

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration [HCFA-P-11]

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration (HCFA), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding the 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.

Type of Information Collection Request: Extension of a currently approved collection; **Title of Information Collection:** Medicare Home Health Quality Assurance Demonstration and Supporting Regulations 42 CFR 484.48; **Form No.:** HCFA-P-11, OMB # 0938-0519; **Use:** Do to the accelerated growth in the home health care industry, the Health Care Financing Administration (HCFA) has identified a need to measure the effectiveness of home health services by analyzing patient outcomes. The Medicare Home Health Quality Assurance Demonstration will test the feasibility of collecting patient outcome data in Medicare-certified Home Health Agencies (HHAs) nationally. **Frequency:** On occasion; **Affected Public:** Not-for-profit institutions, business or other for-profit, and individuals or households; **Number of Respondents:** 35,905; **Total Annual Responses:** 99,825; **Total Annual Hours:** 7,697.

To obtain copies of the supporting statement for the proposed paperwork collections referenced above, E-mail your request, including your address and phone number, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections must be mailed

within 60 days of this notice directly to the HCFA Paperwork Clearance Officer designated at the following address: HCFA, Office of Information Services, Information Technology Investment Management Group, Division of HCFA Enterprise Standards, Attention: John Rudolph, Room C2-26-17, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: April 9, 1998.

John P. Burke III,

HCFA Reports Clearance Officer, Division of HCFA Enterprise Standards, Health Care Financing Administration.

[FR Doc. 98-10346 Filed 4-17-98; 8:45 am]

BILLING CODE 4120-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration [HCFA-416, HCFA-855, and HCFA-R-227]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Health Care Financing Administration, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration (HCFA), Department of Health and Human Services, 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:** Annual Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) Participation Report and Supporting Regulations in 42 CFR 441.60; **Form No.:** HCFA-416 (OMB# 0938-0354); **Use:** States are required to submit an annual report on the provision of EPSDT services to HCFA pursuant to section 1902(a)(43) of the Social

Security Act. These reports provide HCFA with data necessary to assess the effectiveness of State EPSDT programs. It is also helpful in developing trend patterns, national projections, responding to inquiries, and determining a State's results in achieving its participation goal; **Frequency:** Annually; **Affected Public:** State, Local or Tribal Government; **Number of Respondents:** 56; **Total Annual Responses:** 56; **Total Annual Hours:** 1,568.

2. Type of Information Collection Request: Extension of a currently approved collection; **Title of Information Collection:** Medicare and Other Federal Health Care Programs Provider/Supplier Enrollment Application; **Form No.:** HCFA-855 (OMB# 0938-0685); **Use:** This information is needed to enroll providers and suppliers into the Medicare program by identifying them, pricing and paying their claims, and verifying their qualifications and eligibility to participate in Medicare; **Frequency:** Initial Enrollment/Recertification; **Affected Public:** Business or other for-profit, Individuals or Households, Not-for-profit institutions, and Federal Government; **Number of Respondents:** 225,000; **Total Annual Responses:** 225,000; **Total Annual Hours:** 435,000.

3. Type of Information Collection Request: Extension of a currently approved collection; **Title of Information Collection:** Research and Analytic Support for Implementing Performance Measurement in Medicare Fee for Service; **Form No.:** HCFA-R-227 (OMB# 0938-0718); **Use:** As required by the Balanced Budget Act (BBA), Section 1851(d), the Health Care Financing Administration (HCFA) needs to develop comparable performance measures for Fee For Service (FFS) Medicare. This project will enable HCFA to evaluate the effectiveness and outcomes of FFS services purchased. HCFA may potentially disseminate this information to Medicare beneficiaries so that they may make informed health care choices; **Frequency:** Biennially; **Affected Public:** Individuals or Households, Business or other for-profit, Not-for-profit institutions, Farms, Federal Government, and State, Local or Tribal Government; **Number of Respondents:** 6,670; **Total Annual Responses:** 6,670; **Total Annual Hours:** 3,335.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access HCFA's Web Site address at <http://www.hcfa.gov/regs/prdact95.htm>, or E-mail your

request, including your address, phone number, OMB number, and HCFA document identifier, to Paperwork@hcf.gov, or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice directly to the HCFA Paperwork Clearance Officer designated at the following address: HCFA, Office of Information Services, Information Technology Investment Management Group, Division of HCFA Enterprise Standards, Attention: Louis Blank, Room C2-26-17, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: April 10, 1998.

