

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-5033-N5]

Medicare Program; Meeting of the Advisory Board on the Demonstration of a Bundled Case-Mix Adjusted Payment System for End-Stage Renal Disease Services—July 14 Through July 15, 2005

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

ACTION: Notice.

SUMMARY: This notice announces the third public meeting of the Advisory Board on the Demonstration of a Bundled Case-Mix Adjusted Payment System for End-Stage Renal Disease (ESRD) Services. Notice of this meeting is required by the Federal Advisory Committee Act (5 U.S.C. App. 2, section 10(a)(1) and (a)(2)). The Advisory Board will provide advice and recommendations with respect to the establishment and operation of the demonstration mandated by section 623(e) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003.

DATES: The meeting is on Thursday, July 14, 2005, from 9 a.m. to 5 p.m., eastern standard time and Friday, July 15, 2005, from 9 a.m. to 3 p.m. eastern standard time.

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 notify Pamela Morrow by July 7, 2005, by e-mail at ESRDAdvisoryBoard@cms.hhs.gov or by telephone at (410) 786-2461.

ADDRESSES: The meeting will be held at the Marriott Hotel—BWI Airport, 1743 West Nursery Rd., Baltimore, MD 21240. Attendance is limited to the space available, so seating will be on a first come, first served basis.

Web site: Up-to-date information on this meeting is located at <http://www.cms.hhs.gov/faca/esrd>.

Hotline: Up-to-date information on this meeting is located on the CMS Advisory Committee Hotline at 1 (877) 449-5659 (toll free) or in the Baltimore area at (410) 786-9379.

FOR FURTHER INFORMATION CONTACT: Pamela Morrow by e-mail at ESRDAdvisoryBoard@cms.hhs.gov or telephone at (410) 786-2461.

SUPPLEMENTARY INFORMATION: On June 2, 2004, we published a **Federal Register** notice requesting nominations for individuals to serve on the Advisory Board on the Demonstration of a Bundled Case-Mix Adjusted Payment System for End-Stage Renal Disease (ESRD) Services. The June 2, 2004, notice also announced the establishment of the Advisory Board and the signing by the Secretary on May 11, 2004, of the charter establishing the Advisory Board. On January 28, 2005, we published a **Federal Register** notice announcing the appointment of eleven individuals to serve as members of the Advisory Board on the Demonstration of a Bundled Case-Mix Adjusted Payment System for ESRD Services, including one individual to serve as co-chairperson, and one additional co-chairperson, who is employed by CMS. The first public meeting of the Advisory Board was held on February 16, 2005. The second public meeting of the Advisory Board was held on May 24, 2005. This notice announces the third public meeting of this Advisory Board.

I. Topics of the Advisory Board Meeting

The Advisory Board on the Demonstration of a Bundled Case-Mix Adjusted Payment System for ESRD Services will study and make recommendations on the following issues:

- The drugs, biologicals, and clinical laboratory tests to be bundled into the demonstration payment rates.
- The method and approach to be used for the patient characteristics to be included in the fully case-mix adjusted demonstration payment system.
- The manner in which payment for bundled services provided by non-demonstration providers should be handled for beneficiaries participating in the demonstration.
- The feasibility of providing financial incentives and penalties to organizations operating under the demonstration that meet or fail to meet applicable quality standards.
- The specific quality standards to be used.
- The feasibility of using disease management techniques to improve quality and patient satisfaction and reduce costs of care for the beneficiaries participating in the demonstration.
- The selection criteria for demonstration organizations.

II. Procedure and Agenda of the Advisory Board Meeting

This meeting is open to the public. The Advisory Board will hear

background presentations from CMS. The Advisory Board will then deliberate openly on the general topic and will make recommendations on specific topics for future meetings. The Advisory Board will also allow at least a 30-minute open public session. Interested parties may speak or ask questions during the public comment period. Comments may be limited by the time available. Written questions should be submitted by July 7, 2005, to ESRDAdvisoryBoard@cms.hhs.gov. Parties may also submit written comments following the meeting to the contact listed under the **FOR FURTHER INFORMATION CONTACT** section of this notice.

