Dated: May 31, 2012.

Elaine L. Baker,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 2012–13908 Filed 6–7–12; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Committee to the Director (ACD), Centers for Disease Control and Prevention (CDC)—Ethics Subcommittee (ES)

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the CDC announces the following meeting of the aforementioned subcommittee:

Time and Date: 9:30 a.m.–12:30 p.m. EDT, Friday, June 29, 2012.

Place: Teleconference.

Status: Open to the public, limited only by the availability of telephone ports. The public is welcome to participate during the public comment period. A public comment period is tentatively scheduled for 12 p.m.–12:15 p.m. To participate in the teleconference, please dial (877) 928–1204 and enter code 4305992.

Purpose: The ES will provide counsel to the ACD, CDC, regarding a broad range of public health ethics questions and issues arising from programs, scientists and practitioners.

Matters To Be Discussed: Agenda items will include the following: Addition of ethics standards to the accreditation process for public health departments; ethical considerations relating to use of travel restrictions for the control of communicable diseases and possible revisions to CDC's standard operating procedures; progress on developing practical tools to assist state, tribal, local, and territorial health departments in their efforts to address public health ethics challenges; approaches for evaluating the impact of public health ethics; and strategies for increasing collaboration between public health ethics and public health law.

The agenda is subject to change as priorities dictate.

Contact Person for More Information: Drue Barrett, Ph.D., Designated Federal Officer, ACD, CDC–ES, 1600 Clifton Road NE., M/S D–50, Atlanta, Georgia 30333. Telephone: (404) 639–4690. Email: *dbarrett@cdc.gov.*

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** Notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: June 4, 2012.

Elaine L. Baker,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 2012–13922 Filed 6–7–12; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier CMS–10434]

Agency Information Collection Activities: Proposed Collection; Comment Request; Webinars

AGENCY: Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS) is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Type of Information Collection Request: New collection (request for a new OMB control number). *Title of Information Collection:* Medicaid and CHIP Program (MACPro). *Use:* Medicaid, authorized by Title XIX of the Social Security Act and, CHIP, reauthorized by the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), play an important role in financing health care for approximately 48 million people throughout the country. By 2014, it is expected that an additional 16 million people will become eligible for Medicaid and CHIP as a result of the Affordable Care Act (Pub. L. 111–148). In order to implement the statute, CMS must provide a mechanism to ensure timely approval of Medicaid and CHIP State plans, waivers and demonstrations and provide a repository for all Medicaid and CHIP program data that supplies data to populate Healthcare.gov and other required reports. Additionally, 42 CFR 430.12 sets forth the authority for the submittal and collection of State plans and plan amendment information. Pursuant to this requirement, CMS has created the MACPro system.

Generally, MACPro will be used by both State and CMS officials to: Improve the State application and Federal review processes, improve Federal program management of Medicaid programs and CHIP, and standardize Medicaid program data. More specifically, it will be used by State agencies to (among other things): (1) Submit and amend Medicaid State Plans, CHIP State Plans, and Information System Advanced Planning Documents, and (2) submit applications and amendments for State waivers, demonstration, and benchmark and grant programs. It will be used by CMS to (among other things): (1) Provide for the review and disposition of applications, and (2) monitor and track application activity.

This system will be operational in phases, beginning with this first phase or Phase 1, MACPro will include the following three authorities: State Plan and CHIP Eligibility, Alternative Benchmark plans, and 1115 Waiver Demonstration portions/modules to be implemented before January 1, 2013.

A paper-based version of the MACPro instrument would be sizable and time consuming for interested parties to follow as a paper-based instrument. In our effort to provide the public with the most efficient means to make sense of the MACPro system, we will be conducting four webinars in lieu of including a paper-based version of MACPro on CMS' PRA-related Web site.

The webinars will be held:

1. June 13, 2012, from 1 to 3 p.m. EST.
2. June 20, 2012, from 1 to 3 p.m. EST.
3. June 27, 2012, from 1 to 3 p.m. EST.
4. July 11, 2012, from 1 to 3 p.m. EST.

Please note that the webinars will be recorded by CMS and can be accessed by the public at *http://www.medicaid.gov/State-Resource-Center/Events-and-Announcements/Events-and-Announcements.html* at any time during the duration of the public comment period. Each webinar will present the most current MACPro information so they are not expected to be identical. No login or password is needed.

Form Number: CMS–10434 (OCN 0938–New). *Frequency:* Annual and once. *Affected Public:* State, Local, or Tribal Governments. *Number of Respondents:* 56. *Total Annual Responses:* 15. *Total Annual Hours:* 15,736 (or 5,245 hr for each of the three authorities). (For policy questions

regarding this collection contact Darlene Anderson at 410–786–9828. For all other issues call 410–786–1326.)

