

assessment of the organization's survey process.

- The adequacy of ACHC's staff and other resources, and its financial viability.
- ACHC's capacity to adequately fund required surveys.
- ACHC's policies with respect to whether surveys are announced or unannounced, to assure that surveys are unannounced.
- ACHC's agreement to provide us with a copy of the most current accreditation survey together with any other information related to the survey as we may require (including corrective action plans).

#### IV. Response to Public Comments and Notice Upon Completion of Evaluation

Because of the large number of public comments we normally receive on **Federal Register** documents, we are not able to acknowledge or respond to them individually. We will consider all comments we receive by the date and time specified in the **DATES** section of this preamble, and, when we proceed with a subsequent document, we will respond to the comments in the preamble to that document.

Upon completion of our evaluation, including evaluation of comments received as a result of this notice, we will publish a final notice in the **Federal Register** announcing the result of our evaluation.

#### V. Collection of Information Requirements

This document does not impose information collection and recordkeeping requirements. Consequently, it need not be reviewed by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. 35).

#### VI. Regulatory Impact Statement

In accordance with the provisions of Executive Order 12866, the Office of Management and Budget did not review this proposed notice.

In accordance with Executive Order 13132, we have determined that this proposed notice would not have a significant effect on the rights of States, local or Tribal governments.

**Authority:** Section 1865 of the Social Security Act (42 U.S.C. 1395bb).

(Catalog of Federal Domestic Assistance Program No. 93.778, Medical Assistance Program; No. 93.773 Medicare—Hospital Insurance Program; and No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: July 9, 2009.

**Charlene Frizzera,**

*Acting Administrator, Centers for Medicare & Medicaid Services.*

[FR Doc. E9-17611 Filed 7-23-09; 8:45 am]

**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS-5050-N]

#### Medicare and Medicaid Programs; Resolicitation of Proposals for the Private, For-Profit Demonstration Project for the Program of All-Inclusive Care for the Elderly (PACE) and Announcement of Closing Date

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

**ACTION:** Notice.

**SUMMARY:** This notice resolicits proposals for the private, for-profit demonstration project for the Program of All-Inclusive Care for the Elderly (PACE) and announces a closing date for the solicitation. We previously solicited proposals from private, for-profit organizations for a fully capitated joint Medicare and Medicaid demonstration.

**DATES:** *Closing Date:* Proposals must be submitted by July 26, 2010.

**ADDRESSES:** Proposals should be mailed to the following by the date specified in the **DATES** section of this notice: *Attention:* Michael Henesch, Office of Research, Development, and Information, Centers for Medicare and Medicaid Services, *Mailstop:* C4-17-27, 7500 Security Boulevard, Baltimore, MD 21244-1850.

**FOR FURTHER INFORMATION CONTACT:** Michael Henesch, 410-786-6685.

**SUPPLEMENTARY INFORMATION:**

#### I. Background

Sections 1894(h)(1) and 1934(h)(1) of the Social Security Act (the Act) state that the Secretary shall grant waivers to enable up to ten private, for-profit Programs of All-Inclusive Care for the Elderly (PACE) demonstration projects to provide medical assistance to PACE program eligible individuals who are 55 years of age or older, require the level of care required for coverage of nursing facility services, and reside in the PACE program service area. The for-profit demonstration provision requires that, except for the numerical limitation of ten demonstration waivers, the operation of a PACE program by a provider shall be the same as those for

PACE providers that are not-for-profit, private organizations. The purpose of this notice is to resolicit proposals for the private, for-profit demonstration project for the PACE and announces a closing date for the solicitation. A previous notice of solicitation to for-profit organizations (66 FR 42229) was published in the August 10, 2001 **Federal Register**. The purpose of the August 2001 notice was to determine whether the risk-based long-term care model employed by the nonprofit PACE can be replicated successfully by for-profit organizations.

Section 4804(b) of the Balanced Budget Act of 1997 (BBA) (Pub. L. 105-33) requires issuance of a report that includes findings as to whether—

- The number of covered lives enrolled in for-profit PACE demonstration projects are statistically sufficient to make the findings described below;
- The population enrolled in for-profit PACE demonstration projects is less frail than the population enrolled with other PACE providers;
- Access to or quality of care for individuals enrolled with for-profit PACE programs is lower than for those enrolled in other PACE programs; and
- For-profit demonstration projects resulted in increased expenditures under Medicare or Medicaid programs above those incurred by other PACE providers.

The August 2001 **Federal Register** (66 FR 42229), solicited proposals from for-profit entities to demonstrate that they can successfully provide comprehensive coordinated care for the frail elderly under a prepaid fully-capitated payment system. That notice specified that we would—(1) consider proposals only from for-profit organizations; and (2) operate the demonstration for 3 years.

To date, there are only two for-profit PACE demonstration projects in place, both of which began in 2007.

#### II. Provisions of the Notice

This notice resolicits proposals for the private, for-profit demonstration project for the PACE and announces a closing date for this solicitation. We publish this notice to—

- Encourage for-profit entities to submit proposals to conduct projects to demonstrate the for-profit PACE concept over a 3 year period, and to further encourage that they do so within the next year by establishing a closing date to the solicitation; and
- Increase the number of covered enrollees across all for-profit demonstration sites.

Therefore, this notice provides an additional opportunity for interested

for-profit organizations to submit proposals to the address listed in the **ADDRESSES** section of this notice by the date specified in the **DATES** section of this notice. If after this limited 1-year opportunity the report with the required findings cannot be completed, for-profit PACE demonstrations should plan to terminate their projects. We note that, as a resolicitation, all proposals received will be evaluated using the criteria specified in the original August 10, 2001 **Federal Register** notice (66 FR 42231) and these criteria are also available on the CMS Web site at: <http://www.cms.hhs.gov/DemoProjectsEvalRpts/MD/itemdetail.asp?itemID=CMS1202809>.

