Evaluation Criteria and Weights

• Soundness of the Demonstration Design (20 points)

A. The proposal provides clear and convincing evidence and supporting materials that proposed care coordination services are appropriate for the targeted population, likely to achieve reductions in the use of medical services, and likely to improve the quality of care for these individuals.

B. The proposed research design provides for voluntary participation of a sufficient number of Medicare beneficiaries. The research design provides for the enrollment of comparable treatment and comparison groups in order to allow for validity of the evaluation result. Preference will be given to applications that make use of an appropriate randomized design.

• Organizational Capabilities (30 points)

A. The proposal provides evidence of the availability and adequacy of facilities, equipment, personnel, and data systems to successfully conduct the proposed project.

B. The proposal provides evidence of the organizational capacity to ensure adequate service delivery and the provision of high quality of care.

C. Specific information is provided concerning how the personnel are to be organized in the project, to whom they will report, and how they will be used to accomplish specific objectives or portions of the project.

• Ability To Implement the Demonstration (35 Points)

A. The proposed project implementation strategy and plan are detailed and appropriate.

B. There are adequate mechanisms for ensuring the medical necessity and reasonableness of the coordinated care services furnished under the demonstration.

C. There are adequate mechanisms for ensuring that beneficiaries' physicians are integrated with the project.

D. The strategy and plan for recruiting the required number of patients in the control and experimental groups appear reasonable and achievable.

E. The data to be collected, data sources, and data analyses planned are specified in detail and are sufficient to ensure optimal medical management and efficient use of health care services.

F. The implementation plan supports an independent evaluation of the project.

G. The proposal provides evidence that effective continuous quality improvement processes are being employed and can be transferred to the demonstration.

• Strength of the Cost-Effectiveness Evidence (15 points)

A. The proposal provides justification and explanation for the proposed payment amount(s).

B. The proposed payment amount for the bundle of coordinated care services is reasonable considering the scope and nature of services included.

C. The proposal provides clear, convincing evidence that, over the 4 years of the demonstration, the aggregate Medicare expenditures under Parts A and B (including incentives and start-up funding, if made) will be no greater than expected Medicare expenditures in the absence of the demonstration.

Final Selection

From among the most highly qualified applicants, the final selection of projects for the demonstration will be made by the HCFA Administrator and will take in to consideration operational feasibility, geographic location, and program priorities (such as testing a variety of approaches for delivering services, targeting beneficiaries, and payment). We reserve the right to conduct (a) site visit(s) prior to making awards. We expect to make the awards in early 2001.

III. Collection of Information Requirements

The information collection requirements contained in this notice have been approved by the Office of Management and Budget under the Paperwork Reduction Act of 1995 (42 U.S.C. 3501–3520) and assigned OMB control number 1938–0800. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

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

Authority: Section 4016 of the Balanced Budget Act of 1997 (Pub. L. 105–33).

(Catalog of Federal Domestic Assistance Program No. 93.779, Health Care Financing Research, Demonstrations and Evaluations)

Dated: July 23, 2000.

Nancy-Ann Min DeParle,

Administrator, Health Care Financing Administration.

[FR Doc. 00–19159 Filed 7–27–00; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[HCFA–1144–N]

Medicare Program; Announcement of a Series of Regional Training Sessions To Provide Training to Medicare+Choice Organization Physicians, Medicare+Choice Organization Non-Physician Practitioners, and Medicare+Choice Organization Medicare Directors, As Well As Physician Organizations and Billing Associations Involved in the Timely and Accurate Submission of Physician Encounter Data To Support a Comprehensive Risk Adjustment Model

AGENCY: Health Care Financing Administration (HCFA), HHS.

ACTION: Notice of training sessions.

SUMMARY: This notice announces a series of regional training sessions to provide an opportunity for Medicare+Choice Organization (M+CO) physicians, M+CO non-physician practitioners, and M+CO medical directors, as well as physician organizations, billing associations, and other interested parties, to obtain information on the requirements placed on M+COs for submission of physician encounter data collection. HCFA and the Restuccio Healthcare Group will provide the physician encounter data training.

Regional Training Dates & Cities

The regional training sessions will be held as follows:

PHYSICIAN ENCOUNTER DATA TRAINING SCHEDULE 2000

Date	Location
August 23, 2000, Palo Alto, CA	Hyatt Rickeys, 4219 El Camino Real, Palo Alto, CA 94306–4493, (650) 493–8000.
August 29, 2000, Philadelphia, PA	Park Hyatt Philadelphia at the Bellevue, Broad and Walnuts Streets, Philadelphia, PA 19102, (215) 893–1234.

