organization, procedure, or practice are exempted from the requirements of notice and comment rulemaking.

We considered publishing a proposed notice to provide a period for public comment. However, we may waive that procedure if we find, for good cause, that prior notice and comment are impracticable, unnecessary, or contrary to the public interest. We find that the procedure for notice and comment is unnecessary because the formula used to calculate the SMI premium is statutorily directed, and we can exercise no discretion in applying that formula. Moreover, the statute establishes the time period for which the premium rates will apply, and delaying publication of the SMI premium rate such that it would not be published before that time would be contrary to the public interest. Therefore, we find good cause to waive publication of a proposed notice and solicitation of public comments.

(Section 1839 of the Social Security Act; 42 U.S.C. 1395r)
(Catalog of Federal Domestic Assistance Program No. 93.774, Medicare—Supplementary Medical Insurance)


Thomas A. Scully,
Administrator, Centers for Medicare & Medicaid Services.


Tommy G. Thompson,
Secretary.

[FR Doc. 01–26700 Filed 10–19–01; 8:45 am]
BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–3061–NC]

RIN 0938–AH15

Medicare Program; Adjustment in Payment Amounts for New Technology Intraocular Lenses Furnished by Ambulatory Surgical Centers

AGENCY: Centers for Medicare & Medicaid Services (CMS), formerly the Health Care Financing Administration (HCFA), HHS.

ACTION: Notice with comment period.

SUMMARY: This notice announces the request we received from Alcon Laboratories seeking review of the appropriateness of the Medicare payment amount for new technology intraocular lenses furnished by an ambulatory surgical center. This document also announces the 30-day period for the public to comment on the appropriateness or the payment amount of the IOL for which a review was requested.

DATES: We will consider comments regarding the lenses listed in this notice if we receive them at the appropriate address, as provided below, no later than 5 p.m. on November 26, 2001.

ADDRESSES: Mail written comments (1 original and 3 copies) to the following address: Centers for Medicare & Medicaid Services, Department of Health and Human Services (HHS), Attention: CMS–3061–NC, P.O. Box 8017, Baltimore, MD 21244–8017. If you prefer, you may deliver your written comments (1 original and 3 copies) to one of the following addresses: Room 443–C, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC, 20201, or Mailstop S3–02–01, 7500 Security Boulevard, Baltimore, Maryland 21244.

Because of the staffing and resource limitations, we cannot accept comments by facsimile (FAX) transmission. In commenting, please refer to file code CMS–3061–NC. For information on viewing public comments, see the beginning of the SUPPLEMENTARY INFORMATION section.

FOR FURTHER INFORMATION CONTACT: Betty Shaw, (410) 786–6100.

SUPPLEMENTARY INFORMATION:

Inspection of Public Comments: Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, in Room C5–14–03 of the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD, on Monday through Friday of each week from 8:30 a.m. to 5 p.m. (Phone (410) 786–7195 or (410) 786–7201.)

Copies: To order copies of the Federal Register containing this document, send your request to: New Orders, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250–7954. Specify the date of the issue requested and enclose a check or money order payable to the Superintendent of Documents, or enclose your Visa or Master Card number and expiration date. Credit card orders can also be placed by calling the order desk at (202) 512–1800 (or toll-free at 1–888–293–6496) or by faxing to (202) 512–2250. The cost for each copy is $9. As an alternative, you can view and photocopy the Federal Register document at most libraries designated as Federal Depository Libraries and at many other public and academic libraries throughout the country that receive the Federal Register.

This Federal Register document is also available from the Federal Register online database through GPO Access, a service of the U.S. Government Printing Office. The Web site address is: http://www.access.gpo.gov/nara/index.html.

I. Background

On June 16, 1999, we published a final rule in the Federal Register titled “Adjustment in Payment Amounts for New Technology Intraocular Lenses Furnished by Ambulatory Surgical Centers” (64 FR 32198), which added subpart F to 42 CFR part 416.

