focus groups with 9 respondents each to identify potential messaging frames for communicating information about congenital CMV to the target audiences and adopting CMV preventive guidelines. We will also conduct some preliminary testing of existing CDC CMV draft materials (factsheet and video). We estimate that we will screen 144 women in order to recruit 72 participants for the focus groups. These focus groups will be conducted in Atlanta, Georgia (4) and San Diego, California (4). Findings from the Phase I focus groups will inform refinements to existing CDC messages and materials (factsheet and video), which will be further tested in the second information collection activity, the web survey. Phase II research will include an online survey to test the refined communication interventions (factsheet and video). This web survey will: (1) Examine baseline awareness and knowledge regarding CMV, (2) assess baseline CMV prevention behaviors prior to viewing CMV communication interventions (factsheet and video), (3) assess appeal and evaluate the impact of CMV communication interventions on their attitudes, beliefs, and behavioral intentions regarding prevention behaviors and (4) assess knowledge, attitudes and behaviors pre- and post-interventions with a larger target audience sample (N=800). We estimate that we will screen 4,800 women in order to recruit 800 respondents for the online survey.

This request is submitted to obtain OMB clearance for two years. There are no costs to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Phase I: Focus Groups					
Women of childbearing age	Participant screener	144	1	5/60	12
	Demographic questionnaire.	72	1	15/60	18
	Informed consent form	72	1	15/60	18
	Focus group	72	1	90/60	108
Phase II: Web Survey					
Women of childbearing age	Participant per screener	4,800	1	3/60	240
	Web Survey	800	1	11/60	147

Dated: June 18, 2012.

Ron A. Otten,

Director, Office of Scientific Integrity (OSI), Office of the Associate Director for Science (OADS), Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2012–15574 Filed 6–25–12; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–5505–N3]

Medicare Program; Announcement of a New Opportunity for Participation in the Advance Payment Model for Accountable Care Organizations (ACOs)

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

ACTION: Notice.

SUMMARY: This notice announces a new opportunity for participation in the Advance Payment Model for certain accountable care organizations participating in the Medicare Shared Savings Program scheduled to begin in January 2013.

DATES: *Application Submission Deadline for the Advance Payment Model:* Applications for the performance period beginning on January 1, 2013 will be accepted from August 1, 2012 through September 19, 2012.

FOR FURTHER INFORMATION CONTACT: Maria Alexander, (410) 786–4792.

SUPPLEMENTARY INFORMATION:

I. Background

The Centers for Medicare & Medicaid Services (CMS) is committed to achieving better health for populations, better health care for individuals, and lower growth in expenditures through continuous improvement for Medicare, Medicaid, and Children's Health Insurance Program beneficiaries. One potential mechanism for achieving these goals is for CMS to partner with groups of health care providers of services and suppliers that have a mechanism for shared governance and have formed an Accountable Care Organization (ACO) through which they work together to coordinate care for a specified group of patients. We will pursue such partnerships through complementary efforts, including the Medicare Shared Savings Program and initiatives undertaken by the Center for Medicare and Medicaid Innovation (Innovation Center).

The Advance Payment Model is an Innovation Center initiative designed for participants in the Medicare Shared Savings Program in need of prepayment of expected shared savings to build their capacity to provide high quality, coordinated care and generate cost savings. The Advance Payment Model will test whether and how prepaying a portion of future shared savings could increase participation in the Medicare Shared Savings Program, and whether advance payments will enhance the ability of ACOs to effectively coordinate care and generate Medicare savings, as well as the speed at which they attain that goal.

In the November 2, 2011 **Federal Register** (76 FR 68012), we published a notice entitled ''Medicare Program; Advance Payment Model'' that announced the testing of the Advance Payment Model for certain ACOs participating in the Medicare Shared Savings Program scheduled to begin in 2012 and provided information about the Advance Payment Model and the application process. In November 30, 2011 **Federal Register** (76 FR 74067), we published a second notice that extended the application deadline for the first

performance period that began on April 1, 2012. We announced the organizations participating in the Advanced Payment Model for the first performance period (which began on April 1, 2012) on April 10, 2012. The second performance period of the Advance Payment Model will begin on July 1, 2012.

Additional information about the Advance Payment Model, including organizations currently participating in the testing of the Model, is available on the Advance Payment Model Web site at *http://www.innovations.cms.gov/initiatives/ACO/Advance-Payment/.*

II. Provisions of the Notice

We will be launching a third group of Advance Payment Model ACOs on January 1, 2013. We will accept applications as specified in the **DATES** section of this notice. We are creating this new opportunity in response to requests from stakeholders and potential partners who requested additional opportunities to partner with CMS as Advance Payment ACOs.