Authority: 5 U.S.C. App. 2, section 10(a). (Catalog of Federal Domestic Assistance Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: June 16, 2005.

Mark B. McClellan,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 05-12523 Filed 6-23-05; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Adoption and Foster Care Analysis and Reporting System for Title IV-B and Title IV-E

OMB No.: 0980-0267.

Description: Section 479 of title IV-E of the Social Security Act directs States to establish and implement an adoption and foster care reporting system. The data are used for a number of reasons, including responding to Congressional requests for current data on children in foster care or those who have been adopted; responding to questions and requests from other Federal departments and agencies; trend analyses and short- and long-term planning; targeting areas for greater or potential technical assistance efforts; and determining and assessing outcomes for children and families.

Respondents: States, the District of Columbia and Puerto Rico.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
AFCARS (Electronic Format)	52	2	2,972.89	309,077

Estimated Total Annual Burden Hours: 309,077.

Additional Information: Copies of the proposed collection maybe obtained by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. E-mail: grjohnson@acf,hhs.gov.

OMB Comment: OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the *Federal Register*. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Attn: Desk Officer for ACF, E-mail: Katherine_T_Astrick@omb.eop.gov.

Dated: June 20, 2005.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 05-12515 Filed 6-23-05; 8:45 am]

BILLING CODE 4184-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; Comment Request; National Institutes of Health Construction Grants—42 CFR Part 52b (Final Rule)

SUMMARY: Under the provisions of Section 3507(a)(1)(D) of the of the Paperwork Reduction Act of 1995, the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request to review and approve the information collection listed below. This proposed information collection was previously published in the **Federal Register** on December 7, 2004, pages 70697—70698, and allowed 60 days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The NIH may not conduct or sponsor, and the respondent is not required to respond to, an information that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

Proposed Collection: Title: National Institutes of Health Construction Grants—42 CFR Part 52b (Final Rule). *Type of Information Collection Request:* Extension of No. 0925-0424, expiration date 3/31/2005. *Need and Use of the Information Collection:* This request is for OMB review and approval of an extension for the information collection and recordkeeping requirements contained in the regulation codified at 42 CFR part 52b. The purpose of the

regulation is to govern the awarding and administration of grants awarded by NIH and its components for construction of new buildings and the alteration, renovation, remodeling, improvement, expansion, and repair of existing buildings, including the provision of equipment necessary to make the buildings (or applicable part of the buildings) suitable for the purpose for which it was constructed. In terms of reporting requirements: Section 52b.9(b) of the regulation requires the transferor of a facility which is sold or transferred, or owner of a facility, the use of which has changed, to provide written notice of the sale, transfer or change within 30 days. Section 52b.10(f) requires a grantee to submit an approved copy of the construction schedule prior to the start of construction. Section 52b.10(g) requires a grantee to provide daily construction logs and monthly status reports upon request at the job site. Section 52b.11(b) requires applicants for a project involving the acquisition of existing facilities to provide the estimated cost of the project, cost of the acquisition of existing facilities, and cost of remodeling, renovating, or altering facilities to serve the purposes for which they are acquired. In terms of recordkeeping requirements: Section 52b.10(g) requires grantees to maintain daily construction logs and monthly status reports at the job site. *Frequency of Response:* On occasion. *Affected Public:* Non-profit organizations and Federal agencies. *Type of respondents:* Grantees. The estimated respondent burden is as follows:

ESTIMATED ANNUAL REPORTING AND RECORDKEEPING BURDEN

	Estimated annual number of respondents	Estimated number of responses per respondent	Average burden hours per response	Estimated total hour burden	Estimated total annual burden hours requested
Reporting:					
Section 52b.9(b)	1	1	.50	.50	.50
Section 52b.10(f)	(60)	1	1	60	60
Section 52b.10(g)	(60)	12	1	720	720
Section 52b.11(b)	100	1	1	100	100
Recordkeeping:					
Section 52b.10(g)	(60)	260	1	15,600	15,600
Total	101	16,481	16,481