

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-1585-N]

Medicare Program: Notice of Two Membership Appointments to the Advisory Panel on Ambulatory Payment Classification Groups

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

ACTION: Notice.

SUMMARY: This notice announces two new membership appointments to the Advisory Panel on Ambulatory Payment Classification (APC) Groups (the Panel). The two appointments are for 4-year periods through January 31, 2016. The purpose of the Panel is to review the APC groups and their associated weights, and to advise the Secretary of the Department of Health and Human Services (the Secretary) and the Administrator of the Centers for Medicare & Medicaid Services (the Administrator) concerning the clinical integrity of the APC groups and their weights. The advice provided by the Panel will be considered as CMS prepares its annual updates of the hospital outpatient prospective payment system (OPPS).

FOR FURTHER INFORMATION CONTACT:

Paula Smith, the Designated Federal Officer, CMS, Center for Medicare Mail Stop C4-05-13, 7500 Security Boulevard, Baltimore, MD 21244-1850, Phone (410) 786-4709.

Web site: For additional information on the APC meeting dates, agenda topics, copy of the charter, as well as updates to the Panel's activities, search the CMS Web site at: https://www.cms.gov/FACA/05_AdvisoryPanelonAmbulatoryPaymentClassificationGroups.asp#TopOfPage. (**Note:** There is an UNDERSCORE after FACA/05_; there is no space.)

Advisory Committees' Information Lines: The phone numbers for the CMS Federal Advisory Committee Hotlines are 1-(877) 449-5659 (toll free) and (410) 786-9379 (local).

SUPPLEMENTARY INFORMATION:

I. Background

The Secretary is required by section 1833(t)(9)(A) of the Social Security Act (the Act) (42 U.S.C. 1395l(t)(9)(A)) to consult with an expert outside advisory panel on the clinical integrity of the Ambulatory Payment Classification (APC) groups and their associated weights. The Advisory Panel on APC

Groups (the Panel) meets up to three times annually. We will consider the technical advice provided by the Panel as we prepare the proposed and final rules to update the outpatient prospective payment system (OPPS) for the next calendar year.

The Panel shall consist of up to 15 representatives of Medicare providers that are subject to the OPPS, plus a Chair. The Secretary or a designee selects the Panel membership based upon either self-nominations or nominations submitted by Medicare providers and other interested organizations. The Panel presently consists of the following members and a Chair: (The asterisk [*] indicates a Panel member whose term expires on September 30, 2011.)

- Edith Hambrick, M.D., J.D., Chair, CMS Medical Officer.
- Ruth L. Bush, M.D., M.P.H.
- Kari S. Cornicelli, C.P.A., FHFMA.
- Dawn L. Francis, M.D., M.H.S.
- Kathleen Graham, R.N., M.S.H.A.
- Patrick A. Grusenmeyer, Sc.D., FACHE.*
- David A. Halsey, M.D.
- Brian D. Kavanagh, M.D., MPH.
- Judith T. Kelly, R.H.I.T., R.H.I.A., C.C.S.
- Scott Manaker, M.D., Ph.D.
- John Marshall, CRA, RCC, CIRCC, RT(R), FAHRA.
- Agatha Nolan, D.Ph., M.S., FASHP.*
- Randall A. Oyer, M.D.
- Daniel J. Pothen, M.S., RHIA, CHPS.
- Gregory Przybylski, M.D.
- Neville B. Sarkari, M.D., FACP.

II. Provisions of This Notice

On March 25, 2011, a notice appeared in the **Federal Register** (76 FR 16788), entitled "Medicare Program; Solicitation of Two Nominations to the Advisory Panel on Ambulatory Payment Classification Groups" requesting nominations to the Panel replacing Panel members whose terms would expire on September 30, 2011. As a result of that **Federal Register** notice, we are announcing two new members to the Panel. Both appointments are for 4-year terms commencing on February 1, 2012.

New Appointments/Reappointments to the Panel—The following are the two new Panel members:

- *Marianna V. Spanaki-Varelas, M.D., Ph.D., M.B.A.*
- *Jacqueline Phillips.*

III. 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).

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

Dated: September 15, 2011.

Donald M. Berwick,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 2011-27963 Filed 10-27-11; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-5502-N3]

Medicare Program; Accountable Care Organization Accelerated Development Learning Sessions; Center for Medicare and Medicaid Innovation

November 17 and 18, 2011.

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

ACTION: Notice of meeting.

SUMMARY: This notice announces the date and location of the third and last in a series of public educational sessions hosted by the Centers for Medicare & Medicaid Services (CMS). This two-day training session is the third and final Accelerated Development Learning Session (ADLS) hosted by CMS to help Accountable Care Organizations (ACOs) deliver better care and reduce costs. We invite all new or existing ACO entities to register a team of senior executives to attend the in-person ADLS. The ADLS will provide executives with the opportunity to learn about core functions of an ACO and ways to build their organization's capacity to succeed as an ACO.

DATES: *Meeting Date:* Thursday, November 17, 2011, 8 a.m. to 5:45 p.m., eastern standard time (E.S.T.) Friday, November 18, 2011, 8 a.m. to 4 p.m. (E.S.T.)

Deadline for Meeting Registration: Registration for the second ADLS will remain open until capacity has been reached for the November 17 through 18 in-person meeting. Space is limited and participants are encouraged to register as soon as possible.

