C. Conclusion

Our impact analysis compared hospice payments by using the FY 2004 wage index to the estimated payments using the FY 2005 wage index. Through the analysis, we estimate that total hospice payments will increase from last year by 1.0 percent or by $60,113,000. Additionally, we compared estimated payments using the FY 1983 hospice wage index to estimated payments using the FY 2005 wage index and determined the current hospice wage index to be budget neutral, as required by the negotiated rulemaking committee. We have determined that this rule is not an economically significant rule under Executive Order 12866. Although we believe that this rule will not have a significant economic impact on a substantial number of small entities, we took any negative effects into consideration during the negotiated rulemaking process. We have determined that this notice will not have a significant impact on the operations of a substantial number of small rural hospitals. Finally, this notice will not have a consequential effect on State, local, or tribal governments.

OMB Review

In accordance with the provisions of Executive Order 12866, the Office of Management and Budget reviewed this notice.

Authority: Section 1814(i) of the Social Security Act (42 U.S.C. 1395f (i)(1))

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

Dated:

Mark B. McClellan,

Administrator, Centers for Medicare & Medicaid Services.

Dated:

Tommy G. Thompson,

Secretary.

[FR Doc. 04–19697 Filed 8–26–04; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–5025–CN]

RIN 0938–ZA51

Medicare Program; Medicare Replacement Drug Demonstration; Correction

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

ACTION: Notice; correction.

SUMMARY: This document corrects technical and typographical errors that appeared in the notice published in the **Federal Register** on June 29, 2004 entitled ''Medicare Replacement Drug Demonstration (69 FR 38898).'' That notice announced the implementation of a demonstration that would pay through December 31, 2005 under Medicare Part B for drugs and biologicals that are prescribed as replacements for existing covered Medicare drugs and biologicals described in section 1861(s)(2)(A) or 1861(s)(2)(Q), or both, of title XVIII of the Social Security Act.

DATES: Effective June 29, 2004.

FOR FURTHER INFORMATION CONTACT: Jody Blatt, (410) 786–6921.

SUPPLEMENTARY INFORMATION:

I. Background

In FR Doc. 04–14673 of June 29, 2004 (69 FR 38898), there were a number of technical and typographical errors that are identified and corrected in the Correction of Errors section below. The provisions in this correction notice are effective as if they were included in the document published June 29, 2004. Accordingly, the corrections are effective June 29, 2004.

II. Correction of Errors

In FR Doc. 04–14673 of June 29, 2004 (69 FR 38898), make the following corrections:

1. On page 38899, in the table, in the first column, the term entitled ''Chronic Myelogenous Lymphoma'' is corrected to read ''Chronic Myelogenous Leukemia.''

2. On page 38899, in the table, in the first column, the term entitled ''Anaplastic astrocytoma'' is removed. Temodar, which treats anaplastic astrocytoma, is already covered under Medicare Part B and will not be covered under this demonstration.

3. On page 38899, in the table, in the second column, the drug entitled ''Pegalated interferon alfa–2a (PEG–Intron)'' is corrected to read ''Pegylated interferon alfa–2b (PEG–Intron).''

4. On page 38899, in the table, in the second column the drug entitled ''Temozolomide (Temodar)'' is removed. Temodar is already covered under Medicare Part B and will not be covered under this demonstration.

5. On page 38900, in the first column, in the fourth paragraph, in the seventh and eighth lines, the words ''Advance PCS, a Caremark Company (Caremark),'' are corrected to read ''Caremark.'' The correct reference to this company is Caremark, not Advance PCS, a Caremark Company.

6. On page 38902, in the third column, in the first through eighth lines, remove the sentence ''The rules for low-income assistance, including coverage levels and determination of eligibility, have been established to be consistent with what will be in effect in 2006 when the Medicare Part D drug benefit is implemented.'' Rules established for this demonstration apply only to this demonstration and do not necessarily reflect how the Medicare Part D benefit will be implemented.

7. On page 38903, in Table 1A, the following sentence is added to the footnote, ''Under the different low income benefit levels, subsidies by Medicare as well as out-of-pocket payments by the beneficiary count towards the out-of-pocket catastrophic limit.''

8. On page 38904, in Table 1B, in the second column, under the heading entitled ''Benefit Level 1 (Standard),'' in the third row, the amount ''$1,350'' is corrected to read ''$2,850.''

9. On page 38904, in Table 1B, the following sentence is added to the footnote, ''Under the different low income benefit levels, subsidies by Medicare as well as out-of-pocket payments by the beneficiary count towards the out-of-pocket catastrophic limit.''

III. Waiver of Proposed Rulemaking

We ordinarily publish a notice of proposed rulemaking in the **Federal Register** to provide a period for public comment before the provisions of a notice take effect. We can waive this procedure, however, if we find good cause that notice and comment procedure is impracticable, unnecessary, or contrary to the public interest and incorporate a statement of the finding and the reasons for it into the notice issued.

We find it unnecessary to undertake notice and comment rulemaking because this notice merely provides technical corrections to the notice.

