

through web-based grantee reporting for two reasons: (1) In order to effectively monitor the grants, and; (2) to report to Congress and other interested stakeholders the progress and obstacles experienced by the grantees. The grantees are the respondents to the web-based reporting system; *Frequency*: Reporting—Quarterly, Semi-annually, and Annually; *Affected Public*: State, Local or Tribal Government and Not-for-profit institutions; *Number of Respondents*: 298; *Total Annual Responses*: 836; *Total Annual Hours*: 6,440.

10. *Type of Information Collection Request*: New Collection; *Title of Information Collection*: Medicare Care Improvement Survey; *Use*: The purpose of this beneficiary survey is to obtain information about beneficiary behavioral change, physical functioning and satisfaction with the Chronic Care Improvement (CCI) programs. Legislation requires that all of the aforementioned data elements be collected, as they provide information that is critical to the decision-making process as it pertains to the expansion of the pilot programs. The chronic care improvement programs are to be designed to incorporate relevant features from private sector programs but also be sufficiently flexible to adapt to the unique needs of their Medicare populations. This survey is required to support the legislative mandate to evaluate the Chronic Care Improvement Programs. Beneficiary participation in the CCI-I program will be voluntary and will not change the scope, duration or amount of Medicare fee-for-service (FFS) benefits currently received by FFS Medicare beneficiaries; *Form Number*: CMS-10162 (OMB #0938-NEW); *Frequency*: Reporting—On occasion; *Affected Public*: Individuals or Households; *Number of Respondents*: 9,449; *Total Annual Responses*: 9,449; *Total Annual Hours*: 2,636.

11. *Type of Information Collection Request*: Extension of a currently approved collection; *Title of Information Collection*: Medicare Care Management Performance (MCMP) Demonstration—Standardized Ambulatory Care Quality Collection Initiative; *Use*: The MCMP Demonstration was authorized by Section 649 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA). This project requires the Secretary to establish a pay-for-performance 3-year pilot with physicians to promote the adoption and use of health information technology to improve the quality of patient care for chronically ill Medicare patients. This demonstration represents

the first pay for performance project fostering the adoption of health information technology in small physician group practices and will enable a test of the concept to improve the quality and efficiency of care in Fee-for-Service Medicare; *Form Number*: CMS-10136 (OMB #0938-0941); *Frequency*: Annually; *Affected Public*: Business or other for-profit and Not-for-profit institutions; *Number of Respondents*: 800; *Total Annual Responses*: 800; *Total Annual Hours*: 19,200.

To obtain copies of the supporting statement and any related forms for these paperwork collections referenced above, access CMS Web site address at <http://www.cms.hhs.gov/regulations/prar/>, or E-mail your request, including your address, phone number, OMB number, and CMS document identifier, to Paperwork@cms.hhs.gov, or call the Reports Clearance Office and (410) 786-1326.

To be assured consideration, comments and recommendations for the proposed information collections must be received by the OMB Desk Officer at the address below, no later than 5 p.m. on November 28, 2005. OMB Human Resources and Housing Branch, Attention: CMS Desk Officer, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: October 21, 2005.

Michelle Shortt,

Director, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 05-21517 Filed 10-27-05; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-1316-N]

Medicare Program; Meeting of the Practicing Physicians Advisory Council, December 5, 2005

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

ACTION: Notice.

SUMMARY: This notice announces a quarterly meeting of the Practicing Physicians Advisory Council (the Council). The Council will meet to discuss certain proposed changes in regulations and carrier manual instructions related to physicians' services, as identified by the Secretary of Health and Human Services (the

Secretary). This meeting is open to the public.

DATES: The Council meeting is scheduled for Monday, December 5, 2005, from 8:30 a.m. until 3:30 p.m. e.s.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 register by contacting Kelly Buchanan, the Designated Federal Official (DFO) by e-mail at PPAC@cms.hhs.gov or by telephone at (410) 786-6132, at least 72 hours in advance of the meeting. This meeting will be held in a Federal Government Building, Hubert H. Humphrey Building, and persons attending the meeting will be required to show a photographic identification, preferably a valid driver's license, and will be listed on an approved security list before persons are permitted entrance. 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.

