

## EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Form name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Total .....	384	na	na	640

## EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost burden
Medical records review .....	120	160	\$32.56	\$5,210
Patient/family/caregiver interviews				
Patient interview .....	120	80	21.35	1,708
Family/caregiver interview .....	120	80	21.35	1,708
QI Nurse to conduct interviews .....	6	160	32.56	5,210
Provider interviews				
Provider interviews .....	12	80	86.96	6,957
QI Nurse to conduct interviews .....	6	80	32.56	2,605
Total .....	384	640	na	23,398

\* Based upon the mean of the average wages, National Compensation Survey: Occupational wages in the United States May 2010, "U.S. Department of Labor, Bureau of Labor Statistics;" 29-1111 (Registered Nurse, \$32.56/hr); 00-0000 (All Occupations, \$21.35/hr); 29-1069 (Physicians and Surgeons, All Other, \$86.96/hr).

**Estimated Annual Costs to the Federal Government**

The total cost to the government is estimated to be \$253,033, which

includes costs for project development, data collection, data analysis, publication, project management, and overhead as shown in Exhibit 3. The

data collection occurs throughout the 2.5 year project term (30 month); thus, it has an estimated annual cost of \$101,212.

## EXHIBIT 3—ESTIMATED ANNUAL AND TOTAL COSTS TO THE FEDERAL GOVERNMENT

Task/activity	Estimated annual cost	Estimated total cost
Project Development .....	\$7,438	*\$18,596
Data collection .....	30,866	77,165
Data analysis .....	9,470	23,676
Publication .....	5,606	14,016
Project Management .....	15,086	37,716
Overhead .....	32,746	81,864
Total .....	101,212	253,033

**Request for Comments**

In accordance with the Paperwork Reduction Act, comments on AHRQ's information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ healthcare research and healthcare information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) 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 upon the respondents, including the use of

automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: March 14, 2012.

**Carolyn M. Clancy,**  
Director.

[FR Doc. 2012-7270 Filed 3-27-12; 8:45 am]

**BILLING CODE 4160-90-M**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Agency for Healthcare Research and Quality****Solicitation for Nominations for Members of the U.S. Preventive Services Task Force (USPSTF)**

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

**ACTION:** Solicits nominations for new members of USPSTF.

**SUMMARY:** The Agency for Healthcare Research and Quality (AHRQ) invites nominations of individuals qualified to serve as members of the U.S. Preventive Services Task Force (USPSTF).

**Qualification Requirements:** Qualified applicants and nominees must at a minimum demonstrate knowledge,

expertise and national leadership in the following areas:

1. The critical evaluation of research published in peer reviewed literature and in the methods of evidence review;
2. Clinical prevention, health promotion and primary health care; and
3. Implementation of evidence-based recommendations in clinical practice including at the clinician-patient level, practice level, and health system level.

Some USPSTF members without primary health care clinical experience may be selected based on their expertise in methodological issues such as meta-analysis, analytic modeling or clinical epidemiology. For individuals with clinical expertise in primary health care, additional qualifications in methodology would enhance their candidacy.

Additionally, the Task Force benefits from members with expertise in the following areas:

- Behavioral medicine
- Public health
- Health equity and the reduction of health disparities
- Application of science to health policy
- Communication of scientific findings to multiple audiences including health care professionals, policy makers and the general public.

Candidates with experience and skills in any of these areas should highlight them in their nomination materials.

Applicants must have no substantial conflicts of interest, whether financial, professional, or intellectual, that would impair the scientific integrity of the work of the USPSTF and must be willing to complete regular conflict of interest disclosures.

Applicants must have the ability to work collaboratively with a team of diverse professionals who support the mission of the USPSTF. Applicants must have adequate time to contribute substantively to the work products of the USPSTF.

**DATES:** All nominations submitted in writing or electronically will be considered for appointment to the USPSTF. Nominations must be received by May 15th of a given year to be considered for appointment to begin in January of the following year.

Nominated individuals will be selected for the USPSTF on the basis of their qualifications (in particular, those that address the required qualifications, outlined above) and the current expertise needs of the USPSTF. It is anticipated that two or three individuals will be invited to serve on the USPSTF beginning in January, 2013. All individuals will be considered;

however, strongest consideration will be given in 2012 to individuals with demonstrated training and expertise in the areas of behavioral medicine, family medicine, general internal medicine, and obstetrics/gynecology. AHRQ will retain and may consider nominations received this year and not selected during this cycle for future vacancies.

