

OWH is requesting two years of OMB approval to enable sampling, screening, and survey implementation.

ESTIMATED ANNUALIZED BURDEN TABLE

| Type of respondent | Form name | Number of respondents | Number responses per respondent | Average burden per response (in hours) | Total burden (in hours) |
|-------------------------|----------------|-----------------------|---------------------------------|----------------------------------------|-------------------------|
| Medical Secretary | Screener | 1,300 | 1 | 5/60 | 108 |
| Physician | Survey | 600 | 1 | 20/60 | 200 |
| Total | | | | | 308 |

Keith A. Tucker,

Office of the Secretary, Paperwork Reduction Act Clearance Officer.

[FR Doc. 2012-13396 Filed 6-1-12; 8:45 am]

BILLING CODE 4150-33-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Patient Safety Organizations: Expired Listing for The American Cancer Biorepository, Inc. d/b/a American Collaborative Biorepository or "ACB"

AGENCY: Agency for Healthcare Research and Quality (AHRQ), HHS.

ACTION: Notice of delisting.

SUMMARY: AHRQ has delisted The American Cancer Biorepository, Inc. d/b/a American Collaborative Biorepository or "ACB" as a Patient Safety Organization (PSO) due to its failure to seek continued listing. The Patient Safety and Quality Improvement Act of 2005 (Patient Safety Act) authorizes the listing of PSOs, which are entities or component organizations whose mission and primary activity is to conduct activities to improve patient safety and the quality of health care delivery. HHS issued the Patient Safety and Quality Improvement Final Rule (Patient Safety Rule) to implement the Patient Safety Act. AHRQ administers the provisions of the Patient Safety Act and Patient Safety Rule relating to the listing and operation of PSOs.

DATES: The directories for both listed and delisted PSOs are ongoing and reviewed weekly by AHRQ. The delisting was effective at 12 Midnight ET (2400) on April 21, 2012.

ADDRESSES: Both directories can be accessed electronically at the following HHS Web site: <http://www.pso.AHRQ.gov/index.html>.

FOR FURTHER INFORMATION CONTACT:

Eileen Hogan, Center for Quality Improvement and Patient Safety, AHRQ,

540 Gaither Road, Rockville, MD 20850; Telephone (toll free): (866) 403-3697; Telephone (local): (301) 427-1111; TTY (toll free): (866) 438-7231; TTY (local): (301) 427-1130; Email: psa@AHRQ.hhs.gov.

SUPPLEMENTARY INFORMATION:

Background

The Patient Safety Act, Public Law 109-41, 42 U.S.C. 299b-21—b-26, provides for the formation of PSOs, which collect, aggregate, and analyze confidential information regarding the quality and safety of health care delivery. The Patient Safety Rule, 42 CFR part 3, authorizes AHRQ, on behalf of the Secretary of HHS, to list as a PSO an entity that attests that it meets the statutory and regulatory requirements for listing. A PSO can be "delisted" by the Secretary if it is found to no longer meet the requirements of the Patient Safety Act and Patient Safety Rule. Section 3.108(d) of the Patient Safety Rule requires AHRQ to provide public notice when it removes an organization from the list of federally approved PSOs. Accordingly, The American Cancer Biorepository, Inc. d/b/a American Collaborative Biorepository or "ACB", PSO number P0036, was delisted effective at 12:00 Midnight ET (2400) on April 21, 2012.

More information on PSOs can be obtained through AHRQ's PSO Web site at <http://www.pso.AHRQ.gov/index.html>.

Dated: May 22, 2012.

Carolyn M. Clancy,

Director.

[FR Doc. 2012-13307 Filed 6-1-12; 8:45 am]

BILLING CODE 4160-90-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

AHRQ Workgroups on ICD-10-CM/PCS Conversion of Quality Indicators (QIs)

AGENCY: Agency for Healthcare Research and Quality (AHRQ), HHS.

ACTION: Notice of request for nominations.

SUMMARY: The Agency for Healthcare Research and Quality (AHRQ) is seeking nominations for members of approximately 10 multidisciplinary workgroups, to be convened by AHRQ's contractor, on ICD-10-CM/PCS conversion of the AHRQ Quality Indicators (QIs).

DATES: Please submit nominations on or before June 29, 2012. Self-nominations are welcome. Third-party nominations must indicate that the individual has been contacted and is willing to serve on the workgroup. Selected candidates will be notified no later than July 13, 2012.

ADDRESSES: Nominations can be sent in the form of a letter or email, preferably as an electronic file with an email attachment and should specifically address the submission criteria as noted below. Electronic submissions are strongly encouraged. Responses should be submitted to: ATTN: John Bott, Agency for Healthcare Research and Quality, Center for Delivery, Organization and Markets, 540 Gaither Road, Room 5119, Rockville, MD 20850, Email: john.bott@AHRQ.hhs.gov.

