

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Early Screening and Diagnosis of Duchenne Muscular Dystrophy, Program Announcement 04216

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): Early Screening and Diagnosis of Duchenne Muscular Dystrophy, Program Announcement 04216.

*Times and Dates:* 12:30 p.m.–1:15 p.m., August 20, 2004 (open).

1:45 p.m.–4:30 p.m., August 20, 2004 (closed).

*Place:* Teleconference Number: USA Toll Free 888-390-0474 Passcode 04216.

*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: Early Screening and Diagnosis of Duchenne Muscular Dystrophy, Program Announcement 04216.

*For Further Information Contact:* Owen Devine, PhD, Senior Statistician, National Center on Birth Defects and Developmental Disabilities, CDC, 1600 Clifton Road, Mailstop E-87, Atlanta, GA 30333, telephone, 404-498-3073.

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: July 23, 2004.

**Alvin Hall,**

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

[FR Doc. 04-17368 Filed 7-29-04; 8:45 am]

BILLING CODE 4163-18-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS-1360-N]

RIN 0938-AM82

#### Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Fiscal Year 2005

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

**ACTION:** Notice.

**SUMMARY:** This notice updates prospective payment rates for inpatient rehabilitation facilities for Federal fiscal year (FY) 2005 as authorized under section 1886(j)(3)(C) of the Social Security Act (the Act). Section 1886(j)(5) of the Act requires the Secretary to publish in the **Federal Register** on or before August 1 before each fiscal year, the classifications and weighting factors for the inpatient rehabilitation facility (IRF) case-mix groups and a description of the methodology and data used in computing the prospective payment rates for that fiscal year.

**DATES:** *Effective Date:* The updated IRF prospective payment rates are effective for discharges occurring on or after October 1, 2004, and on or before September 30, 2005 (FY 2005).

**FOR FURTHER INFORMATION CONTACT:** Pete Diaz, (410) 786-1235, Jeanette Kranacs, (410) 786-9385, or Robert Kuhl, (410) 786-4597.

#### SUPPLEMENTARY INFORMATION:

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#### Table of Contents

- I. Background
  - A. Requirements of the Statute for Updating the Prospective Payment System (PPS) for Inpatient Rehabilitation Facilities (IRFs)
  - B. Inpatient Rehabilitation Facility Prospective Payment—General Overview
  - C. Classification System for the Inpatient Rehabilitation Facility Prospective Payment System
  - D. Inpatient Rehabilitation Facility Market Basket Index
  - E. Area Wage Adjustment
  - F. Update of Payment Rates Under the Prospective Payment System for Inpatient Rehabilitation Facilities for Fiscal Year 2005
  - G. Examples of Computing the Total Adjusted Inpatient Rehabilitation Facility Prospective Payments
  - H. Outlier Payment Provision
- II. Future Updates
- III. Collection of Information Requirements
- IV. Waiver of Proposed Rulemaking
- V. Regulatory Impact Analysis
  - A. Introduction
    - 1. Executive Order 12866
    - 2. Regulatory Flexibility Act (RFA)
    - 3. Impact on Rural Hospitals
    - 1. Unfunded Mandates Reform Act
    - 5. Executive Order 13132
    - 6. Overall Impact
  - B. Anticipated Effects of the Notice
    - 1. Budgetary Impact
    - 2. Impact on Providers
    - 3. Calculation of the Estimated FY 2004 IRF Prospective Payments
    - 4. Calculation of the Estimated FY 2005 IRF Prospective Payments

#### I. Background

##### *A. Requirements of the Statute for Updating the Prospective Payment System (PPS) for Inpatient Rehabilitation Facilities (IRFs)*

On August 7, 2001, we published a final rule entitled “Medicare Program; Prospective Payment System for Inpatient Rehabilitation Facilities (CMS-1069-F)” in the **Federal Register** (66 FR 41316), that established a prospective payment system (PPS) for inpatient rehabilitation facilities (IRFs) as authorized under section 1886(j) of the Social Security Act (the Act) and codified at subpart P of part 412 of the Medicare regulations. In the August 7, 2001, final rule, we set forth the per discharge Federal rates for fiscal year (FY) 2002 that provided payment for the inpatient operating and capital costs to IRFs for the covered rehabilitation services they furnished (that is, routine, ancillary, and capital costs), but not costs of approved educational activities, bad debts, and other services or items