

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]

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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

Application is available at: <http://innovations.cms.gov/areas-of-focus/seamless-and-coordinated-care-models/pioneer-aco-application/>.

ADDRESSES: Applications should be submitted by mail to the following address by the date specified in the **DATES** section of this notice:

Pioneer ACO Model, *Attention:* Maria Alexander, Center for Medicare and Medicaid Innovation, Centers for Medicare and Medicaid Services, Mail Stop S3-13-05, 7500 Security Boulevard, Baltimore, MD 21244-1850.

FOR FURTHER INFORMATION CONTACT: Maria Alexander, (410) 786-4792.

SUPPLEMENTARY INFORMATION:

I. Background

We are committed to achieving the three-part aim of better health, better health care, and lower per-capita costs for Medicare, Medicaid, and Children's Health Insurance Program beneficiaries. One potential mechanism for achieving this goal is for CMS to partner with groups of health care providers of services and suppliers with a mechanism for shared governance that have formed an Accountable Care Organization (ACO) through which they work together to manage and coordinate care for a specified group of patients. We will pursue such partnerships through two complementary efforts, the Medicare Shared Savings Program, and initiatives undertaken by the Center for Medicare and Medicaid Innovation (Innovation Center).

The Pioneer ACO Model is an Innovation Center initiative targeted at organizations that can demonstrate the improvements in financial and clinical performance with respect to the care of Medicare beneficiaries that are possible in a mature ACO. To be eligible to participate in the Pioneer ACO Model, organizations would ideally already be coordinating care for a significant portion of patients under financial risk sharing contracts and be positioned to transform both their care and financial models from fee-for-service to a three-part aim, value based model.

On May 17, 2011, we posted a request for applications to participate in the Pioneer ACO Model on the Innovation Center Web site and we subsequently published a notice announcing the request for applications in the May 20, 2011 *Federal Register* (76 FR 29249). On the Innovation Center Web site, we specified that the submission deadline for the letter of intent was June 10, 2011 and that the application deadline was to be postmarked on or before July 18, 2011. For more details see the request

for application which is available on the Innovation Center Web site at <http://innovations.cms.gov/areas-of-focus/seamless-and-coordinated-care-models/pioneer-aco>. However, in the May 20, 2011 notice, we specified that the submission deadlines were June 10, 2011 and not later than 5 p.m. on July 19, 2011, respectively. Therefore, in the June 8, 2011 *Federal Register* (76 FR 33306), we published a correction notice that corrected our error in the application submission deadline.

II. Provisions of the Notice

The Innovation Center is committed to working with stakeholders to develop initiatives to test innovative payment and service delivery models to reduce program expenditures while enhancing the quality of care available to beneficiaries. Being responsive to the suggestions of the stakeholder community is critical to the success of the Innovation Center's efforts to achieve the three-part aim of better healthcare, better health, and reduced costs through improvement. As part of this commitment, and based on the feedback from the community of potential applicants, the Innovation Center is extending the following deadlines relating to the Pioneer ACO Model: (1) The deadline for submission of the letter of intent has been extended to June 30, 2011; and (2) the deadline for the submission of the application has been extended to August 19, 2011. Therefore in the **DATES** section of this notice, we included the new submissions deadlines and in the **ADDRESSES** section we provide the address to which the applications must be mailed.

Authority: Section 1115A of the Social Security Act.

Dated: June 8, 2011.

Donald M. Berwick,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 2011-14678 Filed 6-9-11; 4:15 pm]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-7031-NC3]

Proposed Establishment of a Federally Funded Research and Development Center—Third Notice

AGENCY: Centers for Medicare & Medicaid Services (CMS), Department of Health & Human Services (DHHS).

ACTION: Notice.

SUMMARY: This notice announces our intention to sponsor Federally Funded Research and Development Center (FFRDC) to facilitate the modernization of business processes and supporting systems and their operations. This is the third of three notices which must be published over a 90-day period in order to advise the public of the agency's intention to sponsor an FFRDC.

DATES: We must receive comments on or before July 5, 2011.

ADDRESSES: Comments on this notice must be mailed to the Centers for Medicare & Medicaid Services, Candice Savoy, Contracting Officer, 7500 Security Boulevard, Mailstop C2-01-10, Baltimore, MD 21244 or e-mail at Candice.Savoy@cms.hhs.gov.

FOR FURTHER INFORMATION CONTACT: Candice Savoy, (410) 786-7494 or Candice.Savoy@cms.hhs.gov.

SUPPLEMENTARY INFORMATION: The Centers for Medicare & Medicaid Services (CMS), an operating division within the Department of Health and Human Services (DHHS), intends to sponsor a Federally Funded Research and Development Center (FFRDC) to facilitate the modernization of business processes and supporting systems and their operations. Some of the broad task areas that will be utilized include strategic/tactical planning, conceptual planning, design and engineering, procurement assistance, organizational planning, research and development, continuous process improvement, Independent Verification and Validation (IV&V)/compliance, and security planning. Further analysis will consist of expert advice and guidance in the areas of program and project management focused on increasing the effectiveness and efficiency of strategic information management, prototyping, demonstrations, and technical activities. The FFRDC may also be utilized by non-sponsors, within DHHS.

The FFRDC will be established under the Federal Acquisition Regulations (48 CFR 35.017).

The FFRDC will be available to provide a wide range of support including, but not limited to:

- Strategic/tactical planning including assisting with planning for future CMS program policy, innovation, development, and support for Medicare and Medicaid.
- Conceptual planning including operations, analysis, requirements, procedures, and analytic support.
- Design and engineering including technical architecture direction.