,556	\$93,432,758	\$629,164,314	14.85%	\$397,961,200	62.14%	\$640,426,776	\$95,105,207	\$93,432,758	\$68,095,116	N/A
PENNSYLVANIA	\$388,207,319	\$579,199,882	\$967,407,201	33.00%	\$549,798,704	54.82%	\$1,008,434,884	\$332,783,515	\$332,783,515	\$181,433,572	N/A
RHODE ISLAND	\$108,903,167	\$2,397,833	\$110,901,000	2.18%	\$63,673,792	52.59%	\$121,075,655	\$2,617,827	\$2,397,833	\$1,261,020	N/A
SOUTH CAROLINA	\$366,981,364	\$72,076,341	\$439,057,705	15.43%	\$320,817,362	70.07%	\$457,853,506	\$175,213,274	\$72,076,341	\$30,933,892	N/A
TENNESSEE	\$0	\$0	\$0	0.00%	\$305,451,928	64.28%	\$475,189,663	\$0	\$0	\$0	N/A
TEXAS	\$1,220,515,401	\$292,513,592	\$1,513,028,993	19.33%	\$936,739,440	59.44%	\$1,575,941,184	\$304,676,368	\$292,513,592	\$173,707,079	N/A
VERMONT	\$19,979,252	\$9,071,297	\$29,050,549	31.23%	\$22,040,328	59.45%	\$37,074,732	\$11,576,921	\$9,071,297	\$5,382,866	N/A
VIRGINIA	\$129,313,490	\$7,770,268	\$137,083,758	5.67%	\$85,820,100	50.00%	\$171,640,200	\$9,729,019	\$7,770,268	\$3,885,134	N/A
WASHINGTON	\$171,725,815	\$163,836,435	\$335,562,250	33.00%	\$181,225,408	50.94%	\$355,762,481	\$117,401,619	\$117,401,619	\$59,804,365	N/A
WEST VIRGINIA	\$66,982,808	\$18,887,045	\$85,869,853	22.00%	\$66,122,784	73.73%	\$89,882,333	\$19,730,240	\$18,887,045	\$13,825,418	N/A
TOTAL	\$13,402,460,246	\$4,118,758,904	\$17,521,219,150		\$10,586,682,620		\$18,862,757,954	\$3,489,446,776	\$3,336,735,092	\$1,876,710,915	
<b>LOW DSH STATES</b>											
ALASKA	\$2,506,827	\$17,611,765	\$20,118,592	33.00%	\$19,954,067	50.53%	\$38,489,594	\$13,031,563	\$13,031,563	\$6,584,849	LOW DSH
ARKANSAS	\$2,422,548	\$819,351	\$3,241,900	25.27%	\$42,257,634	72.81%	\$58,038,228	\$14,668,008	\$819,351	\$596,569	LOW DSH
DELAWARE	\$0	\$7,069,000	\$7,069,000	33.00%	\$8,868,482	50.00%	\$17,736,964	\$5,853,188	\$5,853,188	\$2,826,599	LOW DSH
IDAHO	\$2,081,428	\$0	\$2,081,428	0.00%	\$16,102,128	69.77%	\$23,078,863	\$2	\$0	\$0	LOW DSH
IOWA	\$12,011,250	\$0	\$12,011,250	0.00%	\$38,577,638	62.82%	\$61,605,957	\$0	\$0	\$0	LOW DSH
MINNESOTA	\$24,240,000	\$5,257,214	\$29,497,214	17.82%	\$73,164,968	50.00%	\$146,329,936	\$26,080,021	\$5,257,214	\$2,628,607	LOW DSH
MONTANA	\$237,048	\$0	\$237,048	0.00%	\$11,119,184	66.04%	\$16,342,128	\$0	\$0	\$0	LOW DSH
NEBRASKA	\$6,449,102	\$1,811,337	\$8,260,439	21.93%	\$27,720,947	59.54%	\$46,558,359	\$10,209,249	\$1,811,337	\$1,078,470	LOW DSH
NEW MEXICO	\$6,490,015	\$254,785	\$6,744,801	3.78%	\$19,954,067	70.88%	\$28,151,922	\$1,063,444	\$254,785	\$180,592	LOW DSH
NORTH DAKOTA	\$214,528	\$984,478	\$1,203,001	33.00%	\$9,357,090	63.15%	\$14,817,245	\$4,889,691	\$984,478	\$624,224	LOW DSH
OKLAHOMA	\$20,019,999	\$3,273,248	\$23,293,247	14.05%	\$35,473,930	65.90%	\$53,829,638	\$7,564,380	\$3,273,248	\$2,157,070	LOW DSH
OREGON	\$11,437,308	\$19,975,082	\$31,412,390	33.00%	\$44,342,413	62.45%	\$71,004,665	\$23,431,538	\$19,975,082	\$12,474,443	LOW DSH
SOUTH DAKOTA	\$321,120	\$751,289	\$1,072,409	33.00%	\$10,819,300	62.55%	\$17,287,042	\$5,708,024	\$751,289	\$469,038	LOW DSH
UTAH	\$3,621,116	\$934,586	\$4,555,702	20.51%	\$19,217,714	70.71%	\$27,178,212	\$5,575,513	\$934,586	\$660,848	LOW DSH
WISCONSIN	\$6,809,524	\$4,492,011	\$11,301,535	33.00%	\$92,604,049	58.38%	\$158,951,581	\$51,464,022	\$4,492,011	\$2,667,366	LOW DSH
WYOMING	\$0	\$0	\$0	0.00%	\$221,711	50.00%	\$443,422	\$0	\$0	\$0	LOW DSH
TOTAL LOW DSH STATES	\$98,982,480	\$63,238,167	\$161,900,647		\$488,755,272		\$777,854,066	\$169,538,651	\$57,442,163	\$33,040,563	
TOTAL	\$13,501,432,326	\$4,181,997,071	\$17,683,429,397		\$11,068,437,892		\$19,460,612,020	\$3,638,985,427	\$3,394,177,255	\$1,909,769,580	