To obtain copies of the supporting statement for the proposed paperwork collections referenced above, access CMS' Web site address at *http://www.cms.hhs.gov/PaperworkReductionActof1995*, or Email your request, including your address, phone number, OMB number, and CMS document identifier, to *Paperwork@cms.hhs.gov,* or call the Reports Clearance Office on (410) 786–1326.

In commenting on the proposed information collections please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in one of the following ways by August 7, 2012:

1. *Electronically.* You may submit your comments electronically to *http://www.regulations.gov.* Follow the instructions for ''Comment or Submission'' or ''More Search Options'' to find the information collection document(s) accepting comments.

2. *By regular mail.* You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Document Identifier CMS–10434, Room C4–26–05, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

Dated: June 4, 2012.

Martique Jones,

Director, Regulations Development Group, Division B Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2012–13869 Filed 6–7–12; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–3269–N]

Medicare Program; Proposal Evaluation Criteria and Standards for End Stage Renal Disease (ESRD) Network Organizations

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

ACTION: Notice.

SUMMARY: This notice describes the standards, criteria, and procedures we will use to evaluate an End-Stage Renal Disease (ESRD) Network Organization's capabilities to perform, and actual performance of, the duties and functions under the ESRD Network Statement of Work (SOW).

DATES: *Effective Date:* June 8, 2012.

FOR FURTHER INFORMATION CONTACT: Teresa Casey, 410–786–7215. Renee Dupee, 410–786–6747.

SUPPLEMENTARY INFORMATION:

I. Background

Section 1881(c) of the Social Security Act (the Act) authorized the establishment of, among other things, ESRD network areas and Network Organizations under the Medicare program to ensure the effective administration of the ESRD program benefits. We currently have contracts with ESRD Network Organizations to serve the 18 ESRD Network areas.

The existing 18 ESRD Network contracts have been operating under the same Statement of Work (SOW) since 2003 and have been renewed to continue to provide service to the ESRD population. Recent major policy and legislative changes have modernized Medicare payments for ESRD care. In particular, the Medicare Improvements for Patients and Providers Act (MIPPA) required the Secretary of the Department of Health and Human Services (the Secretary) to implement an ESRD bundled payment system under which a single payment is made to a provider of services or a renal dialysis facility for renal dialysis services in lieu of any other payment. MIPPA also required the Secretary to establish an ESRD Quality Incentive Program (QIP).

Additionally, a heightened focus on quality improvement, public reporting and value-based purchasing in healthcare has fueled a growing need for facility-level data collection; analysis; monitoring; trending; evaluating and intervening, where necessary, to improve patient care. We have also emphasized spreading and replicating the best practices of high performing providers. Therefore, a redesigned ESRD Network SOW was drafted to incorporate these priorities in healthcare and changes in legislation. The SOW will charge the ESRD Network Organizations with establishing relationships with patients, families and facilities within their Network areas to reach the objective of optimal patient-centered care.

Section 1881(c)(1)(A)(ii)(I) of the Act provides that in order to determine whether the Secretary should enter into, continue, or terminate an agreement with an ESRD Network Organization, the Secretary shall develop and publish in the **Federal Register** standards, criteria, and procedures used to evaluate an ESRD Network Organization's capabilities to perform, and actual performance of, the network functions required by section 1881(c)(2) of the Act. These functions are to:

- Encourage participation in vocational rehabilitation programs, and develop criteria and standards relating to this participation.
- Evaluate the procedures used by facilities and providers in the network to assess patients for placement in appropriate treatment modalities.
- Implement a procedure for evaluating and resolving patient grievances.
- Conduct onsite reviews of facilities and providers as necessary (as determined by a medical review board or the Secretary) using standards of care established by the ESRD Network Organization.
- Collect, validate, and analyze data necessary to prepare the required annual report to the Secretary and to ensure the maintenance of a national ESRD registry.
- Identify facilities and providers that are not cooperatively working toward meeting network goals, and assist those facilities and providers in developing plans for correction, as well as report to the Secretary on those facilities and providers that are not providing appropriate care.
- Submit an annual report to the Secretary on July 1 of each year.

Shortly after the publication of this **Federal Register** notice, we will post a Request for Proposals (RFP) to perform the work of the redesigned ESRD Network SOW on the Fed Biz Opps Web site (*www.fbo.gov*). The RFP will competitively award a portion of the 18 ESRD Network contracts using a best value process in accordance with Federal Acquisition Regulation (FAR) Part 15. The remaining ESRD Network contracts will be renewed and competed at a later date. The period of performance for these ESRD Network contracts will be one 12-month base year which begins on January 1, 2013 and ends on December 31, 2013, with two 12-month option periods. We may exercise an option in accordance with the FAR Part 17.2, and it may terminate a contract for convenience or for default, in accordance with FAR Part 49. This notice describes the capabilities that an applicant must demonstrate to be awarded an ESRD Network contract and the general criteria that will be used to evaluate the ESRD Network Organizations performing under the SOW.