Americans With Disabilities Act and meets all Fire Safety Act regulations.

James C. Bradley,

Acting Public Printer.

[FR Doc. 04–20400 Filed 9–8–04; 8:45 am]

BILLING CODE 1520–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–04–04KC]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call (404) 498–1210 or send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–E11, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov*.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

EPI–AID Recommendations for Effective Control and Prevention—New—Epidemiology Program Office (EPO), Centers for Disease Control and Prevention (CDC).

Background & Brief Description:

CDC is requesting a 3-year approval to collect data from epidemiologic aid investigations. The purpose of this data collection is to assess the number and proportion of Epidemic AID (EPI–AID) investigations that provide practical recommendations for effective control and prevention. The EPI–AID mechanism is a means for Epidemic Intelligence Service (EIS) officers of the Centers for Disease Control and Prevention (CDC), along with other CDC staff, to provide technical support to state health agencies requesting assistance for epidemiologic field investigations (disease outbreaks or health emergencies).

Currently, Epi Trip Reports are delivered to the state health agency official requesting assistance shortly after completion of the EPI–AID investigation. This official can comment on both the timeliness and the practical utility of the recommendations from the investigation. Upon completion of the EPI–AID investigation, requesting officials at the state or local health department will be asked to complete a brief questionnaire to assess the promptness of the investigation and the usefulness of the recommendations.

This data collection methodology will improve the EPI–AID mechanism which allows CDC to respond rapidly to public health problems in need of urgent attention, thereby providing an important service to state and other public health agencies; and to provide supervised training opportunities for EIS officers (and, sometimes, other CDC trainees) to actively participate in epidemiologic investigations. There are no costs to respondents.

ANNUALIZED BURDEN TABLE

Respondents	No. of espondents	Number of esponses per respondent	Average urden per esponse in hrs.)	Total burden hours
EPI–AID Requests	100	1	10/60	17
Total	100			17

Dated: August 30, 2004.

Alvin Hall,

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

[FR Doc. 04–20409 Filed 9–8–04; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Adopting and Demonstrating the Adaptation of Prevention Techniques (ADAPT), Supplement to Program Announcement Number 04064

In accordance with Section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the following meeting:

Name: Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Adopting and Demonstrating the Adaptation of Prevention Techniques (ADAPT), Supplement to Program Announcement Number 04064.

Times and Dates: 5 p.m.–7 p.m., September 24, 2004 (Open); 7 p.m.–9 p.m., September 24, 2004 (Closed); 9 a.m.–9 p.m., September 25, 2004 (Closed); 9 a.m.–9 p.m., September 26, 2004 (Closed).

Place: Westin Hotel at Perimeter, 7 Concourse Parkway, Atlanta, GA 30328, Telephone (770) 395–3900.

Status: Portions of the meeting will be closed to the public in accordance with provisions set forth in Section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92–463.

Matters To Be Discussed: The meeting will include the review, discussion, and evaluation of applications received in

response to Supplement to Program Announcement Number 04064.

Contact Person For More Information: Jennifer Galbraith, Behavioral Scientist, CDC, National Center for HIV, STD, and TB Prevention, Division of HIV/AIDS Prevention Intervention Research and Support, Prevention Research Branch, 1600 Clifton Road, NE, MS–E37, Atlanta, GA 30333, Telephone (404) 639–8649.

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 CDC and the Agency for Toxic Substances and Disease Registry.

Dated: September 1, 2004.

Alvin Hall,

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

[FR Doc. 04–20417 Filed 9–8–04; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–8021–N]

RIN 0938–AN16

Medicare Program; Inpatient Hospital Deductible and Hospital and Extended Care Services Coinsurance Amounts for 2005

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

ACTION: Notice.

SUMMARY: This notice announces the inpatient hospital deductible and the hospital and extended care services coinsurance amounts for services furnished in calendar year 2005 under Medicare's Hospital Insurance program (Medicare Part A). The Medicare statute specifies the formulae used to determine these amounts.

The inpatient hospital deductible will be $912. The daily coinsurance amounts will be: (a) $228 for the 61st through 90th day of hospitalization in a benefit period; (b) $456 for lifetime reserve days; and (c) $114 for the 21st through 100th day of extended care services in a skilled nursing facility in a benefit period.

DATES: This notice is effective on January 1, 2005.

FOR FURTHER INFORMATION CONTACT: Clare McFarland, (410) 786–6390. For case-mix analysis only: Gregory J. Savord, (410) 786–1521.

SUPPLEMENTARY INFORMATION:

I. Background

Section 1813 of the Social Security Act (the Act) provides for an inpatient hospital deductible to be subtracted from the amount payable by Medicare for inpatient hospital services furnished to a beneficiary. It also provides for certain coinsurance amounts to be subtracted from the amounts payable by Medicare for inpatient hospital and extended care services. Section 1813(b)(2) of the Act requires us to determine and publish, between September 1 and September 15 of each year, the amount of the inpatient hospital deductible and the hospital and extended care services coinsurance amounts applicable for services furnished in the following calendar year.

II. Computing the Inpatient Hospital Deductible for 2005

Section 1813(b) of the Act prescribes the method for computing the amount of the inpatient hospital deductible. The inpatient hospital deductible is an amount equal to the inpatient hospital deductible for the preceding calendar year, changed by our best estimate of the payment-weighted average of the applicable percentage increases (as defined in section 1886(b)(3)(B) of the Act) used for updating the payment rates to hospitals for discharges in the fiscal year that begins on October 1 of the same preceding calendar year, and adjusted to reflect real case mix. The adjustment to reflect real case mix is determined on the basis of the most recent case mix data available. The amount determined under this formula is rounded to the nearest multiple of $4 (or, if midway between two multiples of $4, to the next higher multiple of $4).

Under section 1886(b)(3)(B)(i) of the Act, the percentage increase used to update the payment rates for fiscal year 2005 for hospitals paid under the prospective payment system is the market basket percentage increase. However, under Section 501 of The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA) (Pub. L. 108–173, enacted on December 8, 2003), hospitals will receive the full market basket update, for fiscal years 2005 through 2007, only if they submit quality data as specified by the Secretary. Those hospitals that do not submit such data will receive an update of the market basket reduced by 0.4 percentage point (4/10of one percent). In determining the payment-weighted average of the updates to payment rates to hospitals in 2005, we are estimating that the payments to hospitals not submitting quality data will be insignificant.

Under section 1886(b)(3)(B)(ii) of the Act, the percentage increase used to update the payment rates for fiscal year 2005 for hospitals excluded from the prospective payment system is the market basket percentage increase, defined according to section 1886(b)(3)(B)(iii) of the Act.

The market basket percentage increase for fiscal year 2005 is 3.3 percent, as announced in the final rule titled ''Medicare Program; Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2005 Rates,'' published in the **Federal Register** on August 11, 2004 (69 FR 48915). Therefore, the percentage increase for hospitals paid under the inpatient prospective payment system is 3.3 percent. The average payment percentage increase for hospitals excluded from the inpatient prospective payment system is 3.3 percent. Weighing these percentages in accordance with payment volume, our best estimate of the payment-weighted average of the increases in the payment rates for fiscal year 2005 is 3.3 percent.

To develop the adjustment for real case mix, we first calculated for each hospital an average case mix that reflects the relative costliness of that hospital's mix of cases compared to those of other hospitals. We then computed the change in average case mix for hospitals paid under the Medicare prospective payment system in fiscal year 2004 compared to fiscal year 2003. (We excluded from this calculation hospitals excluded from the prospective payment system because their payments are based on reasonable costs.) We used bills from prospective payment hospitals that we received as of July 2004. These bills represent a total of about 9.5 million discharges for fiscal year 2004 and provide the most recent case mix data available at this time. Based on these bills, the change in average case mix in fiscal year 2004 is 0.44 percent. Based on past experience, we expect the overall case mix change to be 0.7 percent as the year progresses and more fiscal year 2004 data become available.

Section 1813 of the Act requires that the inpatient hospital deductible be adjusted only by that portion of the case mix change that is determined to be real. We estimate that the change in real case mix for fiscal year 2004 is 0.7 percent.

Thus, the estimate of the payment-weighted average of the applicable percentage increases used for updating the payment rates is 3.3 percent, and the real case mix adjustment factor for the