

Trans #	Acquiring	Acquired	Entities
20050821	Thayer Equity Investors V, L.P.	Edward Symes, III	CHAC, Inc. Quadel Consulting Corporation.
20050836	Motient Corporation	Mobile Satellite Ventures LP	TerreStar Networks Inc.
20050837	Great Hill Equity Partners II, L.P.	Everett R. Dobson Irrevocable Family Trust.	ACC Tower Sub, LLC. DCS Tower Sub, LLC.
20050842	Providence Equity Partners IV L.P.	SSI Holdings, LLC	SSI Holdings, LLC.

Transactions Granted Early Termination—04/19/2005

20050202	Toppan Printing Co., Ltd.	DuPont Photomasks, Inc.	DuPont Photomasks, Inc.
20050799	Ascension Health	Mayo Foundation	St. Luke's Hospital Association
20050828	International Coal Group, Inc.	WLR Recovery Fund, II, L.P.	CoalQuest Development LLC
20050829	International Coal Group Inc.	Anker Coal Group, Inc.	Anker Coal Group Inc.
20050849	Thayer Equity Investors V, L.P. ...	American Capital Strategies, Ltd.	Roadrunner Freight Systems, Inc.

Transactions Granted Early Termination—04/21/2005

20050793	SEACOR Holdings Inc.	Seabulk International, Inc.	Seabulk International, Inc.
20050801	Nautilus AIV, L.P.	SEACOR Holdings Inc.	SEACOR Holdings Inc.
20050827	Evercore Capital Partners II L.P.	Diagnostic Imaging Group Holdings, LLC.	Diagnostic Imaging Group Holdings, LLC.
20050830	Entegris, Inc.	Mykrolis Corporation	Mykrolis Corporation.
20050834	Doosan Heavy Industries and Construction Co., Ltd.	Daewoo Heavy Industries and Machinery, Ltd.	Daewoo Heavy Industries and Machinery, Ltd.

Transactions Granted Early Termination—04/22/2005

20050831	UBS AG	NAU Holding Company, LLC	NAU Holding Company, LLC
20050839	Carmike Cinemas, Inc.	Flora Beth Kerasotes	George G. Kerasotes Corporation
20050840	Apollo Investment Fund IV, L.P.	iPCS, Inc.	iPCS, Inc.
20050844	Odyssey Investment Partners Fund III, LP.	Neff Corp.	Neff Corp.
20050845	DST Systems, Inc.	Computer Sciences Corporation	CSC Healthcare, Inc.
20050850	American Capital Strategies, Ltd.	Lawrence Richenstein	Unwired Technology LLC
20050853	Leucadia National Corporation ...	Larry and Marianne Williams	Alumni Forest Products, Inc. Idaho Cedar Sales, Inc. Idaho Timber Corporation Idaho Timber Corporation of Albuquerque, Inc. Idaho Timber Corporation of Boise, Inc. Idaho Timber Corporation of Carthage, Inc. Idaho Timber Corporation of Idaho, Inc. Idaho Timber Corporation of Kansas, Inc. Idaho Timber Corporation of Montana, Inc. Idaho Timber Corporation of Mountain Home, Inc. Idaho Timber Corporation of North Carolina, Inc. Idaho Timber Corporation of Texas, Inc.
20050855	Cantor Fitzgerald, L.P.	Maxcor Financial Group Inc.	Maxcor Financial Group Inc.
20050856	FS Equity Partners V, LP	Gryphon Dental Partners, L.P.	Bright Now Dental, Inc.
20050860	MBNA Corporation	KKR 1996 Fund L.P.	Nexstar Financial Corporation

FOR FURTHER INFORMATION CONTACT:

Sandra M. Peay, Contact Representative, or Renee Hallman, Case Management Assistant, Federal Trade Commission, Premerger Notification Office, Bureau of Competition, Room H-303, Washington, DC 20580, (202) 326-3100.

Donald S. Clark,
Secretary.

[FR Doc. 05-9262 Filed 5-9-05; 8:45 am]

BILLING CODE 6750-01-M

FEDERAL TRADE COMMISSION

[File No. 031 0087]

New Millennium Orthopaedics, LLC, et al.; Analysis of Agreement Containing Consent Order to Aid Public Comment

AGENCY: Federal Trade Commission.

