

Respondents	Number of re-pondents	Number of re-sponses per re-spondent	Average bur-den per re-sponse (in hrs.)
Clinic Form 1	26	204 (12 x 17)	11/60
Laboratory Form 2	5	1,056 (12 x 88)	60/60
Laboratory Form 3	5	48 (12 x 4)	12/60

Dated: September 24, 2001.
Nancy E. Cheal,
Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY-47-01]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of

information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639-7090. Send written comments to CDC, Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503. Written comments should be received within 30 days of this notice.

Proposed Project: Evaluation of Viral Hepatitis B Educational Slide Materials—New—National Center for Infectious Disease (NCID), Centers for Disease Control and Prevention (CDC). The purpose of the proposed study is to assess the usefulness of the Hepatitis B

and You, an educational slide set located on the website of the Hepatitis Branch, NCID, CDC. The Hepatitis B and You educational slide set is used to educate persons about hepatitis B in general and more specifically the importance of hepatitis B vaccination to prevent perinatal transmission of hepatitis B virus (HBV). An estimated 1.25 million Americans are chronically infected with HBV and 4,000 to 5,000 die each year due to resultant cirrhosis and liver cancer. The estimated cost associated with HBV infections is \$700 million a year in medical care and lost work days. The annualized total burden is 414 hours.

Form name	Number of respondents	Number of re-sponses per respondent	Avg. burden per response (in hours)
Web	1656	1	15/60

Dated: September 24, 2001.
Nancy E. Cheal,
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-1182-FN]

RIN 0938-AK75

Medicare Program; Revision of Payment Rates for End-Stage Renal Disease (ESRD) Patients Enrolled in Medicare+Choice Plans

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

ACTION: Final notice.

SUMMARY: This final notice establishes a new payment methodology, effective

January 2002, for beneficiaries with End-Stage Renal Disease (ESRD) who are enrolled in Medicare+Choice (M+C) plans. This methodology implements section 605 of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA). Section 605 requires the Secretary to increase M+C ESRD payment rates, using appropriate adjustments, to reflect the demonstration rates (including the risk adjustment methodology associated with those rates) of the social health maintenance organization (SHMO) ESRD capitation demonstrations. Briefly, the methodology set forth in this final notice—

Increases the base year rates by 3 percent to reach 100 percent of fee-for-service costs as estimated for the base year for M+C purposes (this adopts the approach used under the ESRD SHMO demonstration); and

Adjusts State per capita rates by age and sex factors, in order to pay more accurately, given differences in costs among ESRD patients.

The effect of the new M+C ESRD payment methodology is to increase Medicare's fiscal year (FY) 2002 M+C ESRD payments by an estimated \$35 million (for 9 months of costs, given the effective date of January 2002). M+C ESRD payment increases through FY 2006 are estimated to be \$55 million for FY 2003, \$55 million for FY 2004, \$60 million for FY 2005, and \$65 million for FY 2006.

The payment methodology set forth in this notice will govern M+C payments for enrollees with ESRD in 2002.

EFFECTIVE DATE: This final notice is effective January 1, 2002.

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FOR FURTHER INFORMATION CONTACT: Anne Hornsby, (410) 786-1181.

SUPPLEMENTARY INFORMATION:

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