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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-5003-N2]

Medicare Program; Extension of Date of Submissions and Informational Meeting on the Application Process for the End-Stage Renal Disease—Disease Management Demonstration

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

ACTION: Notice of later date of submission of applications and of meeting.

SUMMARY: This notice announces that the date of submission of applications for the End-Stage Renal Disease (ESRD) Disease Management Demonstration is being extended 30 days (until October 2, 2003). This notice also announces an informational meeting to answer questions for and provide guidance to the parties interested in applying for the ESRD Disease Management Demonstration. This demonstration plans to increase the opportunity for Medicare beneficiaries with ESRD to receive integrated disease management services and to test the effectiveness of paying for services received by these beneficiaries in a new way. The meeting is open to the public, but attendance is limited to space available.

DATES: *Meeting Date*—The Informational meeting announced in this notice will be held on Monday, July 14, 2003, from 1 p.m. to 3 p.m. (Eastern Daylight Time). *Deadline for Written Questions and Registration:* Any interested party must register and may send written questions by mail, fax, or electronically, on or before 5 p.m. July 9, 2003.

ADDRESSES: The Informational meeting will be held in the main auditorium of the Centers for Medicare & Medicaid Services building, 7500 Security Boulevard, Baltimore, MD 21244. (All inquirers should state their interest in attending, and give contact information including organization and telephone number).

Written Questions: Send written questions *via mail to following address:* Centers for Medicare & Medicaid Services, Attn: Sid Mazumdar, Division of Demonstration Programs, Office of Research, Development, and Information, Centers for Medicare & Medicaid Services, C4-15-27, 7500

Security Boulevard, Baltimore, Maryland 21244-1850.

Please allow sufficient time for mailed comments to be timely received in the event of delivery delays. *E-mail* to the following e-mail address:

ESRDDemo@cms.hhs.gov fax to the

following fax number: (410) 786-1048

FOR FURTHER INFORMATION CONTACT: Sid Mazumdar, (410) 786-6673.

SUPPLEMENTARY INFORMATION:

I. Background

On June 4, 2003, we published a demonstration notice "Medicare Program; Demonstration: End-Stage Renal Disease—Disease Management (CMS-5003-N) in the **Federal Register** (68 FR 33495), that informed interested parties of an opportunity to apply for a waiver that would allow them to participate in the End-Stage Renal Disease (ESRD) Disease Management Demonstration. This new demonstration will foster more types of integrated care for Medicare beneficiaries with ESRD. We seek to test innovative approaches to integrating the chronic care management services for patients with ESRD with other acute care services. The demonstration aims to test the effectiveness of disease management models to increase quality of care for ESRD patients while ensuring that this care is provided more effectively and efficiently. National organizations have defined approaches to disease management, in order to improve patient outcomes while containing health care costs. Disease management programs tend to target persons whose primary health problem is a specific disease, along with comorbid conditions. Interventions tend to be highly structured and emphasize the use of standard protocols and adherence to clinical guidelines.

II. Meeting Format

The initial portion of the meeting will be a presentation of an outline of the proposed demonstration project. The remainder of the meeting will be reserved for a question and answer session for interested parties.

III. Registration Instructions

The Division of Demonstration Programs is coordinating meeting registration. While there is no registration fee, all individuals must register to attend. Because this meeting will be located on Federal property, for security reasons, any persons wishing to attend this meeting must call Sid Mazumdar at (410) 786-6673 or e-mail *ESRDDemo@cms.hhs.gov* to register by close of business on July 9, 2003. Attendees must show photographic

identification to the Federal Protective Service or Guard Service personnel before they will be permitted to enter the building. Individuals who have not registered in advance will not be allowed to enter the building to attend the meeting. Seating capacity is limited to the first 250 registrants. Our Atlanta, Boston, Chicago, Dallas, Denver, Kansas City, New York, Philadelphia, San Francisco, and Seattle, regional offices will host a Satellite Broadcast of the meeting for participants wanting to participate at these locations. These teleconference lines will be allotted on a first come, first serve basis.

Individuals requiring sign language interpretation for the hearing impaired or other special accommodations must contact Sid Mazumdar at least 10 days before the meeting.

Authority: Sections 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

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

Dated: June 24, 2003.

Thomas A. Scully,

Administrator, Centers for Medicare & Medicaid Services.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-1259-N]

Medicare Program; Public Meeting in Calendar Year 2003 for New Clinical Laboratory Tests Payment Determinations

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

ACTION: Notice of meeting.

SUMMARY: This notice announces the date and location of a public meeting in accordance with section 1833 (h) of the Social Security Act and section 531 (b) of the Benefits Improvement and Protection Act (BIPA), Pub. L. 106-554. The meeting will be held on July 28, 2003 to discuss payment determinations for specific new Physicians' Current Procedural Terminology (CPT) codes for clinical laboratory tests. The meeting provides a forum for interested individuals to make oral presentations and/or submit written comments on the new codes that will be included in Medicare's Clinical Laboratory Fee

Schedule for calendar year 2004, which will be effective on January 1, 2004. The presentations and comments are to be directed toward technical issues relating to payment determinations for a specified list of new clinical laboratory codes. The development of the codes for clinical laboratory tests is largely performed by the CPT Editorial Panel and will not be further discussed at the CMS meeting.

