

options available to Medicare beneficiaries. Under the BBA, the Secretary of the Department of Health and Human Services (the Secretary) must implement a risk adjustment methodology that accounts for variations in per capita costs based on health status and other demographic factors for payment to M+C organizations. The BBA also gives the Secretary the authority to collect inpatient hospital data for discharges on or after July 1, 1997, and additional data for other services occurring on or after July 1, 1998. Risk adjustment implementation began January 1, 2000 based on the principal inpatient discharge diagnosis. Payments to M+C organizations are made at 10 percent risk adjusted rates and 90 percent demographically adjusted rates for years 2000 through 2003. The Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act (BIPA) of 2000, enacted on December 21, 2000, stipulates that the risk adjustment methodology for 2004 and succeeding years should be based on data from inpatient hospital and ambulatory settings. BIPA contains a provision that phases in future risk adjusted payments as follows: 30 percent in 2004; 50 percent in 2005; 75 percent in 2006; and 100 percent in 2007.

The collection of physician encounter data, which began on October 1, 2000, and hospital outpatient encounter data, which began on April 1, 2001, was suspended from May 25, 2001 through July 1, 2002. The Secretary suspended the submission of physician and hospital outpatient encounter data in May 2001 and directed us to develop a risk adjustment approach that balances payment accuracy with data burden. Since then, we have worked extensively with M+C organizations, their associations, and other interested parties to develop a risk adjustment approach that reduces the burden of data collection for M+C organizations by about 98 percent. We have reduced the burden by decreasing the number of data elements (from 50 to only 5 elements) to be submitted, only requiring submission of diagnoses that are needed for calculating payments, and creating a simplified data submission format and processing system. Submission of ambulatory risk adjustment data will resume on October 1, 2002 for dates of service beginning July 1, 2002. Instructions on this process will be provided to M+C organizations in April 2002. A new processing system will be operational on October 1, 2002 for all types of risk adjustment data

(hospital inpatient, physician, and hospital outpatient).

We are announcing this training to provide individuals and M+C organizations an opportunity to obtain the necessary training to submit risk adjustment data accurately, timely, and in accordance with our requirements. The training objectives are to understand data coding and requirements, risk score calculation, the submission process and schedule, and the new risk adjustment processing system. The agenda will include presentations by our staff and Aspen Systems Corporation staff, and question-and-answer sessions.

The training will consist of the following topics:

- Background of risk adjustment methodology.
- Overview of the risk adjustment process.
- Data collection.
- Risk adjustment processing system file format.
- Risk adjustment processing system edits.
- Reports/error resolutions.
- Health plan management system overview.

A copy of the training agenda is available at: [www.aspenxnet.com/meetingagenda.htm](http://www.aspenxnet.com/meetingagenda.htm)

This training is designed for M+C organization staff responsible for collection and submission of risk adjustment data, third party contractors that submit risk adjustment data on behalf of an M+C organization, and M+C provider training staff.

#### Registration

Registration for this training is required. Each training site has a limited number of spaces available for participants. Therefore, registration for M+C organizations is limited to two attendees for all locations and is on a first come, first served basis. M+C organization staff will receive priority registration consideration due to training space limitations. If an M+C organization has contracted with a third party to submit risk adjustment data and the third party wants to attend the training, indicate this information under "Type of Organization" on the registration form. A waiting list will be available for additional requests.

Registration can be completed via the Internet at the following Web site: [www.aspenxnet.com/registration](http://www.aspenxnet.com/registration). A confirmation notice with additional training location information will be sent to attendees upon finalization of registration. Attendees will be responsible for the cost and arrangement

of their own transportation, lodging, and meals.

Attendees will be provided with training materials at the time of the training. After the scheduled training sessions, materials will be available at [www.hcfa.gov](http://www.hcfa.gov) and [www.cms.hhs.gov](http://www.cms.hhs.gov).

(Authority: Sections 1851 through 1859 of the Social Security Act (42 U.S.C. 1395w-21 through 1395w-28)).

Dated: April 23, 2002.

**Thomas A. Scully,**

*Administrator, Centers for Medicare & Medicaid Services.*

[FR Doc. 02-10322 Filed 4-25-02; 8:45 am]

BILLING CODE 4120-01-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS-3097-N]

#### Medicare Program; Meeting of the Medical and Surgical Procedures Panel of the Medicare Coverage Advisory Committee—June 12, 2002

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

**ACTION:** Notice of meeting.

**SUMMARY:** This notice announces a public meeting of the Medical and Surgical Procedures Panel (the Panel) of the Medicare Coverage Advisory Committee (the Committee). The Panel provides advice and recommendations to the Committee about clinical issues. The Committee advises us on whether adequate evidence exists to determine whether specific medical items and services are reasonable and necessary under Medicare law. The panel will discuss the quality of evidence regarding the use of deep brain stimulation for the treatment of Parkinson's disease. In addition, the panel will make recommendations concerning the issues presented. Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. App. 2, section 10(a)(1) and (a)(2)).

**DATES:** *Meeting Date:* The public meeting announced in this notice will be held on Wednesday, June 12, 2002, from 7:30 a.m. to 3 p.m., E.D.T.

*Deadline for Presentations and Comments:* May 31, 2002, 5 p.m., E.D.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,

CMS Office of Clinical Standards and Quality, by May 24, 2002 (see **FOR FURTHER INFORMATION CONTACT**).