**ADDRESSES:** Submit your responses either in writing or electronically to: Gloria Washington, ATTN: USPSTF Nominations, Center for Primary Care, Prevention, and Clinical Partnerships, Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, Maryland 20850. *USPSTFmembernominations@AHRQ.hhs.gov*.

#### Nomination Submissions

Nominations may be submitted in writing or electronically, but must include:

(1) The applicant's current curriculum vitae and contact information, including mailing address, email address, and telephone number and

(2) A letter explaining how this individual meets the qualification requirements and how he/she would contribute to the USPSTF. The letter should also attest to the nominee's willingness to serve as a member of the USPSTF.

AHRQ will later ask persons under serious consideration for membership to provide detailed information that will permit evaluation of possible significant conflicts of interest. Such information will concern matters such as financial holdings, consultancies, and research grants or contracts.

#### Nominee Selection

Appointments to the USPSTF will be made on the basis of qualifications as outlined above (see Qualification Requirements) and the current expertise needs of the USPSTF.

#### Arrangement for Public Inspection

Nominations and applications are kept on file at the Center for Primary Care, Prevention, and Clinical Partnerships, AHRQ, and are available for review during business hours. AHRQ does not reply to individual nominations, but considers all nominations in selecting members. Information regarded as private and personal, such as a nominee's social security number, home and email addresses, home telephone and fax numbers, or names of family members will not be disclosed to the public. See 5 U.S.C. 552(b)(6); 45 CFR 5.67.

**FOR FURTHER INFORMATION CONTACT:** Gloria Washington at *USPSTFmembernominations@AHRQ.hhs.gov*.

#### SUPPLEMENTARY INFORMATION:

##### Background

Under Title IX of the Public Health Service Act, AHRQ is charged with enhancing the quality, appropriateness, and effectiveness of health care services and access to such services. 42 U.S.C. 299(b). AHRQ accomplishes these goals through scientific research and promotion of improvements in clinical practice, including clinical prevention of diseases and other health conditions, and improvements in the organization, financing, and delivery of health care services. See 42 U.S.C. 299(b).

AHRQ is authorized to convene the United States Preventive Services Task Force and to provide ongoing research, technical, administrative, and dissemination support for USPSTF's operation See 42 U.S.C. 299b-4(a)(1). The USPSTF, an independent body of experts in prevention and evidence-based medicine, works to improve the health of all Americans by making evidence-based recommendations about the effectiveness of clinical preventive services and health promotion.

The recommendations made by the USPSTF address clinical preventive services for adults and children, and include screening tests, counseling services, and preventive medications. The Task Force makes its recommendations based on comprehensive, systematic reviews and careful assessment of the available medical evidence. Current recommendations and procedures of the USPSTF may be found at: *uspreventiveservicestaskforce.org*.

The USPSTF is composed of members appointed by the Director of AHRQ to serve for four year terms. New members are selected each year to replace those members who are completing their appointments.

USPSTF members meet three times a year for two days in the Washington, DC area. A significant portion of the USPSTF's work occurs between meetings during conference calls and via email discussions. Member duties include prioritizing topics, designing research plans, reviewing and commenting on systematic evidence reviews of evidence, discussing and making recommendations on preventive services, reviewing stakeholder comments, drafting final recommendation documents, and participating in workgroups on specific topics and methods. Members can expect frequent emails, to participate in multiple conference calls each month, periodic interactions with stakeholders. AHRQ estimates that members devote approximately 200 hours a year outside

of in-person meetings to their USPSTF duties. The members are all volunteers.

To obtain a diversity of perspectives, AHRQ particularly encourages nominations of women, members of minority populations, and persons with disabilities. Interested individuals can self nominate. Organizations and individuals may nominate one or more persons qualified for membership on the USPSTF. Individuals nominated prior to May 15, 2011 who continue to have interest in serving should be re-nominated for consideration in the future.

Dated: March 15, 2012.

**Carolyn M. Clancy,**  
Director.

[FR Doc. 2012-7269 Filed 3-27-12; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration on Aging

#### Notice of Intent To Provide Expansion and Capacity Building Funding to the Incumbent Senior Medicare Patrol (SMP) Grantees Under Limited Competition

**SUMMARY:** The Administration on Aging is announcing the availability of expansion funds for the support of the Senior Medicare Patrol (SMP) Program. This additional funding opportunity will be used to expand the reach of the SMP program with the explicit purpose of expanding current program capacity to recruit, train, and support the SMP volunteer network. In addition, this funding opportunity will increase targeted collaborative efforts with the Centers for Medicare and Medicaid Services, Office of Inspector General and other law enforcement entities in identified high fraud states.

