

better perform their tasks; and monitors their performance in achievement of their assigned MSP functions. Because intermediaries and carriers are also marketing health insurance products that may have liability when Medicare is secondary, the MSP provisions create the potential for conflict of interest. Recognizing this inherent conflict, HCFA has taken steps to ensure that its intermediaries and carriers process claims in accordance with the MSP provisions, regardless of what other insurer is primary. These information collection requirements describe the MSP requirements.

Frequency: One time only;

Affected Public: Individuals or Households;

Number of Respondents: 14,204,000;

Total Annual Responses: 14,204,000;

Total Annual Hours Requested: 773,240.

• **42 CFR 489.20(f)—Third Party Identification.**

Identification and collection of information concerning proper payers during the admission process is a common business practice in the health care field. HCFA hospital reviews indicate that only one additional question is required as compared with the normal admissions process for non-Medicare patients. In addition, many hospitals have and will continue to reap significant benefits due to identification of primary payers during the admission process. This relates to the fact that a private payer's rate of payment is normally based on a percentage of charges, whereas for Medicare patients the hospital receives the Medicare payment, which is generally an amount paid under the prospective payment system.

• **Initial Enrollment Questionnaire (IEQ)—P.L. 103-432 Sec. 151**

The IEQ contractor states that the average number of IEQs mailed each calendar year is 1,903,960. The time required to complete the IEQ is approximately 15 minutes per beneficiary. Therefore, the burden is $1,903,960 \times 15 \text{ minutes} = 475,990$ of burden hours per year. The total burden is 773,240 hours ($297,250 + 475,990$).

We have submitted a copy of this notice to OMB for its review of these information collections. A notice will be published in the **Federal Register** when approval is obtained.

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@hcfa.gov, or call the Reports Clearance Office on (410) 786-1326.

Interested persons are invited to send comments regarding the burden or any other aspect of these collections of information requirements. However, as noted above, comments on these information collection requirements must be mailed and/or faxed to the designees referenced below fourteen days after the publication of this **Federal Register** notice:

Health Care Financing Administration,
Office of Information Services,
Information Technology Investment
Management Group, Division of
HCFA Enterprise Standards, Room
C2-26-17, 7500 Security Boulevard,
Baltimore, MD 21244-1850. Fax
Number: (410) 786-1415. Attn: Louis
Blank HCFA-250 through HCFA-254
and,
Office of Information and Regulatory
Affairs, Office of Management and
Budget, Room 10235, New Executive
Office Building, Washington, DC
20503, Fax Number: (202) 395-6974
or (202) 395-5167. Attn: Allison
Herron Eydt, HCFA Desk Officer.

Dated: May 6, 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. 98-12802 Filed 5-13-98; 8:45 am]

BILLING CODE 4120-03-P

**DEPARTMENT OF HEALTH AND
HUMAN SERVICES**

Health Care Financing Administration

[HCFA-3888-NC]

**Medicare and Medicaid Programs:
Request for Public Comments on the
Quality Improvement System for
Managed Care**

AGENCY: Health Care Financing
Administration (HCFA), HHS.

ACTION: Solicitation of comments; notice
of public meeting.

SUMMARY: The Quality Improvement
System for Managed Care (QISMC) is a
document that represents the best
thinking on what managed care
organizations contracting with Medicare
and Medicaid should do to protect and
improve the health and satisfaction of
enrolled beneficiaries. This notice
solicits comments on the review draft of
the QISMC document, and informs the

public of a meeting to discuss the
quality improvement system initiative.

DATES: We request that comments be
submitted on or before May 26, 1998.

Public Meeting: In addition to seeking
written comments from the public, we
will hold a public meeting on Tuesday,
May 26, 1998, from 8:30 a.m. to 3:30
p.m. e.d.t.

ADDRESSES: The May 26, 1998 public
meeting will be held in the Health Care
Financing Administration Auditorium
at 7500 Security Boulevard, Baltimore,
Maryland 21207. (For details, see
section III of this notice.)

Mail written comments (1 original
and 3 copies) to the following address:
Health Care Financing Administration,
Department of Health and Human
Services, Attention: HCFA-3888-NC,
P.O. Box 26688, Baltimore, MD 21207.

If you prefer, you may deliver your
written comments (1 original and 3
copies) to one of the following
addresses:

Room 309-G, Hubert H. Humphrey
Building, 200 Independence Avenue,
SW., Washington, DC 20201,
or

Room C5-09-26, 7500 Security
Boulevard, Baltimore, MD 21244-
1850

Comments may also be submitted
electronically to the following e-mail
address: hcfa3888nc.hcfa.gov. E-mail
comments must include the full name
and address of the sender and must be
submitted to the referenced address in
order to be considered. All comments
must be incorporated in the e-mail
message because we may not be able to
access attachments. Because of staffing
and resource limitations, we cannot
accept comments by facsimile (FAX)
transmission. In commenting, please
refer to file code HCFA-3888-NC.
Comments received timely will be
available for public inspection as they
are received, generally beginning
approximately 3 weeks after publication
of a document, in Room 309-G of the
Department's offices at 200
Independence Avenue, SW.,
Washington, DC, on Monday through
Friday of each week from 8:30 a.m. to
5 p.m. (phone: (202) 690-7890).

FOR FURTHER INFORMATION CONTACT:

Brian Agnew, (410) 786-5964.

SUPPLEMENTARY INFORMATION:

I. Background

The QISMC initiative began in 1996
with the following basic goals:

- To develop a coordinated Medicare
and Medicaid quality oversight system
that would reduce duplicative or
conflicting efforts and send a uniform

message on quality to organizations and consumers.

