

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Centers for Medicare & Medicaid Services****[CMS-5033-N3]****Medicare Program; Meeting of the Advisory Board on the Demonstration of a Bundled Case-Mix Adjusted Payment System for End-Stage Renal Disease Services****AGENCY:** Centers for Medicare & Medicaid Services (CMS), HHS.**ACTION:** Notice.

**SUMMARY:** This notice announces the second 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 April 13, 2005 from 9 a.m. to 5 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 Kelly by April 6, 2005 by e-mail at [ESRDAdvisoryBoard@cms.hhs.gov](mailto:ESRDAdvisoryBoard@cms.hhs.gov) or by telephone at (410) 786-2461.

**ADDRESSES:** The meeting will be held at the Hyatt Regency, 300 Light Street, Baltimore, MD 21202.

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 Kelly by e-mail at [ESRDAdvisoryBoard@cms.hhs.gov](mailto: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 (70 FR 4132) 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. This notice announces the second 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 a 30-minute opportunity for public remarks or presentations. Interested parties may speak or ask questions during this time.

Comments may be limited by the time available. Written questions should be submitted by April 6, 2005 to [ESRDAdvisoryBoard@cms.hhs.gov](mailto: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: March 10, 2005.

**Mark B. McClellan,**

*Administrator, Centers for Medicare & Medicaid Services.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Substance Abuse and Mental Health Services Administration****Agency Information Collection Activities: Proposed Collection; Comment Request**

In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (301) 443-7978.

Comments are invited on: (a) Whether the proposed collections of information are necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

**Proposed Project: The Coordinating Center To Support State Incentive Grants To Build Capacity for Alternatives to Restraint and Seclusion—New**

The Substance Abuse and Mental Health Services Administration's (SAMHSA), Center for Mental Health