

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Centers for Medicare & Medicaid Services**

[CMS-5504-N2]

**Bundled Payments for Care Improvement Initiative****AGENCY:** Centers for Medicare & Medicaid Services (CMS), HHS.**ACTION:** Notice of extension of deadlines.**SUMMARY:** This notice extends the deadlines for the submission of the Bundled Payments for Care Improvement "Model 1" letters of intent and applications.**DATES:** *Letter of Intent Submission Deadline:* For Model 1 of this initiative, interested organizations must submit a nonbinding letter of intent by October 6, 2011 as described on the CMS Innovation Center Web site <http://www.innovations.cms.gov/areas-of-focus/patient-care-models/bundled-payments-for-care-improvement.html>. *Application Submission Deadline:* For Model 1 of this initiative, applications must be received on or before November 18, 2011.**ADDRESSES:** Letter of Intent and Applications should be submitted electronically in searchable PDF format via encrypted e-mail to the following e-mail address by the date specified in the **DATES** section of this notice: [BundledPayments@cms.hhs.gov](mailto:BundledPayments@cms.hhs.gov). Applications and appendices will only be accepted via e-mail.**FOR FURTHER INFORMATION CONTACT:** [BundledPayments@cms.hhs.gov](mailto:BundledPayments@cms.hhs.gov) for questions regarding the application process of the Bundled Payments for Care Improvement initiative.**SUPPLEMENTARY INFORMATION:****I. Background**

We are committed to achieving the three-part aim of better health, better health care, and reduced expenditures through continuous improvement for Medicare, Medicaid and Children's Health Insurance Program beneficiaries. Beneficiaries can experience improved health outcomes and patient experience when health care providers work in a coordinated and patient-centered manner. To this end, CMS is interested in partnering with providers who are working to redesign patient care to deliver these aims. Episode payment approaches that reward providers who take accountability for the three-part aim at the level of individual patient care for an episode are potential

mechanisms for developing these partnerships.

On August 23, 2011 we posted a request for applications (RFA) on the Innovation Center Web site. In addition, on August 25, 2011 we published a notice requesting applications in the **Federal Register** [76 FR 53137] to participate in the Bundled Payment for Care Improvement initiative. This initiative seeks proposals from health care providers who wish to align incentives between hospitals, physicians and nonphysician practitioners in order to better coordinate care throughout an episode of care. RFAs will test episode-based payment for acute care and associated post-acute care, using both retrospective and prospective bundled payment methods. The RFA requests applications to test models centered around acute care; these models will inform the design of future models, including care improvement for chronic conditions. For more details, see the RFA, which is available on the Innovation Center Web site at <http://www.innovations.cms.gov/areas-of-focus/patient-care-models/bundled-payments-for-care-improvement.html>.

**II. Provisions of the Notice**

The CMS Innovation Center has received much interest and a large number of inquiries about the BPCI initiative announced on the CMS Web site and in the **Federal Register**. There have also been many requests to allow for some additional time to prepare applications for Model 1 of the BPCI initiative. Based on the feedback from the community of potential applicants and our continued commitment to work in partnership with our stakeholders, the Innovation Center has modified the deadlines relating to Model 1 of the initiative: (1) The letter of intent will be due on or before October 6, 2011; and (2) the application will be due on or before November 18, 2011.

We have announced the deadline extensions via the CMS Web site and via listserv. Therefore we also wanted to announce the extensions of the deadlines via the **Federal Register**.

**III. Collection of Information Requirements**

Section 1115A(d)(3) of the Act specifies that the requirements of the Paperwork Reduction Act of 1995 do not apply with respect to the testing and evaluation of payment and service delivery models, or the expansion of these models.

**Authority:** Section 1115A of the Social Security Act.

Dated: September 28, 2011.

