

449-5659 (toll free) or in the Baltimore area at (410) 786-9379.

**FOR FURTHER INFORMATION CONTACT:**

Pamela Kelly by e-mail at [ESRDAdvisoryBoard@cms.hhs.gov](mailto:ESRDAdvisoryBoard@cms.hhs.gov) or telephone at (410) 786-2461.

**SUPPLEMENTARY INFORMATION:** On June 2, 2004, we published a **Federal Register** notice requesting nominations for individuals to serve on the Advisory Board on the Demonstration of a Bundled Case-Mix Adjusted Payment System for End-Stage Renal Disease (ESRD) Services. The June 2, 2004 notice also announced the establishment of the Advisory Board and the signing by the Secretary on May 11, 2004 of the charter establishing the Advisory Board. On January 28, 2005, we published a **Federal Register** notice announcing the appointment of eleven individuals to serve as members of the Advisory Board on the Demonstration of a Bundled Case-Mix Adjusted Payment System for ESRD Services, including one individual to serve as co-chairperson, and one additional co-chairperson, who is employed by CMS. The first public meeting of the Advisory Board was held on February 16, 2005. The original meeting scheduled for April 13, 2005 was cancelled. This notice announces the second public meeting of this Advisory Board.

**I. Topics of the Advisory Board Meeting**

The Advisory Board on the Demonstration of a Bundled Case-Mix Adjusted Payment System for ESRD Services will study and make recommendations on the following issues:

- The drugs, biologicals, and clinical laboratory tests to be bundled into the demonstration payment rates.
- The method and approach to be used for the patient characteristics to be included in the fully case-mix adjusted demonstration payment system.
- The manner in which payment for bundled services provided by non-demonstration providers should be handled for beneficiaries participating in the demonstration.
- The feasibility of providing financial incentives and penalties to organizations operating under the demonstration that meet or fail to meet applicable quality standards.
- The specific quality standards to be used.
- The feasibility of using disease management techniques to improve quality and patient satisfaction and reduce costs of care for the beneficiaries participating in the demonstration.
- The selection criteria for demonstration organizations.

**II. Procedure and Agenda of the Advisory Board Meeting**

This meeting is open to the public. The Advisory Board will hear background presentations from CMS. The Advisory Board will then deliberate openly on the general topic and will make recommendations on specific topics for future meetings. The Advisory Board will also allow at least a 30-minute open public session. Interested parties may speak or ask questions during the public comment period. Comments may be limited by the time available. Written questions should be submitted by May 17, 2005 to [ESRDAdvisoryBoard@cms.hhs.gov](mailto:ESRDAdvisoryBoard@cms.hhs.gov). Parties may also submit written comments following the meeting to the contact listed under the **FOR FURTHER INFORMATION CONTACT** section of this notice.

**Authority:** 5 U.S.C. App. 2, section 10(a). (Catalog of Federal Domestic Assistance Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: April 21, 2005.

**Mark B. McClellan,**

*Administrator, Centers for Medicare & Medicaid Services.*

[FR Doc. 05-8386 Filed 4-28-05; 8:45 am]

**BILLING CODE 4120-01-U**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

[CMS-1314-N]

**Medicare Program; Meeting of the Practicing Physicians Advisory Council, May 23, 2005**

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

**ACTION:** Notice.

**SUMMARY:** In accordance with section 10(a) of the Federal Advisory Committee Act, this notice announces a meeting of the Practicing Physicians Advisory Council (the Council). The Council will be meeting to discuss certain proposed changes in regulations and carrier manual instructions related to physicians' services, as identified by the Secretary of the Department of Health and Human Services (the Secretary). This meeting is open to the public.

**DATES:** The meeting is scheduled for Monday, May 23, 2005, from 8:30 a.m. until 5 p.m. e.d.t.

**ADDRESSES:** The meeting will be held in Room 705A, 7th floor, in the Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201.

**Meeting Registration:** Persons wishing to attend this meeting must contact the Designated Federal Official (DFO) by email at [PPAC@cms.hhs.gov](mailto:PPAC@cms.hhs.gov) at least 72 hours in advance of the meeting to register. Persons not registered in advance will not be permitted into the Hubert H. Humphrey Building and will not be permitted to attend the Council meeting. Persons attending the meeting will be required to show a photographic identification, preferably a valid driver's license, before entering the building.

**FOR FURTHER INFORMATION CONTACT:**

Kelly Buchanon, Designated Federal Official, Practicing Physicians Advisory Council, 7500 Security Blvd., Mail Stop C4-11-27, Baltimore, MD, 21244-1850, telephone (410) 786-6132, or e-mail [PPAC@cms.hhs.gov](mailto:PPAC@cms.hhs.gov). News media representatives must contact the CMS Press Office, (202) 690-6145. Please refer to the CMS Advisory Committees Information Line (1-877-449-5659 toll free) ((410) 786-9379 local) or the Internet at <http://www.cms.hhs.gov/faca/ppac/default.asp> for additional information and updates on committee activities.

**SUPPLEMENTARY INFORMATION:** The

Secretary is mandated by section 1868(a) of the Social Security Act (the Act) to appoint a Practicing Physicians Advisory Council (the Council) based on nominations submitted by medical organizations representing physicians. The Council meets quarterly to discuss certain proposed changes in regulations and carrier manual instructions related to physicians' services, as identified by the Secretary. To the extent feasible and consistent with statutory deadlines, the consultation must occur before publication of the proposed changes. The Council submits an annual report on its recommendations to the Secretary and the Administrator of the Centers for Medicare & Medicaid Services not later than December 31 of each year.

