(12 CFR 225.28) or that the Board has determined by Order to be closely related to banking and permissible for bank holding companies. Unless otherwise noted, these activities will be conducted throughout the United States.

Each notice is available for inspection at the Federal Reserve Bank indicated. The notice also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the question whether the proposal complies with the standards of section 4 of the BHC Act.

Unless otherwise noted, comments regarding the applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than February 22, 2013.

A. Federal Reserve Bank of Atlanta (Chapelle Davis, Assistant Vice President) 1000 Peachtree Street, NE., Atlanta, Georgia 30309:

1. HomeBancorp, Inc., Tampa, Florida; to acquire 100 percent of the voting shares of Mortgage Investors Corporation, St. Petersburg, Florida, and thereby engage in making, acquiring, brokering, or servicing loans or other extensions of credit, pursuant to sections 225.28(b)(1) of Regulation Y.

Board of Governors of the Federal Reserve System, February 1, 2013.

Margaret McCloskey Shanks,

Deputy Secretary of the Board.

[FR Doc. 2013–02600 Filed 2–5–13; 8:45 am]

BILLING CODE 6210–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–5506–N]

Medicare Program: Comprehensive End-Stage Renal Disease Care Model Announcement

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

ACTION: Notice.

SUMMARY: This notice announces a request for applications from organizations to participate in the testing of the Comprehensive End-Stage Renal Disease (ESRD) Care Model, a new initiative from the Center for Medicare and Medicaid Innovation (Innovation Center), for a period beginning in 2013 and ending in 2016, with a possible extension into subsequent years.

DATES: *Letter of Intent Submission Deadline:* Interested organizations must submit a non-binding letter of intent on or before March 15, 2013.

Application Submission Deadline: Applications must be received on or before May 1, 2013.

FOR FURTHER INFORMATION CONTACT:

Daniel Farmer, (410) 786–5497 or Email *ESRD–CMMI@cms.hhs.gov.*

SUPPLEMENTARY INFORMATION:

I. Background

The Center for Medicare and Medicaid Innovation (Innovation Center), within the Centers for Medicare & Medicaid Services (CMS), was created to develop and test innovative health care payment and service delivery models that show promise of reducing program expenditures, while preserving or enhancing the quality of care for Medicare, Medicaid, and Children's Health Insurance Program (CHIP) beneficiaries.

We are interested in identifying models designed to improve care for specific populations. One population is beneficiaries with end-stage renal disease (ESRD). This population has complex health care needs, typically with comorbid conditions and disease complications, which require extensive care coordination services. To promote seamless and integrated care for beneficiaries with ESRD, a comprehensive care delivery model would emphasize coordination of a full-range of clinical and non-clinical services across providers, suppliers, and settings. This may be best achieved through the establishment of an interdisciplinary care team that is led by a nephrologist, comprised of dialysis facilities, health care professionals, paraprofessionals, and non-traditional health providers.

Through the Comprehensive ESRD Care Model, we seek to identify ways to improve the coordination and quality of care for this population, while lowering total per-capita expenditures to the Medicare program. We anticipate that the Comprehensive ESRD Care Model would result in improved health outcomes for beneficiaries with ESRD regarding the functional status, quality of life, and overall well-being, as well as increased beneficiary and caregiver engagement, and lower costs to Medicare through improved care coordination.

II. Provisions of the Notice

Section 1115A of the Social Security Act (the Act), as added by section 3021 of the Affordable Care Act, authorizes the Innovation Center to test innovative payment and service delivery models that reduce spending under Medicare, Medicaid or CHIP, while preserving or enhancing the quality of care. Under this authority, we seek to test whether establishing new incentives for dialysis facilities, nephrologists, and other healthcare providers and suppliers to improve the care delivered to Medicare beneficiaries living with ESRD will result in better outcomes through the implementation of the Comprehensive ESRD Care Model.

Under the Comprehensive ESRD Care Model, CMS will enter shared financial risk arrangements through ''Participation Agreements'' with organizations comprised of dialysis facilities, nephrologists, and other Medicare providers and suppliers. Participating organizations will be clinically and financially accountable for care provided to a group of beneficiaries with ESRD that will be attributed to these organizations based on the beneficiaries' historical and ongoing care patterns. Those organizations that are successful in improving beneficiary outcomes and lowering per capita Medicare Parts A and B expenditures will be able to share in Medicare savings generated. However, those organizations that do not improve outcomes and lower costs may be subject to losses. Final shared savings amounts and shared loss amounts will be based on the organization's performance on specified quality measures.

Organizations interested in applying to participate in the testing of the Comprehensive ESRD Care Model must submit a non-binding letter of intent and an application. Applications will not be accepted from organizations that did not submit a letter of intent. The letter of intent and application must be received by the dates specified in the **DATES** section of this notice.

For additional information on the Comprehensive ESRD Care Model and how to apply, click on the Request for Applications located on the Innovation Center Web site at: innovation.cms.gov/initiatives/comprehensive-ESRD-care.

III. Collection of Information Requirements

Section 1115A(d)(3) of the Act, as added by section 3021 of the Affordable Care Act, states that Chapter 35 of title 44, United States Code (the Paperwork Reduction Act of 1995), shall not apply to the testing and evaluation of models or expansion of such models under this section. Consequently, it need not be reviewed by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995.

(No. 93.773 Medicare—Hospital Insurance Program; and No. 93.774, Medicare-Supplementary Medical Insurance Program)

Dated: January 25, 2013.