Therefore, we find good cause to waive notice and comment procedures.

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

Dated: August 4, 2004.

Jacquelyn Y. White,

Director, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 04–18643 Filed 8–26–04; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–3136–N]

Medicare Program; Meeting of the Medicare Coverage Advisory Committee—September 28, 2004

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

ACTION: Notice.

SUMMARY: This notice announces a public meeting of the Medicare Coverage Advisory Committee (MCAC). The Committee provides advice and recommendations about whether scientific evidence is adequate to determine whether certain medical items and services are reasonable and necessary under the Medicare statute. This meeting concerns the use of portable multichannel home sleep testing devices as an alternative to facility-based polysomnography in the evaluation of obstructive sleep apnea. Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. App. 2, section 10(a)).

DATES: The public meeting will be held on Tuesday, September 28, 2004 from 7:30 a.m. until 3:30 p.m. e.s.t.

Deadline for Presentations and Comments: Written comments must be received by September 10, 2004, 5 p.m., e.s.t.

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 notify the Executive Secretary by September 3, 2004 (see **FOR FURTHER INFORMATION CONTACT**).

ADDRESSES: The meeting will be held at the Holiday Inn Inner Harbor, 301 West Lombard Street, Baltimore, MD 21201.

Presentations and Comments: Interested persons may present data, information, or views orally or in writing on issues pending before the Committee. Please submit written comments to Janet A. Anderson, by e-mail at *JAnderson@cms.hhs.gov* or by mail to the Executive Secretary, Office of Clinical Standards and Quality, Centers for Medicare & Medicaid Services, 7500 Security Boulevard, MailStop C1–09–06, Baltimore, MD 21244.

Website: You may access up-to-date information on this meeting at *http://www.cms.hhs.gov/mcac/default.asp#meetings*.

Hotline: You may access up-to-date information on this meeting on the CMS Advisory Committee Information Hotline, 1–877–449–5659 (toll free) or in the Baltimore area (410) 786–9379.

FOR FURTHER INFORMATION CONTACT: Janet A. Anderson, Executive Secretary, by telephone at (410) 786–2700 or by e-mail at *JAnderson@cms.hhs.gov*.

SUPPLEMENTARY INFORMATION: On December 14, 1998, we published a notice in the **Federal Register** (63 FR 68780) to describe the Medicare Coverage Advisory Committee (MCAC), which provides advice and recommendations to us about clinical issues. This notice announces a public meeting of the Committee.

Meeting Topic: The Committee will discuss the evidence, hear presentations and public comment, and make recommendations regarding the use of portable multichannel home sleep testing devices as an alternative to facility-based polysomnography in the evaluation of obstructive sleep apnea (OSA). Current national coverage guidelines specify that only polysomnograpy done in a facility-based sleep study laboratory may be used to identify patients with OSA requiring Continuous Positive Airway Pressure (CPAP) therapy. Polysomnograpy is the continuous and simultaneous monitoring and recording of various physiological and pathophysiological parameters of sleep. It includes sleep staging that is defined to include a 1 to 4 lead electroencephalogram (EEG), and electro-oculogram (EOG), and a submental electromyogram (EMG). Determination of respiratory effort, airflow, oxygen saturation, detection of cardiac abnormalities via electrocardiogram (ECG), body position, and limb movements are also essential features of the test. Portable monitoring devices encompass a wide range of technologies some of which are capable of obtaining the same measurement parameters as standard polysomnography. However, devices also exist that measure only subsets of this information. For example, certain devices measure cardiopulmonary variables, such as respiratory effort, airflow, oxygen saturation, and heart rate or ECG, without the ability to determine sleep staging. Another category of devices measures only one or two variables, such as oxygen saturation and heart rate or ECG. Background information about this topic, including panel materials, is available on the Internet at *http://www.cms.hhs.gov/coverage/*.

Procedure: 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. If you wish to make formal presentations, you must notify the Executive Secretary named in the **FOR FURTHER INFORMATION CONTACT** section and submit the following by the *Deadline for Presentations and Comments* date listed in the **DATES** section of this notice: a brief statement of the general nature of the evidence or arguments you wish to present, and the names and addresses of proposed participants. A written copy of your presentation must be provided to each Committee member before offering your public comments. Your presentation must address the questions asked by us to the Committee. If the specific questions are not addressed, your presentation will not be accepted. The questions will be available on our website at *http://www.cms.hhs.gov/mcac/default.asp#meetings*. We request that you declare at the meeting whether or not you have any financial involvement with manufacturers of any items or services being discussed (or with their competitors).

After the public and CMS presentations, the Committee will deliberate openly on the topic. 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 topic. At the conclusion of the day, the members will vote and the Committee will make its recommendation.

Authority: 5 U.S.C. App. 2, section 10(a).

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

Dated: July 27, 2004.

Sean R. Tunis,

Director, Office of Clinical Standards and Quality, Centers for Medicare & Medicaid Services.

[FR Doc. 04–18632 Filed 8–26–04; 8:45 am]

BILLING CODE 4120–01–P