### III. Collection of Information Requirements

As we do not anticipate receiving 10 or more applications for this demonstration, this document does not impose information collection and recordkeeping requirements. Consequently, it need not be reviewed by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995.

**Authority:** Section 1894(h) and 1934(h) of the Social Security Act (42 U.S.C. 1395eee and 1396u-4) (Catalog of Federal Domestic Assistance Program No. 93.778, Medical Assistance Program; No. 93.773 Medicare—Hospital Insurance Program; and No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: May 6, 2009.

**Charlene Frizzera,**

*Acting Administrator, Centers for Medicare & Medicaid Services.*

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**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS-1415-N]

#### Medicare Program; Announcement of Five New Members to the Advisory Panel on Ambulatory Payment Classification Groups

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (DHHS).

**ACTION:** Notice.

**SUMMARY:** This notice announces five new members selected to serve on the Advisory Panel on Ambulatory Payment Classification (APC) Groups (the Panel). The purpose of the Panel is to review the APC groups and their associated

weights and to advise the Secretary of DHHS (the Secretary) and the Administrator of CMS (the Administrator) concerning the clinical integrity of the APC groups and their associated weights. We will consider the Panel's advice as we prepare the annual updates of the hospital outpatient prospective payment system (OPPS).

**FOR FURTHER INFORMATION CONTACT:** For inquiries about the Panel, please contact the Designated Federal Official (DFO): Shirl Ackerman-Ross, DFO, CMS, CMM, HAPG, DOC, 7500 Security Boulevard, Mail Stop C4-05-17, Baltimore, MD 21244-1850, Phone (410) 786-4474.

**APC Panel E-Mail Address:** The E-mail address for the Panel is as follows: [CMSAPCPanel@cms.hhs.gov](mailto:CMSAPCPanel@cms.hhs.gov) (**Note:** There is NO underscore in this e-mail address; there is a SPACE between CMS and APCPanel.)

**News Media Contact:** News media representatives must contact our Public Affairs Office at (202) 690-6145.

**CMS Advisory Committees Hotlines:** The CMS Federal Advisory Committee Hotline is 1-877-449-5659 (toll free) and (410) 786-9379 (local) for additional Panel information.

**Web Sites:** For additional information regarding the APC Panel membership, meetings, agendas, and updates to the Panel's activities, please search our Web site at the following Uniform Resource Locator (URL): [http://www.cms.hhs.gov/FACA/05\\_AdvisoryPanelonAmbulatoryPaymentClassificationGroups.asp#TopOfPage](http://www.cms.hhs.gov/FACA/05_AdvisoryPanelonAmbulatoryPaymentClassificationGroups.asp#TopOfPage). (**Note:** There is an UNDERSCORE after FACA/05 (like this ); there is no space.)

The public may also access the following URL for the Federal Advisory Committee Act Web site to obtain APC Panel information: <https://www.fido.gov/facadatabase/public.asp>. A copy of the Panel's Charter and other pertinent information are on both Web sites mentioned above. You may also e-mail the Panel DFO at the above e-mail address for a copy of the Charter.

#### SUPPLEMENTARY INFORMATION:

##### I. Background

The Secretary is required by section 1833(t)(9)(A) of the Social Security Act (the Act) to consult with an expert outside advisory Panel regarding the clinical integrity of the APC groups and relative payment weights that are components of the Medicare hospital OPPS.

The APC Panel meets up to three times annually. The Charter requires that the Panel must be fairly balanced in its membership in terms of the points of view represented and the functions to be performed. The Panel consists of up

to 15 members, who are representatives of providers, and a Chair. Each Panel member must be employed full-time by a hospital, hospital system, or other Medicare provider subject to payment under the OPPS. The Secretary or Administrator selects the Panel membership based upon either self-nominations or nominations submitted by Medicare providers and other interested organizations. All members must have technical expertise to enable them to participate fully in the work of the Panel. This expertise encompasses hospital payment systems; hospital medical-care delivery systems; provider billing systems; APC groups, Current Procedural Terminology codes, and alpha-numeric Healthcare Common Procedure Coding System codes; and the use of, and payment for, drugs and medical devices in the outpatient setting, as well as other forms of relevant expertise.

The Charter requires that all members have a minimum of 5 years experience in their area(s) of expertise, but it is not necessary that any member be an expert in all of the areas listed above. For purposes of this Panel, consultants and independent contractors are not considered as being full-time employees of hospitals, hospital systems, or other Medicare providers that are paid under the Medicare hospital OPPS. A Panel member may serve up to a 4-year term. A member may serve after the expiration of his or her term until a successor has been sworn in. All terms are contingent upon the renewal of the Panel's Charter by appropriate action before its termination. The Secretary re-chartered the APC Panel effective November 21, 2008.

##### II. Announcement of New Members

The Panel may consist of a Chair and up to 15 Panel members who serve without compensation, according to an advance written agreement. Travel, meals, lodging, and related expenses for the meeting are reimbursed in accordance with standard Government travel regulations. We have a special interest in ensuring that women, minorities, representatives from various geographical locations, and the physically challenged are adequately represented on the Panel.

The Secretary, or her designee, appoints new members to the Panel from among those candidates determined to have the required expertise. New appointments are made in a manner that ensures a balanced membership.

The Panel presently consists of the following 15 members and a Chair. (The