FOR FURTHER INFORMATION CONTACT: Kelly Buchanan, (410)786-6132, or e-mail 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: In accordance with section 10(a) of the Federal Advisory Committee Act, this notice announces the quarterly meeting of the Practicing Physicians Advisory Council (the Council). The Secretary is mandated by section 1868(a)(1) of the Social Security Act (the Act) to appoint a Practicing Physicians Advisory 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 Council's consultation must occur before **Federal Register** 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 (CMS) not later than December 31 of each year.

The Council consists of 15 physicians, including the Chair. 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 four members may include dentists, podiatrists, optometrists and chiropractors. Members serve for overlapping four-year terms; terms of more than two years are contingent upon the renewal of the Council by appropriate action prior to its termination.

Section 1868(a)(2) of the Act provides that the Council meet quarterly to discuss certain proposed changes in regulations and manual issuances that relate to physicians' services, identified by the Secretary. Council members are expected to participate in all meetings. Section 1868(a)(3) of the Act provides for payment of expenses and a per diem allowance for Council members at a rate equal to payment provided members of other advisory committees. In addition to making these payments, the Department of Health and Human Services and CMS provide management and support services to the Council. The Secretary will appoint new members to the Council from among those candidates determined to have the expertise required to meet specific agency needs in a manner to ensure appropriate balance of the Council's membership.

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

The meeting will commence with the Council's Executive Director providing a status report and the CMS responses to the recommendations made by the Council at the August 22, 2005 meeting as well as prior meeting recommendations. Additionally, an update will be provided on the Physician Regulatory Issues Team. In accordance with the Council charter, we are requesting assistance with the following agenda topics:

- Physician Fee Schedule and Outpatient Fee Schedule Final Rule

- Pay for Performance-Quality Measures
- Medicare Provider Satisfaction Survey

For additional information and clarification on these topics, contact the DFO as provided in the "For Further Information Contact" section of this notice. Individual physicians or medical organizations that represent physicians wishing to make a five-minute oral presentation on agenda issues must contact the DFO by 12 noon, e.s.t., November 18, 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 Kelly Buchanan, DFO, no later than 12 noon, e.s.t., November 18, 2005, for distribution to Council members for 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 noon, e.s.t., November 18, 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 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: September 30, 2005.

Mark McClellan,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 05-20316 Filed 10-27-05; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

AGENCY: Administration for Native Americans, ACF, HHS.

ACTION: Notice of public comment on the Tribal Consultation Session to be held on December 6, 2005.

SUMMARY: The Administration for Children and Families (ACF) will be holding a one-day Tribal Consultation Session on December 6, 2005, at the Wyndham Hotel (California Grand Ball Room) in Palm Springs, California.

DATES: December 6, 2005.

FOR FURTHER INFORMATION CONTACT:

LeeAnna Arrowchis, Administration for Native Americans (ANA) toll-free at 1-877-922-9262, or register online at <http://www.acf.hhs.gov/programs/ana>.

SUPPLEMENTARY INFORMATION: ACF would like to invite Tribal leaders to participate in a formal Consultation Session with ACF senior officials and program directors. The Consultation Session will take place Tuesday, December 6, 2005, from 9 a.m. to 4 p.m. in the Wyndham Hotel. This event precedes the ACF National Native American Conference to be held December 7-9, 2005, at the Palm Springs Convention Center.

The intent of this Consultation Session is for ACF officials to hear firsthand from Tribal leaders and representatives from Tribal organizations and Native non-profits about the implementation of ACF programs in Native communities. Of particular interest are the challenges that Tribes and Tribal organizations face in accessing ACF program funding and using programmatic funding to support social and economic development activities in Native American communities. ACF offices such as the Administration for Native Americans, Office of Child Support Enforcement, Office of Community Services, Office of Family Assistance, Child Care Bureau, Children's Bureau, Head Start Bureau and the Family and Youth Services Bureau will be represented.

Tribal leaders and representatives interested in submitting written testimony or topics for the Consultation Session agenda should contact LeeAnna Arrowchis at the Administration for Native Americans toll-free at 1-877-922-9262.

If you are proposing a topic to be addressed in the Consultation Session, please be sure to include a brief description of the topic area along with the name and contact information of the suggested presenter.

The public record will remain open for 60 days following the December 6, 2005, Consultation. Written comment and testimony can be submitted until February 6, 2006.

Dated: October 24, 2005.

Kim Romine,

Deputy Commissioner, Administration for Native Americans.

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