

NOTIFICATION PROCEDURE:

An individual may learn if a record exists about himself or herself by contacting the system manager at the above address. Requesters in person must provide driver's license or other positive identification. Individuals who do not appear in person must either: (1) Submit a notarized request to verify their identity; or (2) certify that they are the individuals they claim to be and that they understand that the knowing and willful request for or acquisition of a record pertaining to an individual under false pretenses is a criminal offense under the Privacy Act subject to a \$5,000 fine.

An individual who requests notification of or access to medical records shall, at the time the request is made, designate in writing a responsible representative who is willing to review the record and inform the subject individual of its contents at the representative's discretion. A subject individual will be granted direct access to a medical record if the system manager determines direct access is not likely to have adverse effect on the subject individual.

The following information must be provided when requesting notification: (1) Full name; (2) the approximate date and place of the study, if known; and (3) nature of the questionnaire or study in which the requester participated.

RECORD ACCESS PROCEDURES:

Same as notification procedures. Requesters should also reasonably specify the record contents being sought. An accounting of disclosures that have been made of the record, if any, may be requested.

CONTESTING RECORD PROCEDURES:

Contact the official at the address specified under System Manager above, reasonably identify the record and specify the information being contested, the corrective action sought, and the reasons for requesting the correction, along with supporting information to show how the record is inaccurate, incomplete, untimely, or irrelevant.

RECORD SOURCE CATEGORIES:

For research studies, vital status information is obtained from Federal, State and local governments and other available sources selected from those listed in Appendix I, but information is obtained directly from the individual and employer records, whenever possible. EEOICPA records are obtained from the individual subject and the employer's records. WTC Health Program Records are obtained from individual applicants and enrollees,

from medical providers who have treated eligible individuals, and from data centers that are repositories of demographic and clinical information about WTC responders and survivors.

SYSTEMS EXEMPTED FROM CERTAIN PROVISIONS OF THE ACT:

None.

Appendix I—Potential Sources for Determination of Health Status, Vital Status and/or Last Known Address

Military records
Appropriate State Motor Vehicle Registration Departments
Appropriate State Driver's License Departments
Appropriate State Government Division of:
Assistance Payments (Welfare), Social Services, Medical Services, Food Stamp Program, Child Support, Board of Corrections, Aging, Indian Affairs, Worker's Compensation, Disability Insurance
Retail Credit Association follow-up
Veterans Administration files
Appropriate employee union or association records
Appropriate company pension or employment records
Company group insurance records
Appropriate State Vital Statistics Offices
Life insurance companies
Railroad Retirement Board
Area nursing homes
Area Indian Trading Posts
Mailing List Correction Cards (U.S. Postal Service)
Letters and telephone conversations with former employees of the same establishment as cohort member
Appropriate local newspaper (obituaries)
Social Security Administration
Internal Revenue Service
National Death Index
Centers for Medicare & Medicaid Services
Pension Benefit Guarantee Corporation
State Disease Registries
Commercial Telephone Directories
[FR Doc. 2011-14807 Filed 6-10-11; 4:15 pm]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)**Centers for Medicare & Medicaid Services****Notice of Hearing; Reconsideration of Disapproval of Colorado State Plan Amendments (SPA) 10-034**

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

ACTION: Notice of hearing.

SUMMARY: This notice announces an administrative hearing to be held on August 4, 2011, at the CMS Denver Regional Office, Colorado State Bank Building, 1600 Broadway, Suite 700,

Denver, Colorado 80202-4367 to reconsider CMS' decision to disapprove Colorado SPA 10-034.

DATES: Requests to participate in the hearing as a party must be received by the presiding officer by June 29, 2011.

FOR FURTHER INFORMATION CONTACT:

Benjamin Cohen, Presiding Officer,
CMS, 2520 Lord Baltimore Drive,
Suite L, Baltimore, Maryland 21244,
Telephone: (410) 786-3169.

SUPPLEMENTARY INFORMATION: This notice announces an administrative hearing to reconsider CMS' decision to disapprove Colorado SPA 10-034 which was submitted on September 30, 2010, and disapproved on March 10, 2011. The SPA proposed to revise the methods and standards for establishing payment rates for non-brokered and brokered non-emergency medical transportation.

The disapproval was based on a finding that the State had not complied with the requirements of section 1902(a)(73)(A) of the Social Security Act to solicit advice from designees of Indian Health Programs and Urban Indian Organizations prior to submission of a SPA likely to have a direct effect on Indians, Indian Health Programs, or Urban Indian Organizations.

The issues to be considered at the hearing are:

- *Applicability:* Whether the statutory requirement in section 1902(a)(73)(A) of the Social Security Act (the Act) for solicitation of advice prior to the submission of a SPA that is likely to have a direct effect on Indians, Indian Health Programs, or Urban Indian Organizations is applicable to this SPA when there are significant numbers of Indian beneficiaries who receive transportation services, and Indian Health Programs and Urban Indian Organizations that are transportation providers in the State.

- *Solicitation of Advice:* Whether Colorado met the statutory requirement at section 1902(a)(73)(A) to solicit advice when it did not include in any issuance to Indian health programs and Urban Indian Organizations prior to the submission of the SPA any specific solicitation of advice or comment on the SPA (or any description of a process for the submission of comments or initiation of a dialogue with the State).

- *Timing:* Whether Colorado met the statutory requirement at section 1902(a)(73)(A) to solicit advice when it issued general public notice on June 25, 2010, of the rate reductions that were to go into effect July 1, 2010, but did not issue notice to the Indian health programs or Urban Indian Organizations

until September 24, 2010, which was only 6 days prior to the date Colorado submitted the SPA to CMS. This issue is whether 6 days is a reasonable time period to allow for the submission and consideration of comments.