FOR FURTHER INFORMATION CONTACT: John Bott, Agency for Healthcare Research and Quality, Center for Delivery, Organization and Markets, 540 Gaither Road, Room 5119, Rockville, MD 20850, Email: john.bott@AHRQ.hhs.gov; Phone: (301) 427-1317; Fax: (301) 427-1430.

SUPPLEMENTARY INFORMATION: These workgroups are being formed as part of a structured approach for converting the

existing QI specifications from ICD-9-CM to ICD-10-CM/PCS, incorporating coding expertise, clinical expertise, and health services research/quality measurement expertise. The workgroups will evaluate the results of automated "code mapping" from ICD-9-CM to ICD-10-CM/PCS, providing input and advice regarding similarities and differences between ICD-9-CM and ICD-10-CM/PCS codes that are mapped to each other. This workgroup process will lead to recommendations regarding how the existing AHRQ QIs should be re-specified using ICD-10-CM/PCS codes, retaining the original clinical intent of each indicator while taking advantage of the greater specificity of ICD-10-CM/PCS to improve the indicator's validity. Workgroup participation will be uncompensated.

For additional information about the AHRQ QIs, please visit the AHRQ Web site at <http://www.QUALITYindicators.AHRQ.gov>.

Specifically, each Workgroup on ICD-10-CM/PCS Conversion of Quality Indicators will consist of:

- At least three individuals with relevant clinical expertise (e.g., cardiovascular disease, neurologic disease, orthopedic and musculoskeletal disease, obstetrics and gynecologic disease, surgery, critical care and pulmonary disease, diabetes and endocrine disease, infectious disease, neonatology and pediatric disease, miscellaneous) and at least two individuals with relevant coding expertise.

- One or more individuals with field experience using AHRQ QI measures for assessing hospital performance.

- One or more individuals with expertise in validating ICD-9-CM or ICD-10-CM/PCS codes using chart abstraction (to assess criterion validity), or otherwise assessing their accuracy and usefulness in identifying individuals with specific adverse outcomes.

- One or more individuals with experience using data from the AHRQ Healthcare Cost and Utilization Project or similar data for the purpose of calculating AHRQ QIs.

Submission Criteria

To be considered for membership on a QI ICD-10-CM/PCS Conversion Workgroup, please send the following information for each nominee:

1. A brief nomination letter highlighting experience and knowledge relevant to the development, refinement, or testing of quality measures based on ICD9-CM and/or ICD-10-CM/PCS coded data, and demonstrating familiarity with the

AHRQ QIs and health care administrative data. (See selection criteria below.) The nominee's clinical or coding profession and specialty, and the spectrum of his or her clinical or coding expertise, should be described. Please include full contact information of nominee: name, title, organization, mailing address, telephone and fax numbers, and email address.

2. Curriculum vita (with citations to any pertinent publications related to quality measure specification, ICD-9-CM, or ICD-10-CM/PCS).

3. Description of any financial interest, recent conduct, or current or planned commercial, non-commercial, institutional, intellectual, public service, or other activities pertinent to the potential scope of the workgroups, which could be perceived as influencing the workgroup's process or recommendations. The objective is not to prevent nominees with potential conflicts of interest from serving on the panels, but to obtain such information so as to best inform the selection of workgroup members, and to help minimize such conflicts.

Nominee Selection Criteria

Nominees should have technical expertise in health care quality measure development, refinement, or application, and familiarity with the ICD-9-CM and ICD-10-CM/PCS code sets (especially insofar as they are used to specify quality measures).

More specifically, each candidate will be evaluated using the following criteria:

- Knowledge of health care quality measurement using administrative data in specific, relevant clinical domains (e.g., cardiovascular disease, neurologic disease, orthopedic and musculoskeletal disease, obstetrics and gynecologic disease, surgery, critical care and pulmonary disease, diabetes and endocrine disease, infectious disease, neonatology and pediatric disease, miscellaneous);

- Peer-reviewed publications relevant to developing, refining, testing, or applying health care quality measures based on ICD-coded administrative data;
- Other experience developing, refining, testing, or applying health care quality measures based on ICD-coded administrative data;

- Expertise in ICD-9-CM and/or ICD-10-CM/PCS coding;

- Expertise in hospital quality improvement, patient safety, and/or clinical documentation improvement;
- Familiarity with the AHRQ Quality Indicators and their application; and,
- Availability to participate in conference calls and provide written

comments starting from late July through October 2012.

Time Commitment

In an effort to solicit expert input and recommendations on conversion of the AHRQ QIs from ICD-9-CM to ICD-10-CM/PCS, we are initiating a technical review process that will require participation in approximately three to five conference calls with some pre and post evaluation time (estimated at 13 hours). Results from this process will influence the conversion of the AHRQ QI from ICD-9-CM to ICD-10-CM/PCS. Beginning in late July through October, selected nominees will be asked to participate in the following activities:

Workgroup Activities

1. Review the current ICD-9-CM specifications of AHRQ QIs within the workgroup's clinical domain (e.g., cardiovascular disease, neurologic disease, orthopedic and musculoskeletal disease, obstetrics and gynecologic disease, surgery, critical care and pulmonary disease, diabetes and endocrine disease, infectious disease, neonatology and pediatric disease, miscellaneous), along with background documents justifying or explaining those specifications (about 1.5 hours).