- To make the most efficient use of available quality measurement and improvement tools, while allowing sufficient flexibility to incorporate new developments in the rapidly advancing state of the art.

To support the development of QISMC, HCFA contracted with the National Academy for State Health Policy to produce a conceptual framework for a unified Medicare-Medicaid quality oversight system, a set of quality standards for managed care organizations, and interpretive guidelines for these standards.

The National Academy for State Health Policy gave selected individuals and organizations the opportunity to comment on a review draft of the QISMC document in January 1998, and the breadth and depth of the comments received have convinced us that further investigation is necessary before we make any final policy decisions. Therefore, we have decided to give all interested parties an opportunity to comment on the review draft of the QISMC document.

At this time, the QISMC standards are not binding on Medicare and Medicaid managed care organizations. However, we intend to draw upon the QISMC document in establishing regulatory quality assurance requirements under Medicaid managed care and Medicare+Choice regulations yet to be published.

II. Issues To Be Resolved

As mentioned, we have already received comments from selected individuals and organizations on the review draft of the QISMC document. However, to ensure that we consider the full range of public opinion, we are using this notice as a vehicle to inform the general public that now it too has an opportunity to comment on the review draft of the QISMC document. We will consider written public comments that are received timely as we finalize the QISMC document.

The review draft of the QISMC document is available on our internet web site (<http://www.hcfa.gov/quality/qlty-3e.htm>). Although we welcome comments on all aspects of the draft, we are particularly interested in comments on certain issues identified as especially significant in comments received during the January 1998 comment period. These issues will be identified on our internet web site as well.

For those unable to access the QISMC document via the internet, hard copies may be obtained by calling Ms.

Bronwyn Price of Casals and Associates, Inc. (C & A) at (703) 920-1234.

III. May 26, 1998 Public Meeting

In addition to seeking written comments from the public, we will hold a public meeting on Tuesday, May 26, 1998, from 8:30 a.m. to 3:30 p.m., in our auditorium at 7500 Security Boulevard, Baltimore, Maryland. In the morning, we will hold a plenary session devoted to general information about QISMC. In the afternoon, we will convene three breakout sessions: the first devoted to technical aspects of quality improvement activities, such as setting minimum performance levels and establishing the phase-in; the second devoted to issues relating to quality monitoring (such as deeming and external review); and the third devoted to issues affecting HCFA and the State Medicaid agencies in their roles as purchasers.

Because seating is limited, attendees must register for the meeting in advance. Registration must be made by May 18. In order to obtain a registration form for this meeting, please contact Ms. Jennifer Fink at C & A. Ms. Fink can be reached via telephone, (703) 920-1234; fax, (703) 920-5750; or email, jfink@casals.com. Once your registration form has been received and processed, C & A will provide you with a confirmation form. You must bring the confirmation form with you in order to be guaranteed participation in the meeting. C & A will also provide you with directions to HCFA Central Office.

(Section 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh))

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: May 4, 1998.

Nancy-Ann Min DeParle,

Administrator, Health Care Financing Administration.

[FR Doc. 98-13040 Filed 5-12-98; 2:54 pm]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General

Program Exclusions: April 1998

AGENCY: Office of Inspector General, HHS.

ACTION: Notice of program exclusions. During the month of April 1998, the HHS Office of Inspector General imposed exclusions in the cases set forth below. When an exclusion is

imposed, no program payment is made to anyone for any items or services (other than an emergency item or service not provided in a hospital emergency room) furnished, ordered or prescribed by an excluded party under the Medicare, Medicaid, and all Federal Health Care programs. In addition, no program payment is made to any business or facility, e.g., a hospital, that submits bills for payment for items or services provided by an excluded party. Program beneficiaries remain free to decide for themselves whether they will continue to use the services of an excluded party even though no program payments will be made for items and services provided by that excluded party. The exclusions have national effect and also apply to all Executive Branch procurement and non-procurement programs and activities.

Subject, city, state	Effective date
Program-Related Convictions:	
Advanced Clinical Associates, Baltimore, MD	05/20/1998
Baig, Sharif, Grosse Ile, MI ...	05/20/1998
Beich, Michael N, Windham, ME	05/20/1998
Bracks, Oscar JR, Farmers Branch, TX	10/28/1997
Celestain, Vickie, Beaumont, TX	05/20/1998
Duarte, Angela, Woonsocket, RI	05/20/1998
Dworzanin, Gregory, Plymouth Twtnshp, MI	05/20/1998
Goldbaum, Henry Romero, Frederick, MD	05/20/1998
Greene, Rose Marie, Baltimore, MD	05/20/1998
Hester, Angela Dailey, Ruston, LA	05/20/1998
Hunt, Aurelia Hilda, Sacramento, CA	05/20/1998
Jiggetts, Wayne R SR, Baltimore, MD	05/20/1998
Lewis, Jeffrey Blaine, Manchester, KY	07/21/1997
Missakian, Hratch, Glendale, CA	05/20/1998
Misto, Ralph L, Cranston, RI	05/20/1998
Ricci Pharmacy Inc, Brooklyn, NY	05/20/1998
Salerno, David Martin, Monroe, CT	05/20/1998
Salinski, Theodore, Chicago, IL	05/20/1998
Sazama, Gary P, Logan, UT	05/20/1998
Schoonover, Hazel, Columbus, OH	05/20/1998
Spisak, Irene P, Quincy, FL ..	05/20/1998
Swan, Maria, Miami, FL	05/20/1998
Terrace View Diversified Health, Seattle, WA	05/20/1998
Towanit, Pol, Blythe, CA	05/20/1998
Valdes, Daisy R, Glade Valley, NC	05/20/1998
Valdes, Maximino D, Glade Valley, NC	05/20/1998