Marilyn Tavenner,

Acting Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 2013–02194 Filed 2–4–13; 4:15 pm]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Privacy Act of 1974; Report of New System of Records

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

ACTION: Notice of a new system of records.

SUMMARY: In accordance with the requirements of the Privacy Act of 1974, CMS is establishing a new system of records (SOR) titled, ''Long Term Care Hospitals Quality Reporting Program (LTCH QRP),'' System No. 09–70–0539. The new system will support a new quality reporting program for Long Term Care Hospitals (LTCH) created pursuant to Section 3004 of the Patient Protection and Affordable Care Act of 2010 (ACA) (Pub. L. 111–148), amending the Social Security Act (the Act) (42 U.S.C. 1886(m)).

DATES: *Effective Dates:* Effective 30 days after publication. Written comments should be submitted on or before the effective date. HHS/CMS/CCSQ may publish an amended SORN in light of any comments received.

ADDRESSES: The public should address comments to: CMS Privacy Officer, Privacy Policy Compliance Group, Office of E-Health Standards & Services, Office of Enterprise Management, Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244–1870, Mailstop: S2–24–25, Office: (410) 786–5357, Facsimile: (410) 786–1347, E-Mail: *walter.stone@cms.hhs.gov.* Comments received will be available for review at this location, by appointment, during regular business hours, Monday through Friday from 9:00 a.m.–3:00 p.m., Eastern Time zone.

FOR FURTHER INFORMATION CONTACT: Caroline Gallaher, Nurse Consultant, CMS, Centers for Clinical Standards and Quality, Quality Measurement & Health Assessment Group, Division of Chronic & Post-Acute Care, 7500 Security Boulevard, Mail Stop S3–02–01, Baltimore, MD 21244–1850. Office: 410–786–8705, Facsimile: (410) 786–8532, Email address: *caroline.gallaher@cms.hhs.gov.*

SUPPLEMENTARY INFORMATION:

I. Background on the LTCH QRP System

The ACA directs the Secretary of HHS to compile, and eventually publish, quality measure data, measuring the quality of care provided to patients in LTCHs. The quality measure data is required to be valid, meaningful, and feasible to collect, and to address symptom management, patient preferences and avoidable adverse events. Although CMS administers the LTCH QRP, information is also collected on LTCH patients who may not be Medicare beneficiaries.

CMS created the LTCH QRP System (the System) to house the data sets needed for the Program. The first quality measure for which CMS has begun compiling data under the Program is ''the Percent of Patient Residents with Pressure Ulcers That Are New or Worsened.'' CMS developed the ''LTCH Continuity Assessment Record & Evaluation (CARE) Data Set'' (LTCH CARE Data Set) as the vehicle by which the System will collect pressure ulcer quality measure data from LTCH patients and LTCH providers, after determining that there were no existing suitable data sets that could be leveraged to supply quality measure data about pressure ulcers in the LTCH setting. As additional quality measures are added to the Program, data items will be added the LTCH CARE data set to compile quality measure data about other conditions.

II. Personally Identifiable Information in LTCH

Most of the personally identifiable information (PII) in LTCH will be about LTCH patients; however, certain information may be collected about providers who work in LTCHs that may be considered to be PII (i.e., National Provider Identifier (NPI), personal contact information, and Social Security Number (SSN), if used for business purposes). At this time, the LTCH CARE Data Set includes these components: (1) Condition (i.e., pressure ulcer) documentation; (2) selected covariates related to the condition; and (3) patient demographic information. The PII in LTCH, and how it may be used and disclosed, is more fully described in the System of Records Notice (SORN), below. LTCH data when published on the Internet will be in aggregate form and will not contain any personally identifiable data elements.

III. The Privacy Act

The Privacy Act (5 U.S.C. 552a) governs the means by which the United States Government collects, maintains, and uses personally identifiable information (PII) in a system of records. A ''system of records'' is a group of any records under the control of a Federal agency from which information about individuals is retrieved by name or other personal identifier. The Privacy Act requires each agency to publish in the **Federal Register** a system of records notice (SORN) identifying and describing each system of records the agency maintains, including the purposes for which the agency uses PII in the system, the routine uses for which the agency discloses such information outside the agency, and how individual record subjects can exercise their rights under the Privacy Act (e.g., to determine if the system contains information about them).

SYSTEM NUMBER:

09–70–0539

SYSTEM NAME:

''Long Term Care Hospitals Quality Reporting Program (LTCH QRP)'' HHS/CMS/CCSQ.

SECURITY CLASSIFICATION:

Unclassified.

SYSTEM LOCATION:

CMS Data Center, 7500 Security Boulevard, North Building, First Floor, Baltimore, Maryland 21244–1850, and at various LTCHs and contractor sites.

CATEGORIES OF INDIVIDUALS COVERED BY THE SYSTEM:

The system will contain personally identifiable information (PII) about the following categories of individuals who participate in or are involved with the LTCH QRP: LTCH patients and Medicare beneficiaries, who receive health care services coordinated and managed by LTCHs; any providers and or any contact persons for a LTCH who provide home or personal contact information.

CATEGORIES OF RECORDS IN THE SYSTEM:

This system will include the following categories of records, containing, but not necessarily limited to, the following PII data elements: Patient/beneficiary condition, selected covariates about the condition, and patient/beneficiary demographic records containing the patient/beneficiary's name, gender, beneficiary's Health Insurance Claim Number (HICN) or