**Funding Opportunity Title/Program Name:** Health Care Fraud Prevention Program Expansion and SMP Capacity Building Grants.

**Announcement Type:** Health Care Fraud Prevention Program Expansion Capacity.

**Funding Opportunity Number:** Program Announcement No. HHS-2012-AoA-SM-1208.

**Statutory Authority:** HIPAA of 1996 (Pub. L. 104-191).

(Catalog of Federal Domestic Assistance (CFDA) Number: 93.048 Discretionary Projects.)

**DATES:** The deadline date for comments on this program announcement is April 27, 2012. Other important dates:

- The application due date April 30, 2012.

- The anticipated start date is September 30, 2012.

### I. Funding Opportunity Description

During the past several years, the Department of Health and Human Services has increased efforts to fight Medicare and Medicaid fraud. The Administration on Aging (AoA), through the SMP program, has worked in partnership with the Centers for Medicare and Medicaid Services (CMS), the Office of Inspector General (OIG), and the Department of Justice to expand strategies to eliminate waste, fraud, and abuse in these Federal programs. This additional funding opportunity will be used to expand the reach of the SMP program with the explicit purpose of expanding efforts to target collaborative efforts with CMS, OIG and other law enforcement entities in high fraud states and to expand current capacity to recruit, train, and support the SMP volunteer network.

#### *Justification for the Exception to Competition*

It is necessary to limit competition for this program to the current SMP grantees to expand their implementation efforts. In order for the outcomes expected to be produced within the allotted timeframe of the program, the infrastructure for achieving these results must already be in place. This infrastructure includes:

- A proven SMP volunteer management, training, and recruiting program;
- Expertise in capturing data in the SMP management, tracking, and reporting system (SMART FACTS);
- Established partnership relationships between the SMP program and state and local fraud control partners, including CMS, OIG, Attorney General, and State Insurance Commissioners offices;
- Developed and tested SMP program public awareness materials, brochures, PSAs, and other resources to use in outreach and educational efforts;
- Expertise and experience in reaching targeted populations with the SMP message, among others.

The current SMP projects are uniquely qualified to address the requirements contained in this funding opportunity. Their established infrastructure and expertise will enable them to successfully meet the challenging and time-sensitive requirements of this program. It is essential that the infrastructure, foundation of expertise, and proven experience is in place to assure the grant objectives are achieved.

### II. Award Information

A. Purpose of the Program: Health Care Fraud Prevention Program Expansion.

B. Amount of the Awards: \$20,000 to \$300,000.

C. Project Period: September 30, 2012–September 29, 2013.

### III. Eligible Applicants

Incumbent Senior Medicare Patrol (SMP) grantees.

### IV. Evaluation Criteria

A. *Project Relevance & Current Need.* Weight: 5 points.

B. *Approach.* Weight: 30 points.

C. *Budget.* Weight: 10 points.

D. *Project Impact.* Weight: 30 points.

E. *Organizational Capacity.* Weight: 25 points.

### V. Application and Submission Requirements

A. SF 424—Application for Federal Assistance.

B. SF 424A—Budget Information.

C. Separate Budget Narrative/Justification.

D. SF 424B—Assurances. Note: Be sure to complete this form according to instructions and have it signed and dated by the authorized representative (see item 18d of the SF 424).

E. Lobbying Certification.

F. Program narrative no more than five pages.

G. Work Plan.

H. The application should be submitted through grants.gov using the funding opportunity # HHS-2012-AoA-SM-1208.

### VI. Application Review Information

Three independent reviewers external to the Office of Elder Rights will score the applications.

### VII. Agency Contact

For further information or comments regarding this program expansion supplement, contact Rebecca Kinney, U.S. Department of Health and Human Services, Administration on Aging, Office of Elder Rights, One Massachusetts Avenue NW., Washington, DC 20001; telephone (202) 357-3520; fax (202) 357-3560; email [Rebecca.Kinney@aoa.hhs.gov](mailto:Rebecca.Kinney@aoa.hhs.gov).

Dated: March 22, 2012.

**Kathy Greenlee,**  
Assistant Secretary for Aging.

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