

requirement in order to provide an alternate rule for paying outcome payments to a provider of services to whom a beneficiary in the treatment group has assigned a ticket. Under the alternate rule, we may pay outcome payments for months in which the beneficiary has earnings above the SGA amount. We may pay an outcome payment even though we reduce the benefit payment because of earnings instead of stopping the payment.

Terminating the Alternate Rules for BOPD Participants Who Have Not Completed Their Trial Work Periods

In the BOPD, we have been testing the overall effects of a benefit offset under the title II disability program, including its effectiveness in encouraging disability beneficiaries to return to work and its impact on agency operations. We have been gathering information regarding the effect of the availability of a benefit offset on beneficiaries' efforts to work or increase their earnings. In addition, we have been evaluating our procedures to administer the benefit offset under the BOPD. Based on this evaluation, we have concluded that the process developed for administering the benefit offset under the BOPD is inefficient and administratively burdensome.

We have used the information obtained from this pilot demonstration to develop and refine a national benefit offset demonstration project. Over the course of this pilot demonstration project, we shared significant data and analysis with the design contractor for the national demonstration project. Based on this information, the design contractor extensively modified its design proposals. We have concluded the contract for design of the national project, and we are developing a system to provide an efficient method for administering a benefit offset provision under the national demonstration project.

Because the process we developed for administering the benefit offset under the BOPD proved to be inefficient and administratively burdensome, we are curtailing this pilot demonstration project. We are terminating the alternate rules for participants who have not worked long enough or at a sufficient level to qualify for the benefit offset provision. Effective January 1, 2009, we are terminating the alternate title II disability program rules and the alternate Ticket to Work program rule, for participants in the BOPD treatment group who have not completed their trial work periods by December 31, 2008. We will continue the alternate rules for participants in the treatment

group who have completed their trial work periods by December 31, 2008, and therefore are eligible for the benefit offset, until these beneficiaries complete their 72-month reentitlement periods.

Dated: December 5, 2008.

Michael J. Astrue,

Commissioner of Social Security.

[FR Doc. E8-29334 Filed 12-10-08; 8:45 am]

BILLING CODE 4191-02-P

DEPARTMENT OF STATE

[Public Notice 6408]

U.S. National Commission for UNESCO Notice of Teleconference Meeting

The U.S. National Commission for UNESCO will hold a meeting by conference call on Monday, December 22, 2008 beginning at 11 a.m. Eastern Time. The open portion of the meeting should last approximately twenty minutes and will address a variety of issues and projects related to UNESCO. Additional topic areas that relate to UNESCO may be discussed as needed.

The Commission will accept brief oral comments from members of the public during the open portion of this teleconference meeting. The public comment period will be limited to approximately ten minutes in total with about three minutes allowed per speaker. Members of the public who wish to present oral comments or listen to the conference call must make arrangements with the Executive Secretariat of the National Commission by December 18, 2008. The second portion of the teleconference meeting will be closed to the public to allow the Commission to discuss applications for the UNESCO Young Professionals Program. This portion of the call will be closed to the public pursuant to Section 10(d) of the Federal Advisory Committee Act and 5 U.S.C. 552b(c)(6) because it is likely to involve discussion of information of a personal nature regarding the relative merits of individual applicants where disclosure would constitute a clearly unwarranted invasion of personal privacy. For more information or to arrange to participate in the open portion of the teleconference meeting, contact Andrew Doran, Deputy Executive Director of the U.S. National Commission for UNESCO, Washington, DC 20037. *Telephone:* (202) 663-0028; *Fax:* (202) 663-0035; *E-mail:* DCUNESCO@state.gov.

Dated: November 24, 2008.

Alex Zemek,

Executive Director, U.S. National Commission for UNESCO, Department of State.

[FR Doc. E8-29341 Filed 12-10-08; 8:45 am]

BILLING CODE 4710-19-P

DEPARTMENT OF VETERANS AFFAIRS

Copayment for Medication

AGENCY: Department of Veterans Affairs.

ACTION: Notice.

SUMMARY: The Department of Veterans Affairs (VA) is hereby giving notice that there is no change in the medication copayment rate for calendar year 2009 and the rate will remain at \$8.00. The total amount of copayments in a calendar year for a veteran enrolled in one of the priority groups 2 through 6 shall not exceed the cap of \$960.00. These rates are based on the Prescription Drug component of the Medical Consumer Price Index as cited in title 38, Code of Federal Regulations, part 17, section 17.110.

FOR FURTHER INFORMATION CONTACT:

Tony Guagliardo, Director, Business Policy (163), Veterans Health Administration, 810 Vermont Avenue, NW., Washington, DC 20420, (202) 461-1591. (This is not a toll-free number.)

SUPPLEMENTARY INFORMATION: VA is required by law to charge certain veterans a copayment for each 30-day or less supply of medication provided on an outpatient basis (other than medication administered during treatment) for treatment of a non-service connected condition. Public Law 106-117, The Veterans' Millennium Health Care and Benefits Act, gives the Secretary of Veterans Affairs authority to increase the medication copayment amount and to establish a calendar year cap on the amount of medication copayments charged to veterans enrolled in priority groups 2 through 6. When veterans reach the calendar year cap, they will continue to receive medications without additional copayments for that calendar year.

Formula for Calculating the Medication Copayment Amount:

Each calendar year beginning after December 31, 2002, the Prescription Drug component of the Medical Consumer Price Index of the previous September 30 is divided by the Index as of September 30, 2001. The ratio is then multiplied by the original copayment amount of \$7.00. The copayment amount of the new calendar year is then

rounded down to the whole dollar amount.

