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(f)(9)(A) of the Social Security Act (the Act) (42 U.S.C. 1395l(f)(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.L.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]

BILLING CODE 4120–01–P

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.

ADDRESS: Meeting Location: The third and final ADLS will be held at the Centers for
Learning from their peers about essential
provide ACOs with the opportunity to
expenditures.

improve beneficiaries' quality outcomes
the ADLS. Well coordinated care can
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.

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]
BILLING CODE 4120–01–P

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
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 (calcagnosl@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 (calcagnosl@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,
appplied research through translation.
The program has been providing
collaboration among academic groups to support
large multi-disciplinary projects—
Centers for Cancer Nanotechnology
Excellence (CCNExes) 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
different types of nanomaterials from sufficiently capitalized
pharmaceutical, biotechnology and