John P. Burke III,

HCFA Reports Clearance Officer, HCFA Office of Information Services, Information Technology Investment Management Group, Division of HCFA Enterprise Standards.

[FR Doc. 98-10385 Filed 4-17-98; 8:45 am]

BILLING CODE 4120-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration [HCFA-R-221]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration (HCFA), Department of Health and Human Services, has submitted to the Office of Management and Budget (OMB) the following proposal for the collection of information. Interested persons are invited to send comments regarding the 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.

Type of Information Collection Request: New Collection; *Title of Information Collection:* Evaluation of the Oregon Medicaid Reform Demonstration: Phase II Adult Interview, Phase II Child Interview, Survey of Agency Providers; *Form No.:*

HCFA-R-221; *Use:* These survey instruments will be used to evaluate the Oregon Medicaid Reform Demonstration. The Phase II Adult and Phase II Child interviews are designed to collect information on health status, access to care and past health insurance status for adults and children participating in Phase II of the Oregon Health Plan (OHP). The survey of Agency providers is designed to collect information on the experience under OHP of agencies that traditionally treat disabled and elderly Medicaid beneficiaries. *Frequency:* One Time; *Affected Public:* Individuals or households, business or other for-profit, not-for-profit institutions, and State, Local or Tribal Governments; *Number of Respondents:* 4,150; *Total Annual Responses:* 4,150; *Total Annual Hours:* 1,730.

To obtain copies of the supporting statement for the proposed paperwork collections referenced above, E-mail your request, including your address and phone number, to Paperwork@hcf.gov, or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the OMB Desk Officer designated at the following address: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Dated: April 9, 1998.

John P. Burke III,

HCFA Reports Clearance Officer, HCFA, Office of Information Services, Information Technology Investment Management Group, Division of HCFA Enterprise Standards.

[FR Doc. 98-10347 Filed 4-17-98; 8:45 am]

BILLING CODE 4120-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration [HCFA-316]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration (HCFA), Department of Health and Human Services, has submitted to the Office of Management and Budget (OMB) the following proposal for the collection of information. Interested persons are invited to send comments

regarding the 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.

Type of Information Collection Request: Reinstatement, with change, of a previously approved collection for which approval has expired; *Title of Information Collection:* Medicaid, Integrated Quality Control Review Manual instructions and Supporting Regulations 42 CFR 431.800, 42 CFR 431.865; *Form No.:* HCFA-316 OMB #0938-0094; *Use:* The Integrated Quality Control Review requirements are designed to collect quality control (QC) data captured during the course of all QC reviews in Food Stamps (FS) and Medicaid programs, and formerly included data from the Aid to Families With Dependent Children (AFDC). Though States are not required to adopt integrated sampling, States are required to perform QC reviews for each Federal assistance program: FS and Medicaid, the optional integrated worksheet used for record keeping purposes is designed to be flexible for use in fully integrated, partially integrated, or separate QC program reviews. The primary objective of the Quality Control program is to measure, identify, and reduce the level of misspent Medicaid funds as a result of erroneous eligibility determinations. *Frequency:* Monthly; *Affected Public:* State, Local or Tribal Government; *Number of Respondents:* 21; *Total Annual Responses:* 21; *Total Annual Hours:* 1.

To obtain copies of the supporting statement for the proposed paperwork collections referenced above, or to obtain the supporting statement and any related forms, E-mail your request, including your address and phone number, to Paperwork@hcf.gov, or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the OMB Desk Officer designated at the following address: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, D.C. 20503.