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

[FR Doc. 2011-25531 Filed 9-30-11; 4:15 pm]

BILLING CODE 4120-01-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Centers for Medicare & Medicaid Services**

[CMS-7022-N]

**Medicare, Medicaid, and Children's Health Insurance Programs; Meeting of the Advisory Panel on Outreach and Education (APOE), November 17, 2011****AGENCY:** Centers for Medicare & Medicaid Services (CMS), HHS.**ACTION:** Notice of meeting.**SUMMARY:** This notice announces a meeting of the Advisory Panel on Outreach and Education (APOE) (the Panel) in accordance with the Federal Advisory Committee Act. The Panel advises and makes recommendations to the Secretary of Health and Human Services and the Administrator of the Centers for Medicare & Medicaid Services on opportunities to enhance the effectiveness of consumer education strategies concerning Medicare, Medicaid, and the Children's Health Insurance Program (CHIP). This meeting is open to the public.**DATES:** *Meeting Date:* Thursday, November 17, 2011 from 8:30 a.m. to 4 p.m., Eastern Standard Time (EST).*Deadline for Meeting Registration, Presentations and Comments:* Thursday, November 3, 2011, 5 p.m., Eastern Daylight Time (EDT).*Deadline for Requesting Special Accommodations:* Thursday, November 3, 2011, 5 p.m., EDT.**ADDRESSES:** *Meeting Location:* The Embassy Row Hotel, 2015 Massachusetts Avenue, NW., Washington, DC 20036.*Meeting Registration, Presentations, and Written Comments:* Jennifer Kordonski, Designated Federal Official (DFO), Division of Forum and Conference Development, Office of Communications, Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Mailstop S1-13-05, Baltimore, MD 21244-1850 or contact Ms. Kordonski via e-mail at [mailto:Jennifer.Kordonski@cms.hhs.gov](mailto:mailto:Jennifer.Kordonski@cms.hhs.gov).**REGISTRATION:** The meeting is open to the public, but attendance is limited to the space available. Persons wishing to attend this meeting must register by

contacting the DFO at the address listed in the **ADDRESSES** section of this notice or by telephone at number listed in the **FOR FURTHER INFORMATION CONTACT** section of this notice, by the date listed in the **DATES** section of this notice. Individuals requiring sign language interpretation or other special accommodations should contact the DFO at the address listed in the **ADDRESSES** section of this notice by the date listed in the **DATES** section of this notice.

**FOR FURTHER INFORMATION CONTACT:**

Jennifer Kordonski, (410) 786-1840, or on the Internet at [http://www.cms.gov/FACA/04\\_APOE.asp](http://www.cms.gov/FACA/04_APOE.asp) for additional information. Press inquiries are handled through the CMS Press Office at (202) 690-6145.

**SUPPLEMENTARY INFORMATION:**

In accordance with section 10(a) of the Federal Advisory Committee Act (FACA), this notice announces a meeting of the Advisory Panel on Outreach and Education (APOE) (the Panel). Section 9(a)(2) of the Federal Advisory Committee Act authorizes the Secretary of Health and Human Services (the Secretary) to establish an advisory panel if the Secretary determines that the panel is "in the public interest in connection with the performance of duties imposed \* \* \* by law." Such duties are imposed by section 1804 of the Social Security Act (the Act), requiring the Secretary to provide informational materials to Medicare beneficiaries about the Medicare program, and section 1851(d) of the Act, requiring the Secretary to provide for "activities \* \* \* to broadly disseminate information to [M]edicare beneficiaries \* \* \* on the coverage options provided under [Medicare Advantage] in order to promote an active, informed selection among such options."

The Panel is also authorized by section 1114(f) of the Act (42 U.S.C. 1314(f)) and section 222 of the Public Health Service Act (42 U.S.C. 217a). The Secretary signed the charter establishing this Panel on January 21, 1999 (64 FR 7899, February 17, 1999) and approved the renewal of the charter on January 21, 2011 (76 FR 11782, March 3, 2011).

Pursuant to the amended charter, the Panel advises and makes recommendations to the Secretary of Health and Human Services and the Administrator of the Centers for Medicare & Medicaid Services (CMS) concerning optimal strategies for the following:

- Developing and implementing education and outreach programs for individuals enrolled in, or eligible for,

Medicare, Medicaid and the Children's Health Insurance Program (CHIP).