Computation of Calendar Year 2009 Medication Copayment Amount Includes:

a. Prescription Drug Medical Consumer Price Index as of September 30, 2008 = 377.1.

b. Prescription Drug Medical Consumer Price Index as of September 30, 2001 = 304.8.

c. Index = 377.1 divided by 304.8 = 1.2371.

d. (INDEX) × \$7 = \$8.66.

e. Copayment amount = \$8.00.

Dated: December 4, 2008.

Gordon Mansfield,

Deputy Secretary of Veterans Affairs.

[FR Doc. E8-29327 Filed 12-10-08; 8:45 am]

BILLING CODE 8320-01-P

DEPARTMENT OF VETERANS AFFAIRS

Reasonable Charges for Medical Care or Services; 2009 Calendar Year Update

AGENCY: Department of Veterans Affairs.

ACTION: Notice.

SUMMARY: Title 38 of the Code of Federal Regulations (CFR), § 17.101 sets forth the Department of Veterans Affairs (VA) medical regulations concerning “reasonable charges” for medical care or services provided or furnished by VA to a veteran for: (1) A non-service-connected disability for which the veteran is entitled to care or the payment of expenses for care under a health plan contract; (2) a non-service-connected disability incurred incident to the veteran’s employment and covered under a worker’s compensation law or plan that provides reimbursement or indemnification for such care and services; or (3) a non-service-connected disability incurred as a result of a motor vehicle accident in a State that requires automobile accident reparations insurance.

The regulations include methodologies for establishing billed amounts for the following types of charges: Acute inpatient facility charges; skilled nursing facility and sub-acute inpatient facility charges; partial hospitalization facility charges; outpatient facility charges; physician and other professional charges, including professional charges for anesthesia services and dental services; pathology and laboratory charges;

observation care facility charges; ambulance and other emergency transportation charges; and charges for durable medical equipment, drugs, injectables, and other medical services, items, and supplies identified by Healthcare Common Procedure Coding System (HCPCS) Level II codes. The regulations also provide that data for calculating actual charge amounts at individual VA facilities based on these methodologies will either be published as a notice in the **Federal Register** or will be posted on the Internet site of the Veterans Health Administration Chief Business Office, currently at <http://www.va.gov/cbo>, under “Charge Data.” The charge tables and supplemental tables that are applicable to this **Federal Register** notice can be viewed on the Veterans Health Administration Chief Business Office’s Intranet and Internet Web sites. Certain charges are hereby updated as described in the **SUPPLEMENTARY INFORMATION** Section of this notice. These changes are effective January 1, 2009.

In circumstances when charges for medical care or services provided or furnished at VA expense, by either VA or non-VA providers, have not been established under other provisions or regulations, the method for determining VA’s charges is set forth at 38 CFR 17.101(a)(8).

FOR FURTHER INFORMATION CONTACT:

Romona Greene, Chief Business Office (168), Veterans Health Administration, Department of Veterans Affairs, 810 Vermont Avenue, NW., Washington, DC 20420, (202) 461-1595. (This is not a toll-free number.)

SUPPLEMENTARY INFORMATION: Of the charge types listed in the Summary section of this notice, acute inpatient facility charges and skilled nursing facility/sub-acute inpatient facility charges are not being changed. Acute inpatient facility charges remain the same as set forth in a notice published in the **Federal Register** on October 1, 2008 (73 FR 57219). VA’s current inpatient charge structure utilizes the methodology set forth in 38 CFR 17.101 and does not itemize inpatient bills. Skilled nursing facility/sub-acute inpatient facility charges also remain the same as set forth in a notice published in the **Federal Register** on October 1, 2008 (73 FR 57219).

Based on the methodologies set forth in 38 CFR 17.101, this document provides an update to charges for 2009 HCPCS Level II and Current Procedural Technology (CPT) codes. Charges are

also being updated based on more recent versions of data sources for the following charge types: Partial hospitalization facility charges; outpatient facility charges; physician and other professional charges, including professional charges for anesthesia services and dental services; pathology and laboratory charges; observation care facility charges; ambulance and other emergency transportation charges; and charges for durable medical equipment, drugs, injectables, and other medical services, items, and supplies identified by HCPCS Level II codes. These updated charges are effective January 1, 2009.

In this update, we are retaining the table designations used for HCPCS Level II and Current Procedural Technology (CPT) Codes in the notice posted on the Internet site of the Veterans Health Administration Chief Business Office currently at <http://www.va.gov/cbo>, under “Charge Data.” The effective date of this change was December 26, 2007 and the notice can also be found in the **Federal Register** (72 FR 73063). Accordingly, the tables identified as being updated by this notice correspond to the applicable tables posted on the Internet with the notice, beginning with Table C.

VA has updated the list of data sources presented in Supplementary Table 1 to reflect the updated data sources used to establish the updated charges described in this notice.

The list of VA medical facility locations has also been updated. As a reminder, in Supplementary Table 3 we set forth the list of VA medical facility locations, which includes the first three digits of their zip codes and provider based/non-provider based designations.

Consistent with the VA’s regulations, the updated data tables and supplementary tables containing the changes described in this notice will be posted on the Internet site of the Veterans Health Administration Chief Business Office, currently at <http://www.va.gov/cbo>, under “Charge Data (Rates).” The updated data tables and supplementary tables containing the changes described will be effective until changed by a subsequent **Federal Register** notice.

Approved: December 4, 2008.

Gordon H. Mansfield,

Deputy Secretary of Veterans Affairs.

[FR Doc. E8-29390 Filed 12-10-08; 8:45 am]

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