In accordance with the June 16, 1999 final rule, we published a notice in the Federal Register, titled “Annual Review of the Appropriateness of Payment Amounts for New Technology Intraocular Lenses Furnished by Ambulatory Surgical” (66 FR 18959) on April 12, 2001. In this notice, we solicited interested parties to submit requests for review of the appropriateness of the payment amount with regard to a particular intraocular lens.

II. Provisions of this Notice

On May 16, 2001, the following request was submitted to the Centers for Medicare & Medicaid Services for review:

Manufacturer: Alcon Laboratories.
Model Numbers: ACM60F® Acrylic Foldable Sterile UV-Absorbing Multipiece Posterior Chamber Lenses, Models MA30BA, MA60BA, MA50BM, MA60MA, MA30AC, MA60AC.
Reason for Requesting Review: The manufacturer states that these lenses provide the following:
—Reduced risk of intra- or postoperative complications or trauma by a reduction in the area of lens epithelial cells (LEC), a major contributor to posterior capsule opacification (PCO) when compared with silicone and PMMA lenses, as evidenced by reduced Sommering’s Ring scores.
—Ability to fold smaller, requiring a smaller incision than required for PMMA lenses, inducing less astigmatism thereby promoting accelerated postoperative recovery. Smaller size allows the lens to be easily explanted through the original incision.
—Reduced induced astigmatism because the lens can be inserted into the anterior ocular chamber with an average incision size of 3.5mm.
—Improved postoperative visual acuity due to their findings that the loss of visual acuity associated with
A high refractive index material that
poly(methylmethacrylate) (PMMA) as
compared to silicone or ACRYSOF®
lenses.
—More stable postoperative vision by
reducing need for Nd:YAG
capsulotomy. There is a difference in
Nd:YAG capsulotomy rates between
ACRYSOF® and a similar designed
PMMA lens but not between
ACRYSOF® and a silicone lens.
—A high refractive index material that
allows the thinner ACRYSOF® lens to
impart the same optical correction as a
comparable diopter silicone or
PMMÁ IOL.
—A clinical advantage for diabetic
patients requiring posterior segment
surgery to manage visual problems
related to condensation and silicone
eye. ACRYSOF® Lens allows removal of
silicone oil with relative ease.
—A clinical advantage for pediatric and
uveitic patients due to the
combination of foldability and size of the
ACRYSOF® lens.
—A decrease in anterior capsule
movement when compared to
similarly designed silicone PMMA
lenses.

This notice solicits comments on the
appropriateness of the payment amount
for the IOL for which a review was
requested.

**Authority:** Sections 1832 (a)(2)(F)(i) and
1833(l)(2)(A) of the Social Security Act (42
U.S.C. 1395k(a)(2)(F)(i) and 1395f(l)(2)(A)).
(Catalog of Federal Domestic Assistance
Program No. 93.773, Medicare—Hospital
Insurance; and Program No. 93.774,
Medicare—Supplementary Medical
Insurance Program)

**Dated:** September 25, 2001.

**Thomas A. Scully,**
Administrator, Centers for Medicare &
Medicaid Services.

**[FR Doc. 01–26036 Filed 10–25–01; 8:45 am]**

**BILLING CODE 4120–01–P**

**DEPARTMENT OF HEALTH AND
HUMAN SERVICES**

**Center for Medicare & Medicaid Services**

**[CMS–3076–PN]**

Medicare Program: Application by the
Indian Health Service for Recognition
as a National Accreditation
Organization for Accrediting American
Indian and Alaska Native Entities To
Furnish Outpatient Diabetes Self-
Management Training

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

**ACTION:** Proposed notice.

**SUMMARY:** In this proposed notice, we
announce the receipt of an application
from the Indian Health Service (IHS) for
CMS recognition as a national
accreditation organization for
accrediting American Indian and Alaska
Native entities that wish to furnish
outpatient diabetes self-management
training to Medicare beneficiaries.
Section 1865(b)(3) of the Social Security
Act requires that the Secretary publish
a notice identifying the national
accreditation body making the request,
describing the nature of the request, and
providing at least a 30-day public
comment period.

