

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.

1. *Type of Information Collection Request:* New collection; *Title of Information Collection:* Community-based Care Transitions Program (CCTP) Implementation and Monitoring; *Use:* The Medicare Community-Based Care Transitions Program (CCTP), authorized by Section 3026 of the 2010 Affordable Care Act, is a major component of the Partnership for Patients initiative, one goal of which is to decrease preventable complications during transition from a care setting, such as a hospital, to home, community, or another care setting. Appendix A contains a copy of the relevant portion of the legislation.

The CCTP will provide funding to test models for improving care transitions from the hospital to the community for high-risk Medicare beneficiaries. The Centers for Medicare & Medicaid Services (CMS) initiated the CCTP in early 2011 and will operate the program for five years. Congress has authorized \$500 million to cover the cost of the program. CMS expects that program agreements will be in place to authorize community-based organizations (CBOs), in partnership with acute care hospitals, to begin providing care transition services in September 2011 and, if successful, continue doing so for up to five years. The planned collection of a participant experience survey is part of the implementation and monitoring strategy that will review the performance of organizations contracted to provide transitional care services under the CCTP. This clearance package seeks approval for the participant experience survey. *Form Number:* CMS-10403 (OMB # 0938-New); *Frequency:* Once; *Affected Public:* Individuals or Households; *Number of Respondents:* 50,000; *Total Annual Responses:* 50,000; *Total Annual Hours:* 12,500. (For policy questions regarding this collection contact Juliana Tiongson at 410-786-0342. For all other issues call 410-786-1326.)

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS' Web site

at <http://www.cms.gov/PaperworkReductionActof1995/PRAL/list.asp#TopOfPage> or e-mail your request, including your address, phone number, OMB number, and CMS document identifier, to [Paperwork@cms.hhs.gov](mailto:Paperwork@cms.hhs.gov), or call the Reports Clearance Office at 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 *September 20, 2011*:

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/OMB Control Number, Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: July 15, 2011.

**Michelle Shortt,**

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

[FR Doc. 2011-18366 Filed 7-21-11; 8:45 am]

**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS-1355-CN]

RIN 0938-AQ31

### Medicare Program; Hospice Wage Index for Fiscal Year 2012; Correction

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

**ACTION:** Correction of notice of CMS ruling.

**SUMMARY:** This document corrects technical errors that appeared in the notice of CMS ruling published in the **Federal Register** on May 9, 2011 entitled "Hospice Wage Index for Fiscal Year 2012".

**DATES:** *Effective Date:* This document is effective on May 9, 2011.

**FOR FURTHER INFORMATION CONTACT:** Lori Anderson, (410) 786-6190. Randy Thronset, (410) 786-0131.

## SUPPLEMENTARY INFORMATION:

### I. Background

In FR Doc. 2011-10694 of May 9, 2011 (76 FR 26731), there were technical errors that are identified and corrected in the Correction of Errors section below. The provisions in this correction notice are effective as if they had been included in the notice of CMS ruling published in the **Federal Register** on May 9, 2011. Accordingly, the corrections are effective May 9, 2011.

### II. Summary of Errors

The title of the notice of CMS Ruling published in the **Federal Register** on May 9, 2011 (76 FR 26731) was incorrectly titled as "Hospice Wage Index for Fiscal Year 2012". We note that the title should have been "Hospice Appeals for Review of an Overpayment Determination", to coincide with the ruling posted on our CMS Web site on April 14, 2011. In addition, the effective date of the notice of CMS Ruling was incorrectly listed. We are correcting the date by changing it from "April 14, 2011" to "May 9, 2011", the date it was published in the **Federal Register**.

### III. Correction of Errors

In FR Doc. 2011-10694 of May 9, 2011 (76 FR 26731), make the following corrections:

1. On page 26731, in the second column, in the heading, change the title of the notice of CMS ruling from "Hospice Wage Index for Fiscal Year 2012" to "Hospice Appeals for Review of an Overpayment Determination".

2. On page 26731, in the second column, under "Dates: Effective Date:" change the effective date from "April 14, 2011" to "May 9, 2011".

Therefore, for reasons noted below, we find good cause to waive proposed rulemaking and the 30 day delayed effective date for the technical corrections in this notice. This notice merely provides technical corrections to the title and the effective date of the Notice of CMS ruling that was published in the **Federal Register** on May 9, 2011, and does not make substantive changes to the notice or to the CMS Ruling. Specifically, this correction notice corrects the title of the notice of CMS ruling from "Hospice Wage Index for Fiscal Year 2012" to "Hospice Appeals for Review of an Overpayment Determination," to conform the title of the notice of CMS ruling to the title of CMS Ruling 1355-R; it also corrects the effective date of the notice of CMS ruling from the date the Ruling was signed to the date the notice of CMS ruling was published in the **Federal Register**. Since this notice

merely makes technical corrections to the title and effective date of the Notice of CMS ruling, we believe it is unnecessary to undergo further notice and comment procedures. In addition, we believe it is in the public interest to have the correct information and to have it as soon as possible and not delay its dissemination. For the reasons stated above, we find that both notice and comment procedures and the 30-day delay in effective date for this correction document are unnecessary and contrary to the public interest. Therefore, we find there is good cause to waive notice and comment procedures and the 30-day delay in effective date for this correction document.