ACTION: Proposed consent agreement.

SUMMARY: The consent agreement in this matter settles alleged violations of Federal law prohibiting unfair or deceptive acts or practices or unfair methods of competition. The attached Analysis to Aid Public Comment describes both the allegations in the draft complaint and the terms of the consent order—embodied in the consent

agreement—that would settle these allegations.

DATES: Comments must be received on or before May 31, 2005.

ADDRESSES: Interested parties are invited to submit written comments. Comments should refer to “New Millennium Orthopaedics, LLC, *et al.*, File No. 031 0087,” to facilitate the organization of comments. A comment filed in paper form should include this reference both in the text and on the envelope, and should be mailed or delivered to the following address: Federal Trade Commission/Office of the Secretary, Room 159-H, 600 Pennsylvania Avenue, NW., Washington, DC 20580. Comments

containing confidential material must be filed in paper form, must be clearly labeled "Confidential," and must comply with Commission Rule 4.9(c). 16 CFR 4.9(c) (2005).¹ The FTC is requesting that any comment filed in paper form be sent by courier or overnight service, if possible, because U.S. postal mail in the Washington area and at the Commission is subject to delay due to heightened security precautions. Comments that do not contain any nonpublic information may instead be filed in electronic form as part of or as an attachment to e-mail messages directed to the following e-mail box: consentagreement@ftc.gov.

The FTC Act and other laws the Commission administers permit the collection of public comments to consider and use in this proceeding as appropriate. All timely and responsive public comments, whether filed in paper or electronic form, will be considered by the Commission, and will be available to the public on the FTC Web site, to the extent practicable, at <http://www.ftc.gov>. As a matter of discretion, the FTC makes every effort to remove home contact information for individuals from the public comments it receives before placing those comments on the FTC Web site. More information, including routine uses permitted by the Privacy Act, may be found in the FTC's privacy policy, at <http://www.ftc.gov/ftc/privacy.htm>.

FOR FURTHER INFORMATION CONTACT: Gwen Fanger, FTC Western Region, San Francisco (415) 848-5196.

SUPPLEMENTARY INFORMATION: Pursuant to section 6(f) of the Federal Trade Commission Act, 38 Stat. 721, 15 U.S.C. 46(f), and § 2.34 of the Commission Rules of Practice, 16 CFR 2.34, notice is hereby given that the above-captioned consent agreement containing a consent order to cease and desist, having been filed with and accepted, subject to final approval, by the Commission, has been placed on the public record for a period of thirty (30) days. The following Analysis to Aid Public Comment describes the terms of the consent agreement, and the allegations in the complaint. An electronic copy of the full text of the consent agreement package can be obtained from the FTC Home Page (for May 2, 2005), on the World Wide Web, at <http://www.ftc.gov/>

¹ The comment must be accompanied by an explicit request for confidential treatment, including the factual and legal basis for the request, and must identify the specific portions of the comment to be withheld from the public record. The request will be granted or denied by the Commission's General Counsel, consistent with applicable law and the public interest. See Commission Rule 4.9(c), 16 CFR 4.9(c).

[os/2005/05/index.htm](http://www.ftc.gov/ftc/2005/05/index.htm). A paper copy can be obtained from the FTC Public Reference Room, Room 130-H, 600 Pennsylvania Avenue, NW., Washington, DC 20580, either in person or by calling (202) 326-2222.

Public comments are invited, and may be filed with the Commission in either paper or electronic form. All comments should be filed as prescribed in the **ADDRESSES** section above, and must be received on or before the date specified in the **DATES** section.

Analysis of Agreement Containing Consent Order To Aid Public Comment

The Federal Trade Commission has accepted, subject to final approval, an agreement containing a proposed Consent Order with New Millennium Orthopaedics, LLC ("NMO"), Orthopaedic Consultants of Cincinnati, Inc., dba Wellington Orthopaedics & Sports Medicine ("Wellington"), and Beacon Orthopaedics & Sports Medicine, Ltd. ("Beacon") (collectively, "Respondents"). The agreement settles charges that Wellington and Beacon, through NMO, violated Section 5 of the Federal Trade Commission Act, 15 U.S.C. 45, by orchestrating and implementing agreements between competing orthopaedic physician groups to fix prices charged to health plans, and to refuse to deal with such health plans except on collectively-determined terms. The proposed Consent Order has been placed on the public record for 30 days to receive comments from interested persons. Comments received during this period will become part of the public record. After 30 days, the Commission will review the agreement and the comments received, and will decide whether it should withdraw from the agreement or make the proposed Consent Order final.