BILLING CODE 4120-01-C  
 (Catalog of Federal Domestic Assistance  
 Program No. 93.778, Medical Assistance  
 Program)

Dated: September 25, 2008.  
**Kerry Weems,**  
*Acting Administrator, Centers for Medicare  
 & Medicaid Services.*

Dated: October 14, 2008.  
**Michael O. Leavitt,**  
*Secretary.*

**Editorial Note:** This document was  
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**DEPARTMENT OF HEALTH AND  
 HUMAN SERVICES**

**Centers for Medicare & Medicaid  
 Services**

[CMS-1409-N]

**Medicare Program; First Semi-Annual  
 Meeting of the Advisory Panel on  
 Ambulatory Payment Classification  
 Groups—February 18-20, 2009**

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

**ACTION:** Notice.

**SUMMARY:** This notice announces the first semi-annual meeting of the Advisory Panel on Ambulatory Payment Classification (APC) Groups (the Panel) for 2009. 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 and final rules that would update the hospital Outpatient Prospective Payment System (OPPS) for CY 2010.

**DATES: Meeting Dates:** We are scheduling the first semi-annual meeting in 2009 for the following dates and times:

- Wednesday, February 18, 2009, 1 p.m. to 5 p.m. (e.s.t.)<sup>1</sup>
- Thursday, February 19, 2009, 8 a.m. to 5 p.m. (e.s.t.)<sup>1</sup>
- Friday, February 20, 2009, 8 a.m. to 12 noon (e.s.t.)<sup>2</sup>

**Deadlines:**

*Deadline for Hardcopy Comments/Suggested Agenda Topics*—5 p.m. (e.s.t.), Thursday, January 15, 2009

*Deadline for Hardcopy Presentations*—5 p.m. (e.s.t.), Thursday, January 15, 2009

*Deadline for Attendance Registration*—5 p.m. (e.s.t.), Wednesday, February 11, 2009

*Deadline for Special Accommodations*—5 p.m. (e.s.t.), Wednesday, February 11, 2009

*Submission 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 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>.

<sup>1</sup> 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.

<sup>2</sup> If the business of the Panel concludes on Thursday, February 19, 2009, there will be no Friday (February 20, 2009) meeting.

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 of 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.

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 **FOR 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.

**FOR 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:** We recommend that you advise couriers of the following information: 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](mailto:CMSAPCPanel@cms.hhs.gov).