- Enhancing the Federal government's effectiveness in informing Medicare, Medicaid, and CHIP consumers, providers and stakeholders pursuant to education and outreach programs of issues regarding these and other health coverage programs, including the appropriate use of public-private partnerships to leverage the resources of the private sector in educating beneficiaries, providers and stakeholders.

- Expanding outreach to vulnerable and underserved communities, including racial and ethnic minorities, in the context of Medicare, Medicaid, and CHIP education programs.

- Assembling and sharing an information base of "best practices" for helping consumers evaluate health plan options.

- Building and leveraging existing community infrastructures for information, counseling and assistance.

- Drawing the program link between outreach and education, promoting consumer understanding of health care coverage choices and facilitating consumer selection/enrollment, which in turn support the overarching goal of improved access to quality care, including prevention services, envisioned under health care reform.

The current members of the Panel are: Samantha Artiga, Principal Policy Analyst, Kaiser Family Foundation; Joseph Baker, President, Medicare Rights Center; Philip Bergquist, Manager, Health Center Operations, CHIPRA Outreach & Enrollment Project and Director, Michigan Primary Care Association, Marjorie Cadogan, Executive Deputy Commissioner, Department of Social Services; Jonathan Dauphine, Senior Vice President, AARP; Barbara Ferrer, Executive Director, Boston Public Health Commission; Shelby Gonzales, Senior Health Outreach Associate, Center on Budget & Policy Priorities; Jan Henning, Benefits Counseling & Special Projects Coordinator, North Central Texas Council of Governments' Area Agency on Aging; Warren Jones, Executive Director, Mississippi Institute for Improvement of Geographic Minority Health; Cathy Kaufmann, Administrator, Oregon Health Authority; Sandy Markwood, Chief Executive Officer, National Association of Area Agencies on Aging; Miriam Mobley-Smith, Dean, Chicago State University, College of Pharmacy; Ana Natal-Pereira, Associate Professor of Medicine, University of Medicine & Dentistry of New Jersey; Megan Padden, Vice President, Sentara Health Plans; David W. Roberts, Vice-

President, Healthcare Information and Management System Society; Julie Bodën Schmidt, Associate Vice President, National Association of Community Health Centers; Alan Spielman, President & Chief Executive Officer, URAC; Winston Wong, Medical Director, Community Benefit Director, Kaiser Permanente and Darlene Yee-Melichar, Professor & Coordinator, San Francisco State University.

The agenda for the November 17, 2011 meeting will include the following:

- Recap of the Previous (July 28, 2011) Meeting
- Listening Session with CMS Leadership
- Affordable Care Act Initiatives
- An opportunity for public comment
- Next Steps

Individuals or organizations that wish to make a 5-minute oral presentation on an agenda topic should submit a written copy of the oral presentation to the DFO at the address listed in the **ADDRESSES** section of this notice by the date listed in the **DATES** section of this notice. The number of oral presentations may be limited by the time available.

Individuals not wishing to make a presentation may submit written comments to the DFO at the address listed in the **ADDRESSES** section of this notice by the date listed in the **DATES** section of this notice.

**Authority:** Section 222 of the Public Health Service Act (42 U.S.C. 217a) and section 10(a) of Pub. L. 92-463 (5 U.S.C. App. 2, sec. 10(a) and 41 CFR 102-3).

(Catalog of Federal Domestic Assistance Program No. 93.733, Medicare—Hospital Insurance Program; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: September 28, 2011.

**Donald M. Berwick,**

*Administrator, Centers for Medicare & Medicaid Services.*

[FR Doc. 2011-25544 Filed 10-3-11; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

[Docket No. FDA-2009-N-0247]

#### Food and Drug Administration Transparency Initiative: Draft Proposals for Public Comment to Increase Transparency By Promoting Greater Access to the Agency's Compliance and Enforcement Data; Availability

**AGENCY:** Food and Drug Administration, HHS.