

Available online at <http://www.whitehouse.gov/omb/rewrite/circulars/a119/a119.html>. Last accessed December 2009.

<sup>10</sup> NQF. NQF Consensus Development Process, v. 1.8. Available online at [http://www.qualityforum.org/Measuring\\_Performance/Consensus\\_Development\\_Process.aspx](http://www.qualityforum.org/Measuring_Performance/Consensus_Development_Process.aspx). Last accessed December 2009.

<sup>11</sup> NQF. *National Voluntary Consensus Standards for Hospital Care: An Initial Performance Measure Set*. Washington, DC: NQF; 2003.

<sup>12</sup> Hospital Quality Alliance: Improving Care Through Information. Available online at <http://www.hospitalqualityalliance.org/>. Last accessed December 2009.

<sup>13</sup> Hospital Quality Compare—A quality tool provided by Medicare. Available online at [www.HospitalCompare.hhs.gov](http://www.HospitalCompare.hhs.gov). Last accessed December 2009.

<sup>14</sup> NQF. *Serious Reportable Events in Healthcare: A Consensus Report*. Washington, DC: NQF; 2002.

<sup>15</sup> NQF. *Safe Practices for Better Healthcare: A Consensus Report*. Washington, DC: NQF; 2003.

#### IV. Secretarial Comments on the Annual Report to Congress

The Secretary is pleased with the scope and vision of NQF's March 2010 annual report. An internal multidisciplinary cross-component HHS team is working collaboratively with NQF to ensure a clear multi-year vision to ensure the most efficient and effective utilization of the HHS contract. The contract with this consensus-based entity, NQF, provides a unique opportunity to further enhance HHS' efforts to foster a collaborative, multi-stakeholder approach to increase the availability of national voluntary consensus standards for quality and efficiency measures to ensure broad transparency in achieving value in health care delivery.

Over the past year NQF began work on several tasks outlined in the Statement of Work, including: Development of a national strategy for performance measurement and prioritization of measures for development and endorsement; an evaluation of NQF's consensus development process; several measure endorsement projects focused on measure gap areas such as outcomes measures and patient safety measures; maintenance of currently NQF-endorsed measures; promotion of Electronic Health Records through such activities as the development of the "E-measure" and the retooling of a subset of existing NQF-endorsed measures into E-measure format; development of a public website to make available current NQF activities; endorsement of efficiency and resource use measures. The Secretary is pleased with the progress and timeliness of the work outlined in the Annual Report.

#### V. Future Steps

The consensus based contract with NQF is a four year contract. During the first full performance year of the contract, NQF completed deliverables for each task. HHS will continue to task NQF with single year and multi-year projects.

##### *Formulation of National Strategy and Priorities for Health Care Performance Measurement*

During March 2009 to February 2010, NQF created a framework for measurement prioritization by conducting an environmental scan of, at a minimum, the 20 patient conditions that account for over 95% of costs to the Medicare program. NQF established a steering committee to oversee the prioritization process and to consider additional measurement streams (e.g. population health, child health, Health IT) in its prioritization process.

##### *Consensus Development Process for Measure Endorsement*

During March 2009 to February 2010, NQF established steering committees to consider endorsement of outcomes measures in 3 phases. The first 2 phases will endorse outcomes measures for patients with Medicare high priority conditions. The third phase will endorse outcomes measures for mental health and for children. Future steps also include the endorsement of measures for patients in Nursing Homes as well as Patient Safety measures.

##### *Maintenance of Consensus Endorsed Measures*

During March 2009 to February 2010, NQF maintained endorsed measures relevant to HHS-wide programs and will be maintaining consensus-based endorsed measures as developed under the priority process.

##### *Promotion of Electronic Health Records*

During March 2009 to February 2010, NQF supported the promotion of electronic health records as part of HHS-wide efforts. NQF developed the Health Quality Measure Format (HQMF, or "E-measure"), began the retooling process to convert a sub-set of currently endorsed measures into E-Measure format, and supported the HIT Standards Panel in developing code lists and vocabulary standards for the transition to performance measurement through Electronic Health Records. Future steps include the retooling of the remaining subset of currently endorsed measures, the development of a measure authoring tool for creating E-measures, and to support clinical decision support systems for measuring and reporting

performance. NQF will also support the selection of performance measures for the Meaningful Use of electronic health records.

##### *Focused Measure Development, Harmonization, and Endorsement Efforts To Fill Critical Gaps in Performance Measurement*

During March 2009 to February 2010, NQF supported a variety of performance measurement efforts including, but not limited to, the areas of efficiency, harmonization, outcomes, patient safety, care coordination, ICD-10, palliative care, and nursing home quality metrics.

The public is encouraged to give input through the NQF process and will be able to track the progress on work related to this contract on the NQF Web site located at: <http://www.qualityforum.org/projects/ongoing/hhs/>.

#### VI. 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. 35).

Dated: October 15, 2010.