DATES: The public meeting is scheduled for Monday, July 28, 2003 from 8:30 a.m. to 4 p.m., e.d.t.

ADDRESSES: The meeting will be held at the Centers for Medicare & Medicaid Services (CMS) Auditorium located at 7500 Security Boulevard, Baltimore, Maryland 21244.

Registration: Registration Procedures: Beginning July 2, 2003 registration may be completed on-line at <http://www.cms.hhs.gov/paymentsystems>. The following information must be submitted when registering: name, company name, address, telephone number, and e-mail address. When registering, individuals who want to make a presentation must also specify for which new clinical laboratory test code(s) they will be presenting. A confirmation will be sent upon receipt of the registration.

Registration Deadline: Individuals must register by July 23, 2003. If on-line registration is not used, individuals may register by fax to the attention of Anita Greenberg at (410) 786-0169.

FOR FURTHER INFORMATION CONTACT: Anita Greenberg (410) 786-4601.

SUPPLEMENTARY INFORMATION:

I. Background

On December 21, 2000, the Congress passed the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA), Pub. L. 106-554. Section 531(b) of BIPA mandated procedures that permit public consultation for payment determinations for new clinical laboratory tests under Part B of title XVIII of the Social Security Act (the Act) in a manner consistent with the procedures established for implementing coding modifications for International Classification of Diseases (ICD-9-CM). The procedures and public meeting announced in this notice for new clinical laboratory tests are in accordance with the procedures published to implement section 531(b) of BIPA in the **Federal Register** at 66 FR 58743 on November 23, 2001. The public meeting is intended to provide expert input on the nature of new clinical laboratory tests and receive individual recommendations to either

cross walk or gap-fill for payment. Decisions regarding payment for the newly created Physicians' Current Procedural Terminology (CPT) codes will not be made at this meeting. A summary of the new codes and the payment recommendations that are presented during the public meeting will be posted on CMS web site by September 10, 2003 and can be accessed at <http://www.cms.hhs.gov/paymentsystems>. The summary will also display CMS' tentative payment determinations, and interested individuals may submit written comments on the tentative payment determinations by September 24, 2003 to the address specified in the summary.

II. Presentations

This meeting is open to the public. The on-site check-in for visitors will be held from 8 to 8:30 a.m., followed by opening remarks. Registered persons from the public may discuss and recommend payment determinations for specific new CPT codes for the 2004 Clinical Laboratory Fee Schedule. A newly created CPT code can either represent a refinement or modification of existing test methods, or a substantially new test method. The newly created CPT codes for the calendar year 2004 will be listed at the web site <http://www.cms.hhs.gov/paymentsystems> on or after July 2, 2003.

Presentations should be brief, and three written copies should be submitted to accompany the oral presentation. Presenters may also make copies available for approximately 50 meeting participants. Presenters should address the new test code(s) and descriptor, the test purpose and method, costs, charges, and a recommendation with rationale for one of two methods for determining payment for new clinical laboratory codes. In the first method, called cross walking, a new test is determined to be similar to an existing test, multiple existing test codes, or a portion of an existing test code. The new test code is then assigned the related existing local fee schedule amounts and resulting national limitation amount. The second method, called gap-filling, is used when no comparable, existing test is available. Then instructions are provided to each Medicare carrier to determine a payment amount for its geographic area(s) for use in the first year, and the carrier-specific amounts are used to establish a national limitation amount for following years. For each new clinical laboratory test code, a determination must be made to either cross walk or to gap-fill, and, if cross

walking is appropriate, to know what tests to which to cross walk.

III. General Information

The meeting will be held in a Federal government building; therefore, Federal security measures are applicable. In order to gain access to the building and grounds, participants must bring a government-issued photo identification and a copy of their registration confirmation. Security measures include inspection of vehicles, at entrance to the grounds, and the requirement for persons to pass through a metal detector when entering the building. All items brought to CMS, whether personal or for the purpose of demonstration or to support a presentation, are subject to inspection.

Special Accommodation: Persons attending the meeting who are hearing or visually impaired and have special requirements, or a condition that requires special assistance, should provide such information upon registering for the meeting.

Authority: Section 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 42 U.S.C. 1395hh)

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

Dated: June 11, 2003.

Thomas A. Scully,

Administrator, Centers for Medicare & Medicaid Services.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Refugee Resettlement

Administration for Children and Families; Refugee Microenterprise Development Program

AGENCY: Office of Refugee Resettlement (ORR), ACF, DHHS.

ACTION: Notice of availability of FY 2003 social services discretionary funds for refugee microenterprise development projects.

CFDA Number: The Catalog of Federal Domestic Assistance number for this program is 93.576. The title of the program is the Refugee Microenterprise Development Program.

SUMMARY: The Office of Refugee Resettlement (ORR) invites eligible entities to submit competitive grant applications for microenterprise