The purpose of this analysis is to facilitate public comment on the proposed Consent Order. The analysis is not intended to constitute an official interpretation of the agreement and proposed Consent Order or to modify their terms in any way. Further, the proposed Consent Order has been entered into for settlement purposes only and does not constitute an admission by any respondent that said respondent violated the law or that the facts alleged in the Complaint (other than jurisdictional facts) are true.

The Complaint

The allegations of the Complaint are summarized below.

NMO is a single-specialty independent practice association consisting of two orthopaedic physician groups, Wellington and Beacon. Both

Wellington, a twenty-two member orthopaedic physician group, and Beacon, a ten-member orthopaedic group, provide orthopaedic physician services, including surgical and non-surgical services, in the Cincinnati, Ohio area.

In 2002, Wellington and Beacon formed NMO to act as their negotiating agent with health plans. Through NMO, they agreed on the prices to propose to health plans in negotiating their reimbursement rates. Beginning in August, 2002, representatives of NMO sent letters to representatives of the four major health plans in the Cincinnati area. They proposed an arrangement that would implement a guaranteed base fee schedule and a bonus scheme. Under the bonus scheme, all NMO physicians would receive higher reimbursement rates for all services provided that NMO, as a whole, met established performance targets for increasing the percentage of surgical procedures performed at ambulatory surgery centers ("ASCs").

The ASC bonus scheme solely targeted outpatient surgery, which was only one aspect of the practices of some NMO physicians. Under the ASC bonus scheme, the measured change in the physicians' behavior was limited to the movement of patients to ASCs. Non-surgeon members of NMO, who accounted for approximately 30% of NMO physicians, lacked the ability to change practice patterns related to ASCs. Thus, the ASC bonus scheme did not act as a substantial incentive for all of the NMO physicians to work together to achieve significant efficiencies for all of their services, which had jointly negotiated rates.

The Complaint alleges that NMO performed no role in enhancing the ability of the physicians to increase the number of procedures performed at ASCs instead of at hospitals. NMO did not implement any enforcement mechanisms to monitor and control the physicians' compliance with the bonus scheme. The bonus scheme, alone, did not affect the NMO physicians' ability to work together to control costs or to improve quality for all jointly negotiated services, including office-based, non-surgical procedures. To a large extent, the scheme was a reward for the physicians' pre-existing practice patterns. For example, prior to signing the agreement, Wellington physicians performed over 50% of their procedures at ASCs without the incentive of the bonus scheme.

Only one health plan agreed to NMO's terms. Nonetheless, NMO continued to attempt to negotiate agreements with the other health plans into 2004.

NMO also enforced its joint negotiation efforts with one health plan by a concerted refusal to deal in the absence of contract terms agreeable to NMO. In response to one health plan's refusal to negotiate with NMO during the original negotiations in 2002, NMO's Board agreed that both Wellington and Beacon should terminate their existing, separate agreements with the health plan in order to seek contracts with the health plan through NMO. Both groups subsequently jointly terminated their individual agreements with the health plan at the direction of NMO's Board.

Respondents' collective negotiation of fees and other competitively significant contract terms was not reasonably necessary to achieving any efficiency-enhancing integration. Thus, they violated Section 5 of the FTC Act by orchestrating agreements between competing orthopaedic physician groups to fix prices with health plans, and by refusing to deal with one of the health plans that would not meet those terms.

The Proposed Consent Order

The proposed Consent Order is designed to prevent the continuance and recurrence of the illegal conduct alleged in the complaint while, allowing Wellington and Beacon to engage in legitimate, joint conduct.

The proposed Consent Order's specific provisions are summarized below.

Paragraph II.A prohibits Respondents from entering into or facilitating agreements between or among any health care providers: (1) To negotiate on behalf of any physician with any payor; (2) to deal, refuse to deal, or threaten to refuse to deal with any payor; (3) regarding any term, condition, or requirement upon which any physician deals, or is willing to deal, with any payor, including, but not limited to price terms; or (4) not to deal individually with any payor, or not to deal with any payor through any arrangement other than Respondent NMO.

