



This document is scheduled to be published in the Federal Register on 08/01/2013 and available online at <http://federalregister.gov/a/2013-18492>, and on FDsys.gov

Billing Code: 4165-15

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request

AGENCY: Health Resources and Services Administration, HHS

ACTION: Notice

SUMMARY: In compliance with Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the Health Resources and Services Administration (HRSA) has submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period.

DATES: Comments on this ICR should be received within 30 days of this notice.

ADDRESSES: Submit your comments, including the Information Collection Request Title, to the desk officer for HRSA, either by email to OIRA_submission@omb.eop.gov or by fax to 202-395-5806.

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email the HRSA Information Collection Clearance Officer at paperwork@hrsa.gov or call (301) 443-1984.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: Children's Hospital Graduate Medical Education Payment Program (CHGME PP) Annual Report

OMB No. 0915-0313 – Extension

Abstract: The CHGME Payment Program was enacted by P.L. 106-129 to provide federal support for graduate medical education (GME) to freestanding children's hospitals, similar to Medicare GME support received by other, non-children's hospitals. The legislation indicates that eligible children's hospitals will receive payments for both direct and indirect medical education. Direct payments are designed to offset the expenses associated with operating approved graduate medical residency training programs and indirect payments are designed to compensate hospitals for expenses associated with the treatment of more severely ill patients and the additional costs relating to teaching residents in such programs.

The CHGME Payment Program statute P.L. 109-307 requires that CHGME-participating hospitals provide information about their residency training programs in an annual report to HRSA that will be an addendum to the hospitals' annual applications for funds. Data are required to be collected on the: 1) types of training programs that the hospital provided for residents such as general pediatrics, internal medicine/pediatrics, and pediatric subspecialties including both medical subspecialties certified and non-medical subspecialties; 2) the number of training positions for residents, the number of such positions recruited to fill, and the number of positions filled; 3) the types of training that the hospital provided for residents related to the

health care needs of different populations such as children who are underserved for reasons of family income or geographic location, including rural and urban areas; 4) changes in residency training including changes in curricula, training experiences, and types of training programs, and benefits that have resulted from such changes and changes for purposes of training residents in the measurement and improvement of the quality and safety of patient care; 5) and the numbers of residents (disaggregated by specialty and subspecialty) who completed training in the academic year and care for children within the borders of the service area of the hospital or within the borders of the state in which the hospital is located.

Need and Proposed Use of the Information: The CHGME Payment Program statute P.L. 109-307 requires that CHGME-participating hospitals continue to provide information about their residency training programs in an annual report to HRSA that must address statutory reporting requirements including types of training, number of training positions, types of training to care for underserved children, changes in residency training, and practice location of graduates.

Likely Respondents: CHGME Payment Program participating children's hospitals

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the

collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

Total Estimated Annualized Burden - Hours

Form Name	Number of Respondents	Number of Responses per Respondent	Total Responses	Average Burden per Response (in hours)	Total Burden Hours
Screening Instrument (HRSA 100-1)	54	1	54	10.4	561.6
Annual Report: Hospital and Program Level Information (HRSA 100-2 and 100-3)	54	1	54	74.0	3996.0
Total	54		54	84.4	4557.6

Dated: July 26, 2013

Bahar Niakan

Director, Division of Policy and Information Coordination

[FR Doc. 2013-18492 Filed 07/31/2013 at 8:45 am; Publication Date: 08/01/2013]