**DATES:** We will consider comments if
we receive them at the appropriate
address, as provided below, no later
than 5 p.m. on November 26, 2001.

**ADDRESSES:** In commenting, please refer
to file code CMS–3076–PN. Because of
staff and resource limitations, we cannot
accept comments by facsimile (FAX)
transmission. Mail written comments
(one original and three copies) to the
following address ONLY: Center for
Medicare and Medicaid Services,
Department of Health and Human
Services, Attention: HCFA–3076–PN,
P.O. Box 8016, Baltimore, MD 21244–
8016.

Please allow sufficient time for mailed
comments to be timely received in the
event of delivery delays.

If you prefer, you may deliver (by
hand or courier) your written comments
(one original and three copies) to one of
the following addresses: Room 443–G,
Hubert H. Humphrey Building, 200
Independence Avenue, SW.,
Washington, DC 20201, or Room C5–14–
03, 7500 Security Boulevard, Baltimore,
MD 21244–1850.

Comments mailed to the above
addresses may be delayed and received
too late for us to consider them.

For information on viewing public
comments, see the beginning of the
SUPPLEMENTARY INFORMATION section.

**FOR FURTHER INFORMATION CONTACT:** Eva
Fung, (410) 786–7539, or Joan A.
Brooks, (410) 786–5526.

**SUPPLEMENTARY INFORMATION:**

Inspection of Public Comments:
Comments received timely will be
available for public inspection as they
are received, generally beginning
approximately 3 weeks after publication
of a document, at the headquarters of the
Center for Medicare and Medicaid
Services, 7500 Security Boulevard,
Baltimore, Maryland 21244, Monday
through Friday of each week from 8:30
a.m. to 4 p.m. To schedule an
appointment to view public comments,
phone (410) 786–7195 or (410) 786–
5241.

**I. Background**

Section 4105 of the Balanced Budget
Act of 1997 authorized expanded
Medicare coverage for outpatient
diabetes self-management training when
ordered by the physician (or qualified
non-physician practitioner) treating the
beneficiary’s diabetes, provided certain
requirements are met. We sometimes
use national accrediting organizations to
determine whether an entity meets some
or all of the requirements that are
necessary to provide a service for which
Medicare payment can be made.

Reliance on accreditation organizations
is authorized by section 1865 of the
Social Security Act (the Act) and our
regulations in 42 CFR part 410, subpart
H. A national accreditation organization
must have an agreement in effect with
the Secretary and must meet the
standards and requirements specified in
section 1865(b)(2) of the Act and 42 CFR
part 410. The applications require a
national organization applying to
become a body accrediting entities
that furnish such training to use one of
three types of quality standards: CMS’s
own standards, the standard developed
by a national advisory group (referred to
as the NSDMEP), or other standards
that we determine meet or exceed our
standards. The accreditation
organization, after being approved and
recognized by CMS, may accredit an
entity to meet one of the sets of quality
standards for deeming entities.

The regulations pertaining to
application procedures for national
accreditation organizations for diabetes
self-management training services are at
§ 410.142 (CMS process for approving
national accreditation organizations).
We may approve and recognize a
nonprofit or not-for-profit organization
with demonstrated experience in
representing the interests of individuals
with diabetes to accredit entities to
furnish training.

A national accreditation organization
applying for deeming authority must
provide us with reasonable assurance
that the accrediting organization
requires accredited entities to meet
requirements that are at least as
stringent as CMS’s. Section 1865(b)(1) of
the Act provides that if the Secretary
finds that accreditation of an entity by
a national accreditation body
demonstrates that all of the applicable
conditions and requirements are met or
exceeded, the Secretary will deem those
entities as meeting the applicable
Medicare requirements. Section
1865(b)(2) of the Act further requires