The Council consists of 15 physicians, each of whom must have submitted at least 250 claims for physicians' services under Medicare in the previous year. Members of the Council include both participating and nonparticipating physicians, and physicians practicing in rural and underserved urban areas. At least 11 members of the Council must be physicians as described in section 1861(r)(1) of the Act; that is, State-licensed doctors of medicine or osteopathy. The remaining 4 members may include dentists, podiatrists, optometrists and chiropractors. Members serve for overlapping 4-year terms; terms of more than 2 years are contingent upon the renewal of the Council by appropriate action prior to

its termination. Section 1868(a)(1) of the Act provides that nominations to the Secretary for Council membership must be made by medical organizations representing physicians.

The Council held its first meeting on May 11, 1992. The current members are: Jose Azocar, M.D.; Ronald Castellanos, M.D. (Chairperson); Rebecca Gaughan, M.D.; Peter Grimm, D.O.; Carlos R. Hamilton, M.D.; Dennis K. Iglar, M.D.; Christopher Leggett, M.D.; Barbara McAneny, M.D.; Geraldine O'Shea, D.O.; Laura B. Powers, M.D.; Anthony Senagore, M.D.; and Robert L. Urata, M.D.

The meeting will commence with the swearing-in of three Council members. The Council's Executive Director will give a status report and the CMS responses to the recommendations made by the Council at the March 7, 2005 meeting and prior meeting recommendations. Additionally, updates will be provided on the Physician Regulatory Issues Team (PRIT), and the National Provider Identifier. In accordance with the Council charter, we are requesting assistance with the following agenda topics:

- Pay for Performance Initiatives
- Recovery Audits
- Part D Prescription Drug Program
- Competitive Acquisition for Drugs

For additional information and clarification on these topics, contact the Executive Director, listed under the **FOR FURTHER INFORMATION CONTACT** section of this notice. Individual physicians or medical organizations that represent physicians wishing to make a 5-minute oral presentation on agenda issues must contact the Designated Federal Officer (DFO) by 12 noon, e.d.t., May 12, 2005, to be scheduled. Testimony is limited to agenda topics only. The number of oral presentations may be limited by the time available. A written copy of the presenter's oral remarks must be submitted to the DFO by e-mail at [PPAC@cms.hhs.gov](mailto:PPAC@cms.hhs.gov), no later than 12 noon, e.d.t., May 16, 2005, for distribution to Council members to review prior to the meeting. Physicians and medical organizations not scheduled to speak may also submit written comments to the DFO for distribution no later than 12 noon, e.d.t., May 16, 2005. The meeting is open to the public, but attendance is limited to the space available.

*Special Accommodations:* Individuals requiring sign language interpretation or other special accommodation must contact the DFO by e-mail at [PPAC@cms.hhs.gov](mailto:PPAC@cms.hhs.gov) or by telephone at (410) 786-6132 at least 10 days before the meeting.

**Authority:** (Section 1868 of the Social Security Act (42 U.S.C. 1395ee) and section 10(a) of Pub. L. 92-463 (5 U.S.C. App. 2, section 10(a)).

Dated: April 25, 2005.

**Mark B. McClellan**

*Administrator, Centers for Medicare & Medicaid Services.*

[FR Doc. 05-8593 Filed 4-28-05; 8:45 am]

**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH & HUMAN SERVICES

### Administration for Children and Families

#### Office of Community Services; Funding Opportunity Title: Compassion Capital Fund (CCF) Targeted Capacity Building Program

*Announcement Type:* Initial.

*Funding Opportunity Number:* HHS-2005-ACF-OCS-IJ-0036.

*CFDA Number:* 93.009.

*Due Date for Applications:*

Application is due May 31, 2005.

*Executive Summary:* The

Administration for Children and Families (ACF), Office of Community Services (OCS) announces that applications will be accepted for new grants pursuant to the U.S. Department of Health and Human Services (HHS) Secretary's Compassion Capital Fund (CCF) authorized under section 1110 of the Social Security Act governing Social Services Research and Demonstration activities and the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2005, Public Law 108-447.

Pursuant to this announcement, OCS will award funds to help build the capacity of faith-based and community organizations that address the needs of distressed communities. A "distressed community" is defined as a neighborhood or geographic community with an unemployment rate and/or poverty rate equal to or greater than the state or national rate. Priority areas of need include at-risk youth; the homeless; marriage education and preparation services to help couples who choose marriage for themselves develop the skills and knowledge to form and sustain healthy marriages; or social services to those living in rural communities.

#### I. Funding Opportunity Description

The Administration for Children and Families (ACF), Office of Community Services (OCS) announces that applications will be accepted for new grants pursuant to the U.S. Department

of Health and Human Services (HHS) Secretary's Compassion Capital Fund (CCF) authorized under section 1110 of the Social Security Act governing Social Services Research and Demonstration activities and the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2005, Public Law 108-447.

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#### A. Background

Faith-based and community organizations have a long history of providing an array of important services to people and communities in need of charitable services in the United States. These groups have unique strengths that government cannot duplicate. They hold the trust of their community neighbors and leaders and have great understanding of the needs of the community and its systems. As a result, they are well positioned to understand the unique needs of at-risk youth, the homeless, those choosing to develop the skills and knowledge to form and sustain healthy marriages, and those living in rural communities in need of social services. Furthermore, the sense of mission from which these organizations work often translates into a unique approach to service delivery, a dedication of service to others, and a cultural awareness specific to their surrounding communities.

In recognition of this history and ability, President Bush believes it is in the public's interest to broaden Federal efforts to work with faith-based and community organizations, and he has made it a priority to ensure that these groups are treated equally with other organizations that apply for Federal funding. A key part of this effort to enhance and expand the participation of faith-based and community groups in serving those in need is the Compassion Capital Fund (CCF) Targeted-Capacity Building program described in this announcement.