**Kathleen Sebelius,**

*Secretary, Department of Health and Human Services.*

[FR Doc. 2010-26795 Filed 10-21-10; 8:45 am]

**BILLING CODE 4150-05-P**

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

##### **Decision To Evaluate a Petition To Designate a Class of Employees From BWX Technologies Inc., Lynchburg, VA, To Be Included in the Special Exposure Cohort**

**AGENCY:** National Institute for Occupational Safety and Health (NIOSH), Department of Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** HHS gives notice as required by 42 CFR 83.12(e) of a decision to evaluate a petition to designate a class of employees from BWX Technologies, Inc., Lynchburg, Virginia, to be included in the Special Exposure Cohort under the Energy Employees Occupational Illness Compensation Program Act of 2000. The initial proposed definition for the class being evaluated, subject to revision as warranted by the evaluation, is as follows:

*Facility:* BWX Technologies, Inc.  
*Location:* Lynchburg, Virginia.  
*Job Titles and/or Job Duties:* All Atomic Weapons Employer employees.  
*Period of Employment:* January 1, 1985 through November 30, 1994.

**FOR FURTHER INFORMATION CONTACT:**  
 Stuart L. Hinnefeld, Interim Director, Division of Compensation Analysis and Support, National Institute for Occupational Safety and Health (NIOSH), 4676 Columbia Parkway, MS C-46, Cincinnati, OH 45226, Telephone 877-222-7570. Information requests can also be submitted by e-mail to [DCAS@CDC.GOV](mailto:DCAS@CDC.GOV).

**John Howard,**

*Director, National Institute for Occupational Safety and Health.*

[FR Doc. 2010-26558 Filed 10-21-10; 8:45 am]

**BILLING CODE 4163-19-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

[Document Identifier: CMS-2088-92, CMS-10054, CMS-10102 and CMS-10358]

**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:* Extension of a currently approved collection; *Title of Information Collection:* Outpatient Rehabilitation Provider Cost Report utilized by Community Mental Health Centers; *Use:* In accordance with sections 1815, 1833 and 1861 of the

Social Security Act, providers of service in the Medicare program are required to submit annual information to achieve reimbursement for health care services rendered to Medicare beneficiaries. In addition, 42 CFR 413.20(b) requires that cost reports will be required from providers on an annual basis. Such cost reports are required to be filed with the provider's Fiscal Intermediary (FI)/ Medicare Administrative Contractor (MAC).

The FI/MAC uses the cost report not only to make settlement with the provider for the fiscal period covered by the cost report, but also in deciding whether to audit the records of the provider. *Form Number:* CMS-2088-92 (OMB#: 0938-0037); *Frequency:* Yearly; *Affected Public:* Private Sector: Business or other for-profits and not-for-profit institutions; *Number of Respondents:* 596; *Total Annual Responses:* 596; *Total Annual Hours:* 59,600. (For policy questions regarding this collection contact Jill Keplinger at 410-786-4550. For all other issues call 410-786-1326.)

2. *Type of Information Collection Request:* Extension without change of a currently approved collection; *Title of Information Collection:* Recognition of Payment for New Technology Ambulatory Payment Classification (APC) Groups under the Outpatient Prospective Payment System and Supporting Regulations in 42 CFR, Part 419; *Use:* In the April 7, 2000 final rule first implementing the hospital outpatient prospective payment system (OPPS), we created a set of New Technology ambulatory payment classifications (APCs) to pay for certain new technology services under the OPPS. These APCs are intended to pay for new technology services that were not covered by the transitional pass-through payments provisions authorized by the Balanced Budget Refinement Act (BBRA) of 1999. Both the New Technology APC provision and the transitional pass-through provisions provide ways for ensuring appropriate payment for new technologies for which the use and costs are not adequately represented in the base year claims data on which the outpatient PPS is constructed.

CMS needs to keep pace with emerging new technologies and make them accessible to Medicare beneficiaries in a timely manner. It is necessary that we continue to collect appropriate information from interested parties such as hospitals, medical device manufacturers, pharmaceutical companies and others that bring to our attention specific services that they wish us to evaluate for New Technology APC payment. We are making no

changes to the information that we collect. The information that we seek to continue to collect is necessary to determine whether certain new services are eligible for payment in New Technology APCs, to determine appropriate coding and to set an appropriate payment rate for the new technology service. The intent of these provisions is to ensure timely beneficiary access to new and appropriate technologies. *Form Number:* CMS-10054 (OMB#: 0938-0860); *Frequency:* Annually; *Affected Public:* Private sector business or other for-profits; *Number of Respondents:* 15; *Total Annual Responses:* 15; *Total Annual Hours:* 180. (For policy questions regarding this collection contact Christina Smith Ritter at 410-786-4636. For all other issues call 410-786-1326.)

3. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* National Implementation of Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS); *Use:* The HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey is the first national, standardized, publicly reported survey of patients' perspectives of hospital care, also known as the CAHPS® Hospital Survey. The HCAHPS is a survey instrument and data collection methodology for measuring patients' perceptions of their hospital experience. While many hospitals have collected information on patient satisfaction for their own internal use, until HCAHPS there was no national standard for collecting and publicly reporting information about patient experience of care that allowed valid comparisons to be made across hospitals locally, regionally and nationally.

Publicly reported HCAHPS results are based on four consecutive quarters of patient surveys. CMS publishes participating hospitals' HCAHPS results on the Hospital Compare Web site four times a year, with the oldest quarter of patient surveys rolling off as the most recent quarter rolls on. Three broad goals have shaped HCAHPS. First, the survey is designed to produce comparable data on the patient's perspective on care that allows objective and meaningful comparisons between hospitals on domains that are important to consumers. Second, public reporting of the survey results is designed to create incentives for hospitals to improve their quality of care. Third, public reporting serves to enhance public accountability in health care by increasing the transparency of the