

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 swearing-in of one Council member. The Council's Executive Director will give a status report and the CMS responses to the recommendations made by the Council at the May 23, 2005 meeting and 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:

- Competitive Acquisition for Drugs.
- Physician Fee Schedule Proposed Rule.
- Part D Prescription Drug Program.
- Outpatient Proposed Rule.
- Surgical Care Improvement Partnership Program.
- Alliance for Cardiac Care Excellence Program.
- NPI-Outreach and Implementation.

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 5-minute oral presentation on agenda issues must contact the DFO by 12 noon, e.d.t., August 5, 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.d.t., August 5, 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.d.t., August 5, 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: July 11, 2005.

**Mark McClellan,**

*Administrator, Centers for Medicare & Medicaid Services.*

[FR Doc. 05-14154 Filed 7-21-05; 8:45 am]

**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

#### Statement of Organization, Functions, and Delegations of Authority

Part F., Section F.70. (Order of Succession) of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS), (**Federal Register**, Vol. 49, No. 174, p. 35251, dated September 6, 1984) is hereby rescinded and replaced by the following new Section F.70.

#### F.70. Order of Succession

During any period when the Administrator, Centers for Medicare & Medicaid Services (CMS), has died, resigned, or otherwise become unable to perform the functions and duties of the office of the Administrator, CMS, the following officers, in the order listed, shall act for and perform the functions and duties of the office of Administrator, CMS, until such time the Administrator, CMS, again becomes available, a permanent successor is appointed, or the temporary successor is otherwise relieved:

1. Deputy Administrator.
2. Chief Operating Officer.

3. Director, Center for Medicare Management.

4. Deputy Chief Operating Officer.

5. Director & Chief Financial Officer, Office of Financial Management.

6. Deputy Director, Center for Medicare Management.

7. Deputy Director, Office of Financial Management.

The authority to act as the Administrator, CMS, must be exercised in accordance with the provisions of the Federal Vacancies and Reform Act of 1998 ("the Vacancies Act"), 5 U.S.C. 3345 *et seq.* The "Acting" title is applicable and reserved only in instances in which the CMS Administrator position is vacant. In accordance with the Vacancies Act, the Deputy Administrator is herein designated as the first assistant for CMS.

During a planned absence, the Administrator, CMS, may designate an individual to serve as "operationally in charge." No individual who is serving in an "operationally in charge" capacity shall exercise this authority unless he or she is herein designated as a delegatee.

This authority is limited to maintaining the Agency's essential functions and restoring the Agency's normal business functions under the CMS Continuity of Operations Plan (COOP).

Dated: June 16, 2005.

**Mark B. McClellan,**

*Administrator, Centers for Medicare & Medicaid Services.*

[FR Doc. 05-14148 Filed 7-21-05; 8:45 am]

**BILLING CODE 4120-01-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS-3142-FN]

#### Medicare Program; Evaluation Criteria and Standards for Quality Improvement Program Contracts

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

**ACTION:** Final notice.

**SUMMARY:** This final notice describes the evaluation criteria we will use to evaluate the Quality Improvement Organizations (QIOs) under their contracts with us, for efficiency and effectiveness in accordance with the Social Security Act. These evaluation criteria are based on the tasks and related subtasks set forth in the QIO's Scope of Work (SOW). The current 7th SOW includes Tasks 1 through 4, with subtasks included under all tasks,