

use in consumer and plan reports and for quality improvement purposes for MA, MA PD, and Stand Alone PDP plans. CMS will continue to collect the Medicare FFS CAHPS data from surveys at the state and some sub-state levels. This revision to a currently approved collection is to add questions focusing on care coordination. *Form Number:* CMS–R–246 (OCN: 0938–0732) *Frequency:* Yearly; *Affected Public:* Private sector—business or other for-profits; *Number of Respondents:* 598,200; *Number of Responses:* 598,200; *Total Annual Hours:* 216,555. (For policy questions regarding this collection, contact Sarah Gaillot at 410–786–4637. 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, 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 *August 1, 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: May 25, 2011.

Michelle Shortt,

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

[FR Doc. 2011–13328 Filed 5–27–11; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier CMS–10136 and CMS–10303]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

AGENCY: Centers for Medicare & Medicaid Services.

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), Department of Health and Human Services, 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 function; (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:* Medicare Demonstration Ambulatory Care Quality Measure Performance Assessment Tool (“PAT”); *Use:* This request is to cover a modification of an existing, approved data collection effort with a new secure web based system. This system will also provide a platform for developing tools to collect clinical quality data for future demonstrations and programs. There is no increase in burden. In fact, because all of the practices submitting data will have Electronic Health Records (EHRs), it is likely that the originally estimated burden will decrease over the coming years of the demonstration. CMS is requesting an extension of the currently approved tool for the collection of ambulatory care clinical performance measure data.

The data will be used to continue implementation of two Congressionally mandated demonstration projects (the Physician Group Practice (PGP) Demonstration and the Medicare Care Management Performance (MCMP) Demonstration); also the support data collection under the new EHR

Demonstration. Each of these demonstrations, test new payment methods for improving the quality and efficiency of health care services delivered to Medicare fee-for-service beneficiaries, especially those with chronic conditions that account for a disproportionate share of Medicare expenditures. In addition, the MCMP and EHR demonstration specifically encourage the adoption of electronic health records systems as a vehicle for improving how health care is delivered. *Form Number:* CMS–10136 (OMB# 0938–0941); *Frequency:* Yearly; *Affected Public:* Business or other for-profits and not-for-profit institutions; *Number of Respondents:* 400; *Total Annual Responses:* 400; *Total Annual Hours:* 9600. (For policy questions regarding this collection contact Jodie Blatt at 410–786–6921. For all other issues call 410–786–1326.)

2. *Type of Information Collection Request:* Revision of currently approved collection; *Title of Information:* Medicare Gainsharing Demonstration Evaluation: Physician Focus Groups; *Use:* The proposed physician focus groups are part of the evaluation of the Centers for Medicare and Medicaid Services (CMS)'s Medicare Physician Hospital Collaboration Demonstration. The Congress, under Section 646 of the Medicare Modernization Act (MMA) of 2003 permitted CMS to conduct demonstrations to test methods for the provision of incentives for improving the quality and safety of care and achieving the efficient allocation of resources. The primary goal of the demonstration is to evaluate gainsharing as means to align physician and hospital incentives to improve quality and efficiency. This demonstration plans to use the physician focus group protocols approved by OMB for the DRA 5007 Gainsharing Demonstration. *Form Number:* CMS–10303 (OMB#: 0938–1103); *Frequency:* Once; *Affected Public:* Private sector, business or other for profits; *Number of Respondents:* 288; *Total Annual Responses:* 144; *Total Annual Hours:* 144 (For policy questions regarding this collection contact William Buczeko at 410–786–6593. For all other issues call 410–786–1326.)

To be assured consideration, comments and recommendations for the proposed information collections must be received by the OMB desk officer at the address below, no later than 5 p.m. on *June 30, 2011*. OMB, Office of Information and Regulatory Affairs, *Attention:* CMS Desk Officer, *Fax Number:* (202) 395–6974, *E-mail:* oir_submission@omb.eop.gov.

Dated: May 25, 2011.

Michelle Shortt,

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

[FR Doc. 2011-13330 Filed 5-27-11; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-1587-N]

Medicare Program; Notification of Closure of St. Vincent's Medical Center

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

ACTION: Notice.

SUMMARY: This notice announces the closure of St. Vincent's Medical Center and the initiation of an application process for hospitals to apply to the Centers for Medicare & Medicaid Services (CMS) to receive St. Vincent's Medical Center's full time equivalent (FTE) resident cap slots.

