

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Health Care Financing Administration**

[Document Identifier: HCFA-R-79]

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.

Type of Information Collection Request: Extension of a currently approved collection;

Title of Information Collection: Payment Adjustment for Sole Community Hospitals and Supporting Regulations in 42 CFR 412.92;

Form No.: HCFA-R-79 (OMB# 0938-0477);

Use: Hospitals designated as "Sole Community Hospitals" that experience a five percent decrease in discharges in one cost reporting period, due to unusual circumstances, beyond its control, may request an adjustment to its Medicare payment amount;

Frequency: On occasion;

Affected Public: Not-for-profit institutions, Business or other for-profit, and State, Local or Tribal Government;

Number of Respondents: 40;

Total Annual Responses: 40;

Total Annual Hours: 160.

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. 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, Security and Standards Group, Division of HCFA Enterprise Standards, *Attention:* Dawn Willingham, Room N2-14-26, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: December 24, 1998.

John P. Burke III,

HCFA Reports Clearance Officer, HCFA Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Health Care Financing Administration**

[Document Identifier: HCFA-R-137]

Emergency Clearance: Public Information Collection Requirements Submitted to the Office of Management and Budget (OMB)**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.

We are, however, requesting an emergency review of the Information collections referenced below. In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, we have submitted to the Office of Management and Budget (OMB) the following requirements for emergency review. We

are requesting an emergency review because the collection of this information is needed prior to the expiration of the normal time limits under OMB's regulations at 5 CFR Part 1320. The Agency cannot reasonably comply with the normal clearance procedures because public harm is likely to result due to the possibility of the Medicare program being unable to recover mistaken payments. The collection of this information is needed in order for Medicare to recover mistaken payments where a group health plan (GHP) should have paid primary to Medicare. Medicare supplies the questionnaire/instructions to identified employers and uses the completed questionnaires to identify situations where Medicare should pay secondary to a GHP for future claims and/or mistakenly paid primary to a GHP in the past. The instructions direct employers to supply information needed for compliance with the Debt Collection Improvement Act of 1996 (DCIA 1996) and reflect Balanced Budget Act of 1997 (BBA 1997) changes to the Medicare Secondary Payer provisions relating to end stage renal disease and third party payers, etc. The information collected for DCIA 1996 compliance will include the names, addresses and tax identification numbers (TINs) of the following entities: the GHP, the insurer, any third party administrator for the GHP, any other plan sponsor, and the claims' processor. (This is in addition to the TIN information which is already collected with respect to the employer.)

The above referenced revisions are critical to HCFA compliance with the DCIA 1996, which in turn is critical to HCFA's goal of obtaining a clean Office of Inspector General (OIG) audit opinion under the Chief Financial Officer Act. One of the factors in obtaining a clean opinion is compliance with applicable statutes and regulations. Additionally, Congress has expressed a continuing interest in agencies' compliance with DCIA 1996.

Thus, additional questions and information were incorporated about these MSP changes in our revised booklet.

We believe that compliance with the Data Match does not impose capital cost. HCFA continues to strive to make the process as efficient as possible. We offer the following supporting information:

A. Employers are only required to complete the questionnaires for those workers who are Medicare beneficiaries (or whose spouses are Medicare beneficiaries.) They do not complete the questionnaire for their entire workforce.

Employers are questioned only when a worker's income is above the tolerance level.

B. All employers may complete the Data Match questionnaire manually (handwritten, typed, etc.).

C. Employers with 20 through 499 employees who are Medicare beneficiaries (or spouses of beneficiaries) for whom they must complete the questionnaires may submit the Data Match Questionnaire via a "Bulletin Board." The use of the "Bulletin Board" requires only access to a personal computer and a modem.

D. For large employers, whose business is likely to operate in a mainframe environment with 500 or more employees who are Medicare beneficiaries (or spouses of beneficiaries) for whom they must complete the questionnaires, we offer the option of an electronic media submission of the questionnaire.

In order to capture accurate information in a timely manner, we would like to expedite the review and clearance process of this booklet outside of the normal time frame.

HCFA is requesting OMB review and approval of this collection within eleven working days, with a 180-day approval period. Written comments and recommendations will be accepted from the public if received by the individuals designated below within ten working days. During this 180-day period, we will publish a separate **Federal Register** notice announcing the initiation of an extensive 60-day agency review and public comment period on these requirements. We will submit the requirements for OMB review and an extension of this emergency approval.

Type of Information Collection Request: Revision of a currently approved collection;

Title of Information Collection: Internal Revenue Service/Social Security Administration/Health Care Financing Administration Data Match and Supporting Regulations in 42 CFR Section 411.20-411.206;

Form No.: HCFA-R-137 (OMB# 0938-0565);

Use: The purpose of this collection is to save the Medicare program, money. MSP is essentially the same concept known in the private insurance industry as coordination of benefits, and refers to those situations where Medicare assumes a secondary payer role (private insurance being the primary payer) for covered services provided to a Medicare beneficiary. It is HCFA's responsibility

to implement the various Medicare Secondary Payer (MSP) provisions;

Frequency: Semi-annually;

Affected Public: Federal Government, Individuals or Households, Business or other for-profit, Not-for-profit institutions, Farms, State, and Local or Tribal Government;

Number of Respondents: 276,251;

Total Annual Responses: 276,251;

Total Annual Hours: 1,096,181.

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, 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 and recordkeeping requirements must be mailed and/or faxed to the designees referenced below, within ten working days:

Health Care Financing Administration,
Office of Information Services,
Security and Standards Group,
Division of HCFA Enterprise
Standards Attention: Dawn
Willingham Room N2-14-26 7500
Security Boulevard Baltimore,
Maryland 21244-1850; 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: December 30, 1998.

John P. Burke III,

HCFA Reports Clearance Officer, HCFA Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

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

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget, in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, call the HRSA Reports Clearance Office on (301)-443-1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

Proposed Project: Disadvantaged Assistance Tracking and Outcome Report (DATOR)—NEW. The Health Careers Opportunity Program (HCOP) and the Centers of Excellence (COE) program provide opportunities for under represented minorities and disadvantaged individuals to enter and graduate from health professions schools. The Disadvantaged Assistance Tracking and Outcome Report (DATOR) will be used to track program participants through the health professions pathway to a health professions practice outcome. The current inability to track students' educational progress in the health professions is a major impediment in assessing the outcome of these programs. There is currently no identifier used that transcends the various education levels, professional disciplines, and educational institutions.

The DATOR form, to be completed annually by HCOP and COE grantees, includes basic data on student participants (name; social security number; gender; race/ethnicity; targeted health professions; their status in the educational pipeline from pre-professional through professional training; financial assistance received under sections 736 and 739 of the Public Health Service Act in the form of stipends; fellowships or per diem; and, their employment or practice setting following their entry into the health care work force.)

Estimates of annualized burden are as follows: