

comments or two paper copies of any mailed comments, except that individuals may submit one paper copy. Comments are to be identified with the docket number found in brackets in the heading of this document. Received comments may be seen in the Division of Dockets Management between 9 a.m. and 4 p.m., Monday through Friday.

Dated: June 7, 2004.

Linda S. Kahan,

Deputy Director, Center for Devices and Radiological Health.

[FR Doc. 04-13872 Filed 6-18-04; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Reimbursement Rates for Calendar Year 2004

AGENCY: Indian Health Service, HHS.

ACTION: Notice.

SUMMARY: Notice is given that the Director of Indian Health Service (IHS), under the authority of sections 321(a) and 322(b) of the Public Health Service Act (42 U.S.C. 248(a) and 249(b)) and the Indian Health Care Improvement Act (25 U.S.C. 1601), has approved the following rates for inpatient and outpatient medical care provided by IHS facilities for Calendar Year 2004 for Medicare and Medicaid Beneficiaries and Beneficiaries of other Federal Agencies. The Medicare Part A inpatient rates are excluded from the table below as they are paid based on the prospective payment system. Since the inpatient rates set forth below do not include all physician services and practitioner services, additional payment may be available to the extent that those services meet applicable requirements. Legislation, effective July 1, 2001, allows IHS facilities to file Medicare claims with the carrier for payment for physician services.

Inpatient Hospital per Diem Rate (Excludes Physician Services) Calendar Year 2004

| | |
|-----------------------|---------|
| Lower 48 States | \$1,512 |
| Alaska | \$1,837 |

Outpatient per Visit Rate (Excluding Medicare) Calendar Year 2004

| | |
|----------------------|-------|
| Lower 48 States..... | \$402 |
| Alaska | |

Outpatient per Visit Rate (Medicare) Calendar Year 2004

| | |
|----------------------|-------|
| Lower 48 States..... | \$367 |
| Alaska | |

Medicare Part B Inpatient Ancillary per Diem Rate Calendar Year 2004

| | |
|-----------------------|-------|
| Lower 48 States | \$307 |
| Alaska | \$638 |

Outpatient Surgery Rate (Medicare)

Established Medicare rates for freestanding Ambulatory Surgery Centers.

Effective Date for Calendar Year 2004 Rates

Consistent with previous annual rate revisions, the Calendar Year 2004 rates will be effective for services provided on/or after January 1, 2004, to the extent consistent with payment authorities including the applicable Medicaid State plan.

Dated: February 3, 2004.

Charles W. Grim,

Assistant Surgeon General, Director, Indian Health Service.

Editorial Note: This document was received by the Office of the Federal Register on June 15, 2004.

[FR Doc. 04-13892 Filed 6-18-04; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; Multi-Ethnic Study of Atherosclerosis (Mesa) Event Surveillance

SUMMARY: 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 National Heart, Lung, and Blood Institute (NHLBI), the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection: Title: Multi-Ethnic Study of Atherosclerosis (MESA) Event Surveillance. Type of Information Request: Renewal (OMB No. 0925-0493). Need and Use of Information Collection: The study, MESA, will identify and quantify factors associated with the presence and progression of subclinical cardiovascular disease (CVD)—that is, atherosclerosis and other forms of CVD that have not produced signs and symptoms. The findings will provide important information on subclinical CVD in individuals of different ethnic backgrounds and provide information for studies on new interventions to prevent CVD. The aspects of the study that concern direct participant evaluation received a clinical exemption from OMB clearance (CE-99-11-08) in April 2000. OMB clearance is being sought for the contact of physicians and participant proxies to obtain information about clinical CVD events that participants experience during the follow-up period. Frequency of response: Once per CVD event. Affected public: Individuals. Types of Respondents: Physicians and selected proxies of individuals recruited for MESA. The annual reporting burden is as follows: Estimated Number of Respondents: 555; Estimated Number of Responses per respondent: 1.0; and Estimated Total Annual Burden Hours Requested: 42.

There are no capital, operating, or maintenance costs to report.

| Type of respondents | Estimated number of respondents | Estimated number of responses per respondent | Average burden hours per response | Estimated total annual burden hours requested |
|---------------------------|---------------------------------|--|-----------------------------------|---|
| Physicians | 279 | 1.0 | 0.20 | 19 |
| Participant proxies | 276 | 1.0 | 0.25 | 23 |
| Total | 555 | 1.0 | 0.225 | 42 |