The other parts of Paragraph II reinforce these general prohibitions. Paragraph II.B prohibits the Respondents from facilitating exchanges of information between health care providers concerning whether, or on what terms, to contract with a payor. Paragraph II.C bars attempts to engage in any action prohibited by Paragraph II.A or II.B, and Paragraph II.D proscribes encouraging, suggesting, advising, pressuring, inducing, or attempting to induce any person to engage in any action that would be prohibited by Paragraphs II.A. through II.C.

As in other Commission orders addressing health care providers' collective bargaining with health care purchasers, certain kinds of agreements are excluded from the general bar on joint negotiations. Paragraph II does not preclude Wellington and Beacon from engaging in conduct that is reasonably necessary to form or participate in legitimate "qualified risk-sharing" or "qualified clinically-integrated" joint arrangements, as defined in the proposed Consent Order. Also, Paragraph II would not bar agreements that only involve physicians who are part of the same medical group practice, defined in Paragraph I.E, because it is intended to reach agreements among independent competitors.

Paragraph III requires the dissolution of NMO.

Paragraph IV contains filing and notification requirements related to the dissolution of NMO.

Paragraph V applies only to Wellington and Beacon. It contains notification requirements for Wellington and Beacon. Paragraph V.A requires Wellington and Beacon to send a copy of the Complaint and Consent Order to their physician members who participated in NMO, their management and staff who had any responsibility regarding NMO, and any payors who communicated with NMO, or with whom NMO communicated, with regard to any interest in contracting for physician services. Paragraph V.A.3 also requires Wellington and Beacon to send these payors notice of their right to terminate their agreements with Wellington and Beacon.

Paragraph V.B allows for contract termination if a payor voluntarily submits a request to Wellington and Beacon to terminate its contract. Pursuant to such a request, Paragraph V.B requires Wellington and Beacon to terminate, without penalty, any payor contracts that they had entered into during the collusive period. This provision is intended to eliminate the effects of NMO's joint, price setting behavior. Paragraph V.C requires that Wellington and Beacon each send a copy of any payor's request for termination to every physician who participates in each group.

Paragraph V.D contains notification provisions relating to future contact with physicians, payors, management and staff of each group. Paragraph V.D requires Wellington and Beacon to distribute a copy of the Complaint and Consent Order to each physician who begins participating in each group; each payor who contacts each group regarding the provision of physician services; and each person who becomes

an officer, director, manager, or employee of each group for three years after the date on which the Consent Order becomes final.

Paragraph V.E requires Wellington and Beacon to publish a copy of the Complaint and Consent Order, for three years, in any official publication that they send to their participating physicians.

Paragraphs VI–VIII impose various obligations on Wellington and Beacon to report or provide access to information to the Commission to facilitate monitoring their compliance with the Consent Order.

The proposed Consent Order will expire in 20 years from the date it is issued.

By direction of the Commission.

Donald S. Clark,

Secretary.

[FR Doc. 05–9300 Filed 5–9–05; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disparities in Elderly Pneumococcal Vaccination

Announcement Type: New.
Funding Opportunity Number: RFA IP05–093.

Catalog of Federal Domestic Assistance Number: 93.185

Letter of Intent Deadline: June 9, 2005.

Application Deadline: June 24, 2005.

I. Funding Opportunity Description

Authority: Section 311 [42 U.S.C. 243] and 317(k)(1) [42 U.S.C. 247b(k)(1)] of the Public Health Service Act, as amended.

Background

Disparities in pneumococcal vaccination rates between Blacks and Hispanics 65 years of age and older compared with Whites are substantial and persist after taking into account socioeconomic status and access to care (CDC. "Racial/ethnic disparities in influenza and pneumococcal vaccination levels among persons aged greater than or equal to 65 years—United States, 1989–2001." "Morbidity and Mortality Weekly Report (MMWR) 2003;" 52:958–62). While attitudes towards vaccination may contribute to these differences, they are unlikely the sole cause. Recent (unpublished) studies that have examined acceptance of vaccination when vaccine is offered systematically have shown no marked differences in acceptance by race/