Organizations interested in applying to the Advance Payment Model must also complete an application for the Shared Savings Program. Information about the application process and deadlines for the Shared Savings Program is available at *http://www.cms.gov/sharedsavingsprogram.* Additional information about the application process for the Advance Payment Model is available on the Advance Payment Model Web site at *http://www.innovations.cms.gov/initiatives/ACO/Advance-Payment/.*

Authority: Section 1115A of the Social Security Act.

Dated: June 19, 2012.

Marilyn Tavenner,

Acting Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 2012–15541 Filed 6–22–12; 11:15 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–1445–N]

Medicare Program; Public Meeting Regarding Inherent Reasonableness of Medicare Fee Schedule Amounts for Non-Mail Order (Retail) Diabetic Testing Supplies

ACTION: Notice of meeting.

SUMMARY: This notice announces a public meeting that provides an opportunity for CMS to consult with representatives of suppliers and other interested parties regarding options to adjust the Medicare payment amounts for non-mail order diabetic testing supplies. This meeting will provide the public an opportunity to offer oral and written comments.

DATES: *Meeting Date:* The public meeting will be held on Monday, July 23, 2012, 9 a.m. to 1 p.m. eastern daylight time (e.d.t.).

Deadline for Attendees that are Foreign Nationals (reside outside the U.S.) Registration: Prospective attendees that are foreign nationals (as described in section V. of this notice) are required to identify themselves as such, and provide the necessary information for security clearance (as described in section V. of this notice) by 5 p.m. e.d.t. Thursday, July 5, 2012.

Deadline for All Other Attendees: All other individuals who plan to attend the public meeting must register by 5 p.m. e.d.t. Monday, July 16, 2012.

Deadline for Requesting Special Accommodations: Persons attending the meeting who are hearing or visually impaired, or have a condition that requires special assistance or accommodations, are asked to contact the persons as specified in the **FOR FURTHER INFORMATION CONTACT** section of this notice no later July 9, 2012, 5 p.m., e.d.t.

Deadline for Submission of Written Comments: Written comments must be received at the address specified in the **ADDRESSES** section of this notice by 5 p.m. e.d.t., Monday, July 30, 2012. Once submitted, all comments are final.

ADDRESSES: *Meeting Location:* The public meeting will be held in the main auditorium of the central building of the Centers for Medicare and Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244–1850.

Submission of Written Comments: Written comments may either be emailed to *DMEPOS@cms.hhs.gov* or sent via regular mail to Elliot Klein, Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Mail Stop C5–03–17, Baltimore, MD 21244–1850.

Registration and Special Accommodations: Individuals wishing to participate or who need special accommodations or both must register by completing the on-line registration located at *http://www.cms.gov/apps/events/upcomingevents.asp* or by contacting one of the persons listed in the **FOR FURTHER INFORMATION CONTACT** section of this notice.

FOR FURTHER INFORMATION CONTACT: Hafsa Vahora at (410) 786–7899 or *Hafsa.Vahora@cms.hhs.gov*

Elliot Klein at (410) 786–0415 or *Elliot.Klein@cms.hhs.gov*

SUPPLEMENTARY INFORMATION:

I. Background

A. Process for Using Inherent Reasonableness Authority

In the December 13, 2005 **Federal Register** (70 FR 73623), we published a final rule entitled ''Medicare Program; Application of Inherent Reasonableness Payment Policy to Medicare Part B Services (Other Than Physician Services)'' that finalized a process for establishing a realistic and equitable payment amount for Medicare Part B services (other than physicians' services) when the existing payment amounts are inherently unreasonable because they are either grossly excessive or grossly deficient. In that December 2005 final rule, we define grossly excessive and deficient payment amounts and provide the criteria for using valid and reliable data in making an inherent reasonableness determination.

Sections 1842(b)(8) and (9) of the Act and our regulations at 42 CFR 405.502(g) and (h) set forth the steps that the Secretary must follow in determining whether a payment amount is grossly excessive and in setting a special payment limit. Those steps are as follows:

• *Factors Considered In Determining Whether Payment Amount is Grossly Excessive or Deficient.* When making a determination that a payment amount is grossly excessive, we take into account several factors. Factors that may result in grossly excessive or deficient payment amounts include, but are not limited, to the following:

++ The marketplace is not competitive.

++ Medicare and Medicaid are the sole or primary sources of payment for a category of items and services.

++ The payment amounts for a category of items and services do not reflect changing technology, increased facility with that technology, or changes in acquisition, production, or supplier costs.

++ The payment amounts for a category of items or services in a particular locality are grossly high or lower than payment amounts in other comparable localities for the category of items or services.

++ Payment amounts for a category of items and services are grossly higher or lower than acquisition or production