2. Participate in teleconference to explain the workgroup activities and processes, and to discuss current QI specifications and their justification (1.0 hours).

3. Review proposed mapping of ICD-9-CM to ICD-10-CM/PCS codes and identify relevant questions and concerns (about 3 hours).

4. Participate in teleconference to discuss the proposed mappings, including relevant questions and concerns (1.5 hours).

5. Following a structured process (e.g., modified Delphi), provide specific input to support or modify the proposed mappings (about 2.5 hours).

6. Participate in teleconference to discuss areas of disagreement among workgroup members, and to achieve consensus when possible (1.5 hours).

7. Following a structured process (e.g., modified Delphi), provide specific input to support or modify the proposed mappings, incorporating changes accepted in previous steps (about 1.0 hour).

8. Participate in final (optional) teleconference to review final recommendations and discuss contextual issues (1.0 hour).

Please note that should additional conference calls be necessary, workgroup members are expected to make every effort to participate. The workgroups will conduct business by

telephone, email, or other electronic means as needed.

Background

The AHRQ Quality Indicators (AHRQ QIs) are a unique set of measures of health care quality that make use of readily available hospital inpatient administrative data. The QIs have been used for various purposes. Some of these include tracking, hospital self-assessment, reporting of hospital-specific quality or pay for performance. The AHRQ QIs are provider- and area-level quality indicators and currently consist of four modules: the Prevention Quality Indicators (PQI), the Inpatient Quality Indicators, the Patient Safety Indicators (PSI), and the Pediatric Quality Indicators (PedQIs). AHRQ is committed to converting the QIs from ICD-9-CM to ICD-10-CM/PCS in an accurate and transparent manner, taking advantage of the additional specificity of ICD-10-CM/PCS to improve the validity and usefulness of the QIs, from October 2014 onward.

Dated: May 24, 2012.

Carolyn M. Clancy,
Director, AHRQ.

[FR Doc. 2012-13306 Filed 6-1-12; 8:45 am]

BILLING CODE 4160-90-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10390]

Agency Information Collection Activities: Proposed Collection; Comment Request

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.

1. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Hospice Quality Reporting Program; *Use:* Section 1814(i)(5) of the Social Security Act (the Act) added by section 3004 of the Patient Protection and Affordable Care Act, Public Law 111-148, enacted on March 23, 2010 (Affordable Care Act) authorizes the Secretary to establish a quality reporting for hospices. Section 1814(i)(5)(A)(i) of the Act requires the Secretary, beginning with FY 2014, reduce the market basket update by 2 percentage points for any hospice that does not comply with the quality data submission requirements with respect to that fiscal year.

The Hospice Quality Data Submission Form was created for hospice providers to collect specified quality data and submit that data to CMS, for the data collection period starting October 1, 2012, through December 31, 2012, and continuing on a calendar year thereafter. Webinar training on data collection and data submission has been and will continue to be provided by CMS. Use of the Hospice Quality Data Submission Form is necessary in order for hospices to submit the quality data specified for the Hospice Quality Reporting Program. *Form Number:* CMS-10390 (OCN: 0938-1153); *Frequency:* Yearly; *Affected Public:* Individuals and households; *Number of Respondents:* 3632; *Total Annual Responses:* 7264; *Total Annual Hours:* 657,392. (For policy questions regarding this collection contact Robin Dowell at 410-786-0060. 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 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 3, 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/OMB Control Number, Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: May 29, 2012.

Martique Jones,

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

[FR Doc. 2012-13402 Filed 6-1-12; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-5600-FA-17]

Announcement of Funding Awards for Fiscal Year 2012 Transformation Initiative: Choice Neighborhoods Demonstration Small Research Grant Program

AGENCY: Office of the Assistant Secretary for Policy Development and Research, HUD.

ACTION: Announcement of funding awards.

SUMMARY: In accordance with Section 102(a)(4)(C) of the Department of Housing and Urban Development (HUD) Reform Act of 1989, Appendix A of this notice announces HUD's funding awards for the Fiscal Year (FY) 2012 Transformation Initiative: Choice Neighborhoods Demonstration Small Research Grant Program ("Choice research grants").

FOR FURTHER INFORMATION CONTACT: Paul Joice, Office of Policy Development and Research, U.S. Department of Housing and Urban Development, Room 8120, 451 7th Street SW., Washington, DC 20410. Paul.A.Joice@hud.gov.

SUPPLEMENTARY INFORMATION: The purpose of the Choice research grants program is to fund research related to Choice Neighborhoods that complements other Choice Neighborhoods research being pursued by HUD. On January 19, 2012, HUD published the Notice of Funding Availability (NOFA) announcing \$500,000 in funds available for the Choice research grants program. On February 22, 2012, HUD published a technical correction to the NOFA, to provide additional details about other