DATES: We will consider applications received no later than 5 p.m. (e.s.t) September 28, 2011 Applications must be received, not postmarked, by this date.

FOR FURTHER INFORMATION CONTACT: Renate Dombrowski, (410) 786-4645.

SUPPLEMENTARY INFORMATION:

I. Background

Section 5506 of the Patient Protection and Affordable Care Act (Pub. L. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. 111-152) (collectively, the "Affordable Care Act"), "Preservation of Resident Cap Positions from Closed Hospitals," authorizes the Secretary to redistribute residency slots after a hospital that trained residents in an approved medical residency program(s) closes. Specifically, section 5506 of the Affordable Care Act, amended the Social Security Act (the Act), by adding subsection (vi) to section 1886(h)(4)(H) of the Act and modifying language at section 1886(d)(5)(B)(v) of the Act, to instruct the Secretary to establish a process to increase the full time equivalent (FTE) resident caps for other hospitals based upon the FTE resident caps in teaching hospitals that closed "on or after a date that is 2 years before the date of enactment" (that is, March 23, 2008). In the November 24, 2010 CY 2011 Outpatient Prospective Payment System (OPPS) final rule (75 FR 72212),

we established regulations and an application process for qualifying hospitals to apply to CMS to receive direct graduate medical education (GME) and indirect medical education (IME) FTE resident cap slots from the hospital that closed. The procedures we established apply both to teaching hospitals that closed on or after March 23, 2008 and on or before August 3, 2010 and to teaching hospitals that closed after August 3, 2010. For teaching hospitals that closed on or after March 23, 2008 and on or before August 3, 2010, we established an application deadline of April 1, 2011, for a hospital to request cap slots from the closed hospital(s). We also stated in the November 24, 2010 FY 2011 OPPS final rule that hospitals that close at any point after August 3, 2010 will fall into the second category of applications, for which we will provide a separate notice with a future application deadline (75 FR 72215).

II. Provisions of the Notice

CMS has learned of the closure of another teaching hospital that occurred after August 3, 2010. The purpose of this notice is to notify the public of the closure of St. Vincent's Medical Center, provider number 33-0290, in New York City. The hospital's direct GME FTE resident cap is 321.11 and the IME FTE resident cap is 295.86. St. Vincent's Medical Center was located in core-based statistical area (CBSA) 35644. The official date of the termination of the Medicare provider agreement, and therefore, the date of the closure, is October 31, 2010.

In the November 24, 2010 CY 2011 OPPS final rule, we stated that the application deadline for future hospital closures would be 4 months following the issuance of that notice to the public (75 FR 72215). Therefore, hospitals wishing to apply for and receive slots from St. Vincent's Medical Center's FTE resident caps must submit applications to the CMS New York Regional Office and to the CMS Central Office no later than September 28, 2011. Applications must be received, not postmarked, by this date.

We refer readers to http://www.cms.gov/AcuteInpatientPPS/06_dgme.asp#TopOfPage to download a copy of the CMS Evaluation Form 5506, which is the application form that hospitals are to use to apply for slots under section 5506 of the Affordable Care Act. We also refer readers to this Web site to access a copy of the CY 2011 OPPS November 24, 2010 final rule, for an explanation of the policy and procedures for applying for slots and the redistribution of the slots under sections

1886(h)(4)(H)(vi) and 1886(d)(5)(B)(v) of the Act, as provided by section 5506 of the Affordable Care Act. The mailing addresses for the CMS New York Regional Office and to the CMS Central Office are included in this application form.

In the November 24, 2010 CY 2011 OPPS final rule, we did not establish a deadline by when CMS would issue the final determinations to hospitals that receive slots under section 5506 of the Affordable Care Act. However, we will review all applications received by the September 28, 2011 deadline and notify applicants of our determinations as soon as possible.

III. Collection of Information Requirements

This document does not impose information collection and recordkeeping requirements. Consequently, it need not be reviewed by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35).

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

Dated: May 19, 2011.

Donald M. Berwick,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 2011-13478 Filed 5-27-11; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Measurement Development: Quality of Caregiver-Child Interactions for Infants and Toddlers (Q-CCIIT).

OMB No.: New collection.

Description: The Office of Planning, Research and Evaluation (OPRE), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), is proposing to develop a new observation measure to assess the quality of child care settings, specifically the quality of caregiver-child interaction for infants and toddlers in nonparental care. The measure will be appropriate for use across child care settings, center-based and family child care settings as well as single- and mixed-age classrooms.