

officer as indicated in the **DATES** and **ADDRESSES** sections of this notice. Applicants submitting proposals for both congestive heart failure case management and diabetes case management should submit 2 completed proposals (one for congestive heart failure and one for diabetes) along with 10 copies of each proposal and a copy of the previously timely submitted letter of intent.

This notice is not covered by the Paperwork Reduction Act of 1995 and accordingly will not be reviewed by the Office of Management and Budget.

**Authority:** Sections 402(a)(1) and 402(a)(1)(B) of the Social Security Amendments of 1967, as amended (42 U.S.C. 1395b-1).

(Catalog of Federal Domestic Assistance Program No. 93.779; Health Financing, Demonstrations, and Experiments)

Dated: May 13, 1998.

**Nancy-Ann Min DeParle,**

*Administrator, Health Care Financing Administration.*

[FR Doc. 98-15509 Filed 6-10-98; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Care Financing Administration [HCFA-1043-N]

#### Medicare Program; June 24 and 25, 1998, Meeting of the Competitive Pricing Advisory Committee

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

**ACTION:** Notice of meeting.

**SUMMARY:** In accordance with section 10(a) of the Federal Advisory Committee Act, this notice announces a meeting of the Competitive Pricing Advisory Committee. This meeting is open to the public.

**DATES:** The meeting is scheduled for June 24, 1998 from 9:00 a.m. until 5:30 p.m. and for June 25, 1998 from 9:00 a.m. until 1:00 p.m.

**ADDRESSES:** The meeting will be held at the Bethesda Ramada Hotel and Conference Center, 8400 Wisconsin Avenue, Bethesda, Maryland 20814.

**FOR FURTHER INFORMATION CONTACT:** Lu Zawistowich, Sc.D., Executive Director, Competitive Pricing Advisory Committee, Health Care Financing Administration, 7500 Security Boulevard C4-14-17, Baltimore, Maryland 21244-1850, (410) 786-6451.

**SUPPLEMENTARY INFORMATION:** Section 4011 of the Balanced Budget Act of 1997, (BBA) (Pub. L. 105-33) requires

the Secretary of the Department of Health and Human Services (the Secretary) to establish a demonstration project under which payments to Medicare+Choice organizations in designated areas are determined in accordance with a competitive pricing methodology. Section 4012 of the BBA requires the Secretary to appoint a Competitive Pricing Advisory Committee (the CPAC). The CPAC will meet periodically to make recommendations to the Secretary concerning the designation of areas for inclusion in the project and appropriate research design for implementing the project.

The CPAC consists of 15 individuals who are independent actuaries, experts in competitive pricing and the administration of the Federal Employees Health Benefit Program, and representatives of health plans, insurers, employers, unions, and beneficiaries. In accordance with section 4012(a)(5) of the Balanced Budget Act, the CPAC shall terminate on December 31, 2004.

The CPAC held its first meeting on May 7, 1998. The CPAC members are: James Cubbin, Executive Director, General Motors Health Care Initiative; Robert Berenson, M.D., Director, Center for Health Plans and Providers, HCFA; John Bertko, CEO and Senior Actuary, PM-Squared Inc.; Dave Durenberger, Senior Health Policy Fellow, University of St. Thomas and Founder of Public Policy Partners; Gary Goldstein, M.D., CEO, The Oschner Clinic; Samuel Havens, Healthcare Consultant and Chairman of Health Scope/United; Margaret Jordan, Healthcare Consultant and CEO, The Margaret Jordan Group; Chip Kahn, CEO, The Health Insurance Association of America; Cleve Killingsworth, President, Health Alliance Plan; Nancy Kichak, Director, Office of Actuaries, Office of Personnel Management; Len Nichols, Principal Research Associate, The Urban Institute; Robert Reischauer, Senior Fellow, The Brookings Institute; John Rother, Director, Legislation and Public Policy, American Association of Retired Persons; Andrew Stern, President, Service Employees International Union, AFL-CIO; and Jay Wolfson, Director, The Florida Information Center, University of South Florida. The Chairperson is James Cubbin and the Co-Chairperson is Robert Berenson, M.D.

The agenda will include description and discussion of private/public sector experience with competitive pricing, the status of quality of care measurements, risk adjustment in the context of competitive pricing, and the desired criteria for demonstration site selection.

The CPAC will also discuss additional information needed before selecting the recommended demonstration design.

Individuals or organizations that wish to make 5-minute oral presentations on the agenda issues should contact the Executive Director by 12 noon, June 11, 1998, to be scheduled. The number of oral presentations may be limited by the time available. A written copy of the oral remarks should be submitted to the Executive Director no later than 12 noon, June 18, 1998. Anyone who is not scheduled to speak may submit written comments to the Executive Director by 12:00 noon, June 18, 1998. The meeting is open to the public, but attendance is limited to the space available.

(Section 4012 of the Balanced Budget Act of 1997, Pub. L. 105-33 (42 U.S.C. 1395w-23 note) and section 10(a) Pub. L. 92-463 (5 U.S.C. App.2, section 10(a))

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

Dated: June 4, 1998.

**Nancy-Ann Min DeParle,**

*Administrator, Health Care Financing Administration.*

[FR Doc. 98-15600 Filed 6-8-98; 2:43 pm]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of Inspector General

#### Program Exclusions: May 1998

**AGENCY:** Office of Inspector General, HHS.

**ACTION:** Notice of program exclusions.

During the month of May 1998, the HHS Office of Inspector General imposed exclusions in the cases set forth below. When an exclusion is imposed, no program payment is made to anyone for any items or services (other than an emergency item or service not provided in a hospital emergency room) furnished, ordered or prescribed by an excluded party under the Medicare, Medicaid, and all Federal Health Care programs. In addition, no program payment is made to any business or facility, e.g., a hospital, that submits bills for payment for items or services provided by an excluded party. Program beneficiaries remain free to decide for themselves whether they will continue to use the services of an excluded party even though no program payments will be made for items and services provided by that excluded party. The exclusions have national