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: July 15, 2011.

**Dawn L. Smalls,**

*Executive Secretary to the Department.*

[FR Doc. 2011-18424 Filed 7-21-11; 8:45 am]

BILLING CODE 4120-01-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS-3251-N]

#### Medicare Program; Meeting of the Medicare Evidence Development and Coverage Advisory Committee—September 21, 2011

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

**ACTION:** Notice of meeting.

**SUMMARY:** This notice announces that a public meeting of the Medicare Evidence Development & Coverage Advisory Committee (MEDCAC) (“Committee”) will be held on Wednesday, September 21, 2011. The Committee generally provides advice and recommendations concerning the adequacy of scientific evidence needed to determine whether certain medical items and services can be covered under the Medicare statute. This meeting will focus on the currently available evidence regarding antivasular endothelial growth factor (anti-VEGF) treatment of diabetic macular edema (DME). This meeting is open to the public in accordance with the Federal Advisory Committee Act (5 U.S.C. App. 2, section 10(a)).

**DATES:** *Meeting Date:* The public meeting will be held on Wednesday,

September 21, 2011 from 7:30 a.m. until 4:30 p.m., Daylight Saving Time (D.S.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. D.S.T., Monday, August 22, 2011. Once submitted, all comments are final.

*Deadlines for Speaker Registration and Presentation Materials:* The deadline to register to be a speaker and to submit PowerPoint presentation materials and writings that will be used in support of an oral presentation, is 5 p.m., D.S.T. on Monday, August 22, 2011. Speakers may register by phone or via e-mail by contacting the person listed in the **FOR FURTHER INFORMATION CONTACT** section of this notice. Presentation materials must be received at the address specified in the **ADDRESSES** section of this notice.

*Deadline for All Other Attendees Registration:* Individuals may register online at <http://www.cms.gov/apps/events/upcomingevents.asp?strOrderBy=1&type=3> or by phone by contacting the person listed in the **FOR FURTHER INFORMATION CONTACT** section of this notice by 5 p.m. D.S.T., Friday, September 16, 2011.

We will be broadcasting the meeting live via Webcast at <http://www.cms.gov/live/>.

*Deadline for Submitting a Request for 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 Executive Secretary as specified in the **FOR FURTHER INFORMATION CONTACT** section of this notice no later than 5 p.m., D.S.T. Friday, September 2, 2011.

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

*Submission of Presentations and Comments:* Presentation materials and written comments that will be presented at the meeting must be submitted via e-mail to [MedCACpresentations@cms.hhs.gov](mailto:MedCACpresentations@cms.hhs.gov) or by registered mail to the contact listed in the **FOR FURTHER INFORMATION CONTACT** section of this notice by the date specified in the **DATES** section of this notice.

**FOR FURTHER INFORMATION CONTACT:** Maria Ellis, Executive Secretary for MEDCAC, Centers for Medicare & Medicaid Services, Office of Clinical Standards and Quality, Coverage and Analysis Group, S3-02-01, 7500

Security Boulevard, Baltimore, MD 21244 or contact Ms. Ellis by phone (410-786-0309) or via e-mail at [Maria.Ellis@cms.hhs.gov](mailto:Maria.Ellis@cms.hhs.gov).

#### SUPPLEMENTARY INFORMATION:

##### I. Background

MEDCAC, formerly known as the Medicare Coverage Advisory Committee (MCAC), provides advice and recommendations to CMS regarding clinical issues. (For more information on MCAC, see the December 14, 1998 **Federal Register** (63 FR 68780).) This notice announces the September 21, 2011, public meeting of the Committee. During this meeting, the Committee will discuss the currently available evidence regarding antivasular endothelial growth factor (anti-VEGF) treatment of diabetic macular edema (DME). Background information about this topic, including panel materials, is available at <http://www.cms.gov/medicare-coverage-database/indexes/medcac-meetings-index.aspx?bc=BAAAAAAAAAAAA&>. CMS will no longer be providing paper copies of the handouts for the meeting. Electronic copies of all the meeting materials will be on the CMS Web site no later than 2 business days before the meeting. We encourage the participation of appropriate organizations with expertise in the treatment of diabetic retinopathy (DR) and DME.

##### II. Meeting Format

This meeting is open to the public. The agenda for the day of the meeting offers two opportunities for the public to participate as either a registered scheduled speaker or an unscheduled speaker. The Committee will hear oral presentations from the registered scheduled speakers for approximately 45 minutes. Time allotted for each presentation may be limited. If the number of registrants requesting to speak is greater than can be reasonably accommodated during the scheduled open public hearing session, CMS may conduct a lottery to determine the speakers for the scheduled open public hearing session. The contact person will notify interested persons regarding their request to speak by August 25, 2011. Your comments should focus on issues specific to the list of topics that we have proposed to the Committee. The list of research topics to be discussed at the meeting will be available on the following Web site prior to the meeting: <http://www.cms.gov/medicare-coverage-database/indexes/medcac-meetings-index.aspx?bc=BAAAAAAAAAAAA&>. We require that you declare at the meeting whether you have any financial involvement with manufacturers (or