ADDRESSES:

Meeting Location: The third and final ADLS will be held at the Centers for

Medicare & Medicaid Services (CMS) at 7500 Security Boulevard, Baltimore, MD. Participants are responsible for their own travel, parking, meals, and overnight stay expenses. More information about the venue and accommodations can be found at <https://acoregister.rti.org/>. Potential participants are also strongly encouraged to complete the comprehensive planning tool discussed in section II. of this notice before arriving to the meeting.

Meeting Registration, Presentations, and Written Comments: Registration information and documents can be accessed online at <https://acoregister.rti.org/>.

Registration: Eligible organizations interested in registering for the ADLS should visit <https://acoregister.rti.org/> for information about registration.

FOR FURTHER INFORMATION CONTACT: Additional information is available on the registration Web site at <https://acoregister.rti.org/>. Click on “contact us” to send questions or comments via email. Press inquiries are handled through the CMS Press Office at (202) 690-6145.

SUPPLEMENTARY INFORMATION:

I. Background

Section 1115A of the Social Security Act (the Act), as added by section 3021 of the Patient Protection and Affordable Care Act (Pub. L. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. 111-152) (collectively, the Affordable Care Act), established the Center for Medicare and Medicaid Innovation (Innovation Center) for the purpose of examining new ways of delivering health care and paying health care providers in ways that can save money for Medicare, Medicaid and CHIP while improving the quality of care for beneficiaries. Through Accelerated Development Learning Sessions (ADLS), the Innovation Center will test whether intensive shared learning activities will expand and improve the capabilities of provider organizations to coordinate the care of a population of Medicare beneficiaries more effectively than organizations that do not participate in the ADLS. Well coordinated care can improve beneficiaries' quality outcomes and reduce the growth of Medicare expenditures.

Completion of the ADLS will not be a factor for selection or participation in a CMS ACO program. It is intended to provide ACOs with the opportunity to learn from their peers about essential ACO functions and various ways to build capacity needed to achieve better

care for individuals, better population health, and lower growth in health care expenditures.

The ADLSs were first announced in the May 19, 2011 **Federal Register** (76 FR 28988). This third and final ADLS will combine the third and fourth sessions called for in the original notice. By holding the meeting at the CMS complex in Baltimore, Maryland, CMS hopes to enhance the dialogue between healthcare providers working to form ACOs and CMS staff developing ACO programs.

Each participating team should consist of two to four senior-level leaders (including at least one executive with financial/management responsibility and one with clinical responsibility). Participants are also asked to attend future web based seminars and complete a full ACO implementation plan as part of the broader ADLS initiative to facilitate on-going learning and evaluation.

II. Completion of Planning Tool and Session Registration Information

Registrants need to complete the registration form in order to participate in an ACO ADLS. Potential participants are also strongly encouraged to complete a comprehensive planning tool, which will allow them to take full advantage of the hands-on learning activities during the ADLS. The registration form and comprehensive planning tool are available on the ADLS Web site at <https://acoregister.rti.org/>.

Authority: Section 1115A of the Social Security Act.

Dated: *October 20, 2011.*

Donald M. Berwick,
Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 2011-27958 Filed 10-27-11; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

The National Cancer Institute (NCI) Announces the Initiation of a Public Private Industry Partnership on Translation of Nanotechnology in Cancer (TONIC) To Promote Translational Research and Development Opportunities of Nanotechnology-Based Cancer Solutions

AGENCY: National Cancer Institute (NCI), Office of Cancer Nanotechnology Research (OCNR), National Institutes of Health (NIH), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The Alliance for Nanotechnology in Cancer of the National Cancer Institute (NCI) is initiating a public private industry partnership called TONIC (Translation Of Nanotechnology In Cancer) to promote translational research and development opportunities of nanotechnology-based cancer solutions. An immediate consequence of this effort will be the formation of a consortium involving government and pharmaceutical, and biotechnology companies. This consortium will evaluate promising nanotechnology platforms and facilitate their successful translation from academic research to clinical environment, resulting in safe, timely, effective and novel diagnosis and treatment options for cancer patients.

The purpose of this notice is to inform the community about the Alliance for Nanotechnology in Cancer of NCI's intention to form the consortium and to invite eligible companies (as defined in last paragraph) to participate.

DATES: Interested parties should contact Ms. Sonia Calcagno (calcagnos@mail.nih.gov) and inform her of their intention to participate. This notice will remain open to accept the inquiries and letters of intent.

FOR FURTHER INFORMATION CONTACT: Ms. Sonia Calcagno (calcagnos@mail.nih.gov).

SUPPLEMENTARY INFORMATION:

Background: The National Cancer Institute established the Alliance for Nanotechnology in Cancer (ANC) program in September 2004 to facilitate the discovery and development of innovative nanotechnologies for applications in cancer prevention, diagnosis, and treatment and to address different stages of the developmental pipeline ranging from discovery, applied research through translation. The program has been providing funding to academic groups to support large multi-disciplinary projects—Centers for Cancer Nanotechnology Excellence (CCNEs) along with smaller Cancer Nanotechnology Platform Partnerships (CNPPs) and training programs. NCI also formed an intramural laboratory, the Nanotechnology Characterization Laboratory (NCL), to serve as a centralized facility to characterize nanomaterials.

A proposed TONIC consortium will operate in parallel with the Alliance program and will bring together individuals from sufficiently capitalized pharmaceutical, biotechnology and