PHYSICIAN ENCOUNTER DATA TRAINING SCHEDULE 2000—Continued

Date	Location
September 7, 2000, Chicago, IL	Hyatt Regency Woodfield, 1800 East Golf Road, Schaumburg, IL 60173, (847) 605–1234.
September 13, 2000, Tampa, FL	Hyatt Regency Westshore on Tampa Bay, 6200 Courtney Campbell Causeway, Tampa, FL 33607, (813) 874–1234.
September 20, 2000, San Diego, CA	San Diego Marriott Hotel and Marina, 333 West Harbor Drive, San Diego, CA 32101–7700, (619) 234–1500.

FOR FURTHER INFORMATION CONTACT: Marcy Perkins, Restuccio Healthcare Group, Encounter Data Representative, (901) 385–0123 (telephone); (901) 385–1821 (fax); or e-mail us with your questions at encounterdata@ritecode.com. Information is also available on our homepage at http://www.hcfa.gov/events.

SUPPLEMENTARY INFORMATION:

Background

The Balanced Budget Act of 1997 (BBA) (Public Law 105–33) established the Medicare+Choice (M+C) program. Under the BBA, we 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 (M+COs). Risk adjustment implementation began January 1, 2000.

The BBA gives us the authority to collect inpatient hospital data for discharges on or after July 1, 1997, and additional data for services occurring on or after July 1, 1998. Pending OMB approval, M+COs must submit physician encounter data beginning October 1, 2000.

The agenda for the half-day training sessions will include the following topics:

•; Overview of comprehensive risk adjustment models and implementation timeline.

• Review of M+C National Standard Format (M+C NSF).

• Coding tips and resources for obtaining additional coding information.

• Data requirements for physician encounter data.

• Question-and-answer period.

Registration

Registration for these training sessions is required and will be on a first-come, first-served basis, limited to two attendees per organization. A waiting list will be available for additional requests. Registration can be accomplished via the Internet at http://www.hcfa.gov/events or by completing a paper form available at the aforementioned Internet address. A confirmation notice will be sent to attendees upon finalization of registration.

Attendees will be provided with training materials at the time of the training session. There will be two training sessions per day. The morning session will be from 8:30 a.m. to 11:30 a.m.; the afternoon session will be from 1:30 p.m. to 4:30 p.m. Individuals can attend only one session (either morning or afternoon).

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

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

Dated: July 25, 2000.

Nancy-Ann Min DeParle,

Administrator, Health Care Financing Administration.

[FR Doc. 00–19158 Filed 7–27–00; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing

AGENCY: National Institutes of Health, Public Health Service, DHHS.

ACTION: Notice.

SUMMARY: The inventions listed below are owned by agencies of the U.S. Government and are available for licensing in the U.S. in accordance with 35 U.S.C. 207 to achieve expeditious commercialization of results of federally-funded research and development. Foreign patent applications are filed on selected inventions to extend market coverage for companies and may also be available for licensing.

ADDRESSES: Licensing information and copies of the U.S. patent applications listed below may be obtained by contacting Susan S. Rucker, J.D., at the Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852–3804; telephone: 301/496–7056 ext. 245; fax: 301/402–0220; e-mail: ruckers@od.nih.gov. A signed Confidential Disclosure Agreement will be required to receive copies of the patent applications.

Establishment of Cellular Manipulations Which Enhance Oligo-Mediated Gene Targeting

MM Seidman and A Majumdar (both of NIA)

Serial No. 60/191,996 filed 24 Mar 2000

This application relates to gene targeting, illustrated by the use of triplex-forming oligonucleotides (TFO's). In particular, the application describes and claims methods for improving the efficiency of the modification of gene sequence (including mutation and/or recombination) through the use of cells which have been cultured so as to synchronize their cell cycles. According to the method described and claimed in the application gene targeting reagents, as demonstrated by, but not limited to, triple helix forming oligonucleotides, are introduced into cultured, synchronized cells. Gene targeting applications are useful in research applications for the generation of transgenic animals and plants, including animals used as model systems, such as knockout mice, and animals or plants used for production of the product of the transgene of interest. In addition, efficient methods of gene targeting may also be useful in improving or carrying out gene therapy applications.

AAV5 Vector for Transducing Brain Cells and Lung Cells

JA Chiorini (NHLBI/NIDCR), RM Kotin (NHLBI)

Serial No. 09/533,427 filed 22 Mar 2000

The invention described and claimed in this patent application is related to the delivery of heterologous nucleic acids or genes to particular target cells. In particular, the application relates to methods of delivering a heterologous nucleic acid or gene of interest to particular target cells using an Adeno-