**ADDRESSES:** *The Meeting:* The meeting will be held at the Baltimore Convention Center, Room 337–338, One West Pratt Street, Baltimore, MD 21201.

*Presentations and Comments:* Submit formal presentations and written comments to Michelle Atkinson, Executive Secretary, CMS Office of Clinical Standards and Quality at telephone number (410) 786–2881, or e-mail address [matkinson@CMS.hhs.gov](mailto:matkinson@CMS.hhs.gov), or via regular mail at: Office of Clinical Standards and Quality, Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Mail Stop C1–09–06, Baltimore, Maryland 21244.

*Website:* You may access current information about this meeting at [www.hcfa.gov/coverage/8b1.htm](http://www.hcfa.gov/coverage/8b1.htm).

*Hotline:* You may access current information about 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:** Michelle Atkinson, (410) 786–2881, [matkinson@cms.hhs.gov](mailto:matkinson@cms.hhs.gov).

#### **SUPPLEMENTARY INFORMATION:**

##### **I. Background**

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

##### *Current Panel Members*

Alan M. Garber, M.D., Ph.D.; Michael D. Maves, M.D., M.B.A.; Angus M. McBryde, M.D., F.A.C.S.; H. Logan Holtgrewe, M.D., F.A.C.S.; Kenneth P. Brin, M.D., Ph.D.; Les J. Zandle, M.D.; Bruce Sigsbee, M.D.; James P. Rathmell, M.D.; Phyllis E. Greenberger, M.S.W.; and Marshall S. Stanton, M.D.

##### *Meeting Topic*

The Panel provides advice and recommendations to the Committee about clinical issues. The Committee advises us on whether specific medical items and services are reasonable and necessary under Medicare law. The panel will discuss the evidence, hear presentations and public comment, and make recommendations regarding the use of deep brain stimulation for the treatment of Parkinson's disease. Background information about this topic, including panel materials, is

available on the internet at <http://www.hcfa.gov/coverage/8b3-jjj.htm>.

##### *II. Meeting Format*

This meeting is open to the public. The Panel will hear oral presentations from the public for approximately 45 minutes. The Panel 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 addressing the general nature of the evidence or arguments you wish to present, the names and addresses of proposed participants, and an estimate of time required to make the presentation. A written copy of your presentation must be provided to each Panel member before offering your public comments. We will request that you disclose at the meeting whether or not you have any financial involvement with manufacturers of any items or services being discussed (or with their competitors).

The Panel will deliberate openly about the issues discussed after public and CMS presentations. Interested persons may observe the deliberations, but the Panel will not hear further comments during this time except at the request of the chairperson. The Panel will also allow a 15-minute unscheduled open public session for attendees to address issues specific to the topic. At the conclusion of the day, the members will vote and the Panel will make its recommendation.

**Authority:** 5 U.S.C. App. 2, section 10(a)(1) and (a)(2).

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

Dated: April 11, 2002.

**Jeffrey L. Kang,**

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

[FR Doc. 02–10200 Filed 4–25–02; 8:45 am]

**BILLING CODE 4120–01–P**

## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Centers for Medicare & Medicaid Services**

[CMS–4036–N]

#### **Medicare Program: Meeting of the Advisory Panel on Medicare Education—May 23, 2002**

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

**ACTION:** Notice of meeting.

**SUMMARY:** In accordance with the Federal Advisory Committee Act, 5 U.S.C. Appendix 2, section 10(a) (Public Law 92–463), this notice announces a meeting of the Advisory Panel on Medicare Education (the Panel) on May 23, 2002. The Panel advises and makes recommendations to the Secretary of the Department of Health and Human Services (HHS) and the Administrator of the Centers for Medicare & Medicaid Services (CMS) on opportunities to enhance the effectiveness of consumer education strategies concerning the Medicare program. This meeting is open to the public.

**DATES:** *The Meeting:* The meeting is scheduled for May 23, 2002, from 9 a.m. to 5 p.m., Eastern Daylight Savings Time.

*Deadline for Presentations and Comments:* May 16, 2002, 12 noon, Eastern Daylight Savings Time.

**ADDRESSES:** The meeting will be held at the Wyndham Washington, DC, 1400 M Street, NW., Washington, DC, 20005, (202) 429–1700.

**FOR FURTHER INFORMATION CONTACT:** Nancy Caliman, Health Insurance Specialist, Division of Partnership Development, Center for Beneficiary Choices, Centers for Medicare & Medicaid Services, 7500 Security Boulevard, S2–23–05, Baltimore, MD, 21244–1850, (410) 786–5052. Please refer to the CMS Advisory Committees Information Line (1–877–449–5659 toll free)/(410–786–9379 local) or the Internet (<http://www.hcfa.gov/events/apme/homepage.htm>) for additional information and updates on committee activities, or contact Ms. Caliman via e-mail at [ncaliman@cms.hhs.gov](mailto:ncaliman@cms.hhs.gov). Press inquiries are handled through the CMS Press Office at (202) 690–6145.

**SUPPLEMENTARY INFORMATION:** Section 222 of the Public Health Service Act (42 U.S.C. 217a), as amended, grants to the Secretary the authority to establish an advisory panel if the Secretary finds the panel necessary and in the public interest. The Secretary signed the charter establishing this Panel on