- *Sufficiency of Solicitation:* Whether Colorado met the statutory requirement at section 1902(a)(73) to solicit advice when the notice to the tribes did not describe the potential impact that the rate reduction for transportation would have on the tribes, Indians, Indian health providers, or urban Indian organizations.

Section 1116 of the Act and Federal regulations at 42 CFR part 430, establish Department procedures that provide an administrative hearing for reconsideration of a disapproval of a State plan or plan amendment. CMS is required to publish a copy of the notice to a State Medicaid agency that informs the agency of the time and place of the hearing, and the issues to be considered. If we subsequently notify the agency of additional issues that will be considered at the hearing, we will also publish that notice.

Any individual or group that wants to participate in the hearing as a party must petition the presiding officer within 15 days after publication of this notice, in accordance with the requirements contained at 42 CFR 430.76(b)(2). Any interested person or organization that wants to participate as *amicus curiae* must petition the presiding officer before the hearing begins in accordance with the requirements contained at 42 CFR 430.76(c). If the hearing is later rescheduled, the presiding officer will notify all participants.

The notice to Colorado announcing an administrative hearing to reconsider the disapproval of its SPAs reads as follows:

Ms. Laurel Karabotsos,
Acting Medical Director,
Department of Health Care Policy and
Financing,
Medical & CHP+ Administration Office,
1570 Grant Street,
Denver, CO 80203-1818.

Dear Ms. Karabotsos:

I am responding to your request for reconsideration of Centers for Medicare & Medicaid Services' (CMS) decision to disapprove the Colorado State Plan Amendment (SPA) 10-034, which was submitted to CMS on September 30, 2010, and disapproved on March 10, 2011. The SPA proposed to revise the methods and standards for establishing payment rates for non-brokered and brokered non-emergency medical transportation. The disapproval was based on a finding that the State had not

complied with the requirements of section 1902(a)(73)(A) of the Social Security Act to solicit advice from designees of Indian Health Programs and Urban Indian Organizations prior to submission of a SPA likely to have a direct effect on Indians, Indian Health Programs, or Urban Indian Organizations.

The issues to be considered at the hearing are:

- *Applicability:* Whether the statutory requirement in section 1902(a)(73)(A) of the Social Security Act (the Act) for solicitation of advice prior to the submission of a SPA that is likely to have a direct effect on Indians, Indian Health Programs, or Urban Indian Organizations is applicable to this SPA when there are significant numbers of Indian beneficiaries who receive transportation services, and Indian Health Programs and Urban Indian Organizations that are transportation providers in the State.

- *Solicitation of advice:* Whether Colorado met the statutory requirement at section 1902(a)(73)(A) to solicit advice when it did not include in any issuance to Indian health programs and Urban Indian Organizations prior to the submission of the SPA any specific solicitation of advice or comment on the SPA (or any description of a process for the submission of comments or initiation of a dialogue with the State).

- *Timing:* Whether Colorado met the statutory requirement at section 1902(a)(73)(A) to solicit advice when it issued general public notice on June 25, 2010, of the rate reductions that were to go into effect July 1, 2010, but did not issue notice to the Indian health programs or Urban Indian Organizations until September 24, 2010, which was only 6 days prior to the date Colorado submitted the SPA to CMS. This issue is whether 6 days is a reasonable time period to allow for the submission and consideration of comments.

- *Sufficiency of Solicitation:* Whether Colorado met the statutory requirement at section 1902(a)(73) to solicit advice when the notice to the tribes did not describe the potential impact that the rate reduction for transportation would have on the tribes, Indians, Indian health providers, or urban Indian organizations.

I am scheduling a hearing on your request for reconsideration to be held on August 4, 2011, at the CMS Denver Regional Office, Colorado State Bank Building, 1600 Broadway, Suite 700, Denver, Colorado 80202-4367, in order to reconsider the decision to disapprove SPA 10-034.

If this date is not acceptable, CMS rules provide that the hearing date may

be changed by written agreement between CMS and the State. The hearing will be governed by the procedures prescribed by Federal regulations at 42 CFR part 430.

I am designating Mr. Benjamin Cohen as the presiding officer. If these arrangements present any problems, please contact the presiding officer at (410) 786-3169. In order to facilitate any communication which may be necessary between the parties to the hearing, please notify the presiding officer to indicate acceptability of the hearing date that has been scheduled, and to provide names of the individuals who will represent the State at the hearing.

Sincerely,

Donald M. Berwick, M.D.

Section 1116 of the Social Security Act (42 U.S.C. section 1316; 42 CFR section 430.18)

(Catalog of Federal Domestic Assistance program No. 13.714, Medicaid Assistance Program.)

Dated: June 8, 2011,

Donald M. Berwick,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 2011-14674 Filed 6-13-11; 8:45 am]

BILLING CODE P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-5501-N2]

Medicare Program; Pioneer Accountable Care Organization Model; Extension of the Submission Deadlines for the Letters of Intent and Applications

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

ACTION: Notice of extension of deadlines.

SUMMARY: This notice extends the deadlines for the submission of the Pioneer Accountable Care Organization Model letters of intent to June 30, 2011 and the applications to August 19, 2011.

DATES: *Letter of Intent Submission Deadline:* Interested organizations must submit a non-binding letter of intent by June 30, 2011 as described on the Innovation Center Web site at <http://innovations.cms.gov/areas-of-focus/seamless-and-coordinated-care-models/pioneer-aco>.

Application Submission Deadline: Applications must be postmarked on or before August 19, 2011. The Pioneer Accountable Care Organization Model