**Note:** There is NO underscore in this e-mail address; there is a SPACE between CMS and APCPanel.

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:**

The following information is available on the CMS Web site at [http://www.cms.hhs.gov/FACA/05\\_AdvisoryPanelonAmbulatoryPaymentClassificationGroups.asp#TopOfPage](http://www.cms.hhs.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
- 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) to consult with an expert, outside advisory panel on the clinical integrity of the APC groups and weights established under the Medicare 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 Panel's work. Such expertise encompasses hospital payment systems; hospital medical care delivery systems; provider billing systems; APC groups; Current Procedural Terminology codes; and alpha-numeric Health Care Common Procedure Coding System codes; and the use of, and payment for, services 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, a CMS Medical Officer.
- Gloryanne Bryant, B.S., RHIA, RHIT, CCS.
- Patrick A. Grusenmeyer, Sc.D., FACHE.
- Kathleen Graham, R.N., MSHA, CPHQ, ACM.
- Judith T. Kelly, B.S.H.A., RHIT, RHIA, CCS.
- Michael D. Mills, PhD.
- Thomas M. Munger, M.D., FACC.
- Agatha L. Nolen, D.Ph., M.S.
- Randall A. Oyer, M.D.
- Beverly Khnie Philip, M.D.
- Russ Ranallo, M.S., B.S.
- James V. Rawson, M.D.
- Michael A. Ross, M.D., FACEP.
- Patricia Spencer-Cisek, M.S., APRN-BC, AOCN®.
- Kim Allen Williams, M.D., FACC, FABC.
- Robert M. Zwolak, M.D., PhD., FACS.

## II. Agenda

The agenda for the February 2009 meeting will provide for discussion and comment on the following topics as designated in the Panel's Charter:

- Addressing whether procedures within an APC group are similar both clinically and in terms of resource use.
- Evaluating APC group weights.
- Reviewing the packaging of OPSS services and costs, including the methodology and the impact on APC groups and payment.
- Removing procedures from the inpatient list for payment under the OPSS.
- Using single and multiple procedure claims data for CMS's determination of APC group weights.
- Addressing other technical issues concerning APC group structure.

**Note:** The subject matter before the Panel will be limited to these and related topics. Issues related to calculation of the OPSS conversion factor, charge compression, pass-through payments, or 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 recommend organizations 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, January 15, 2009. There will be no exceptions. We appreciate your cooperation on this matter.

The written comments and suggested agenda topics submitted for the February 2009 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, January 15, 2009, 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 Chair may further limit 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 DFO to register in advance no later than 5 p.m. (e.s.t.), Wednesday, February 11, 2009. 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, for example desktops, cell phones, and palm pilots, are subject to physical inspection.
- The public may enter the building 30 to 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 11, 2009.

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

Dated: December 4, 2008.

**Kerry Weems,**

*Acting Administrator, Centers for Medicare & Medicaid Services.*

[FR Doc. E8-30001 Filed 12-18-08; 8:45 am]

BILLING CODE 4120-01-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS-3209-N]

#### Medicare Program; Meeting of the Medicare Evidence Development & Coverage Advisory Committee—February 25, 2009

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

**ACTION:** Notice of meeting.

**SUMMARY:** This notice announces that a public meeting of the Medicare Evidence Development & Coverage Advisory Committee (MEDCAC) (“Committee”) will be held on Wednesday, February 25, 2009. The Committee generally provides advice and recommendations concerning the adequacy of scientific evidence needed to determine whether certain medical items and services can be covered under the Medicare statute. This meeting will focus on the requirements for evidence to determine if diagnostic use of genomic testing in beneficiaries with signs or symptoms of disease improves health outcomes in Medicare beneficiaries. The meeting will also discuss the various kinds of evidence that are useful to support requests for Medicare coverage in this field. This meeting is open to the public in accordance with the Federal Advisory Committee Act (5 U.S.C. App. 2, section 10(a)).

**DATES:** *Meeting Date:* This meeting will be held on Wednesday, February 25, 2009 from 7:30 a.m. until 4:30 p.m., eastern standard time (e.s.t.).

*Deadline for Submission of Written Comments:* Written comments must be received at the address specified in the **ADDRESSES** section of this notice by 5 p.m., e.s.t. on January 29, 2009. Once submitted all comments are final.

*Deadlines for Speaker Registration and Presentation Materials:* The deadline to register to be a speaker and to submit powerpoint presentation materials and writings that will be used in support of an oral presentation, is 5 p.m., e.s.t. on January 29, 2009. Speakers may register by phone or via e-mail by contacting the person listed in the **FOR FURTHER INFORMATION CONTACT**

section of this notice. Presentation materials must be received at the address specified in the **ADDRESSES** section of this notice.

*Deadline for All Other Attendees Registration:* Individuals may register by phone or via e-mail by contacting the person listed in the **FOR FURTHER INFORMATION CONTACT** section of this notice by 5 p.m., e.s.t. on Wednesday, February 18, 2009.

*Deadline for Submitting a Request for Special Accommodations:* Persons attending the meeting who are hearing or visually impaired, or have a condition that requires special assistance or accommodations, are asked to contact the Executive Secretary as specified in the **FOR FURTHER INFORMATION CONTACT** section of this notice no later than 5 p.m., e.s.t. Friday, February 18, 2009.

**ADDRESSES:** *Meeting Location:* The meeting will be held in the main auditorium of the Centers for Medicare & Medicaid Services, 7500 Security Blvd, Baltimore, MD 21244.

*Submission of Presentations and Comments:* Presentation materials and written comments that will be presented at the meeting must be submitted via e-mail to [MedCACpresentations@cms.hhs.gov](mailto:MedCACpresentations@cms.hhs.gov) or by regular mail to the contact listed in the **FOR FURTHER INFORMATION CONTACT** section of this notice by the date specified in the **DATES** section of this notice.

**FOR FURTHER INFORMATION CONTACT:** Maria Ellis, Executive Secretary for MEDCAC, Centers for Medicare & Medicaid Services, Office of Clinical Standards and Quality, Coverage and Analysis Group, C1-09-06, 7500 Security Boulevard, Baltimore, MD, 21244 or contact Ms. Ellis by phone at 410-786-0309 or via e-mail at [Maria.Ellis@cms.hhs.gov](mailto:Maria.Ellis@cms.hhs.gov)

#### SUPPLEMENTARY INFORMATION:

##### I. Background

MEDCAC, formerly known as the Medicare Coverage Advisory Committee (MCAC), provides advice and recommendations to CMS regarding clinical issues. (For more information on MCAC, see the December 14, 1998 **Federal Register** (63 FR 68780.)) This notice announces the February 25, 2009, public meeting of the Committee. During this meeting, the Committee will discuss the requirements for evidence to determine if diagnostic uses of genomic testing in beneficiaries with signs or symptoms of disease improves health outcomes in Medicare beneficiaries. Background information about this topic, including panel materials, are

available at <http://www.cms.hhs.gov/coverage>. We encourage the participation of appropriate organizations with expertise in the evidence regarding this use of genomic testing.

##### II. Meeting Format

This meeting is open to the public. The Committee will hear oral presentations from the public for approximately 45 minutes. The Committee may limit the number and duration of oral presentations to the time available. Your comments should focus on issues specific to the list of topics that we have proposed to the Committee. The list of research topics to be discussed at the meeting will be available on the following Web site prior to the meeting: [http://www.cms.hhs.gov/mcd/index\\_list.asp?list\\_type=mcac](http://www.cms.hhs.gov/mcd/index_list.asp?list_type=mcac). We require that you declare at the meeting whether you have any financial involvement with manufacturers (or their competitors) of any items or services being discussed.

The Committee will deliberate openly on the topics under consideration. Interested persons may observe the deliberations, but the Committee will not hear further comments during this time except at the request of the chairperson. The Committee will also allow a 15-minute unscheduled open public session for any attendee to address issues specific to the topics under consideration. At the conclusion of the day, the members will vote and the Committee will make its recommendation(s) to CMS.

##### III. Registration Instructions

CMS' Coverage and Analysis Group is coordinating meeting registration. While there is no registration fee, individuals must register to attend. You may register by contacting the person listed in the **FOR FURTHER INFORMATION CONTACT** section of this notice by the deadline listed in the **DATES** section of this notice. Please provide your full name (as it appears on your state-issued driver's license), address, organization, telephone, fax number(s), and e-mail address. You will receive a registration confirmation with instructions for your arrival at the CMS complex or you will be notified the seating capacity has been reached.

##### IV. Security, Building, and Parking Guidelines

This meeting will be held in a Federal government building; therefore, Federal security measures are applicable. We recommend that confirmed registrants arrive reasonably early, but no earlier