

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: End Stage Renal Disease Death Notification;

Form No.: HCFA-2746;

Use: The form is completed by all Medicare approved ESRD facilities upon the death of an ESRD patient. Its primary purpose is to collect fact and cause of death. Reports of deaths are used to show cause of death and demographic characteristics of these patients.

Frequency: On occasion;

Affected Public: Business or other for-profit, Not-for-profit institutions and Federal Government;

Number of Respondents: 3,761;

Total Annual Responses: 52,654;

Total Annual Hours Requested: 2,049.

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: November 9, 1999.

John Parmigiani,

Manager, HCFA Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards.

[FR Doc. 99-30030 Filed 11-16-99; 8:45 am]

BILLING CODE 4120-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration [HCFA-R-72]

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: Extension of a currently approved collection;

Title of Information Collection: Information Collection Requirements in 42 CFR 473.18, 473.34, 473.36, and 473.42, PRO Reconsiderations and Appeals;

Form No.: HCFA-R-72 (OMB# 0938-0443);

Use: These requirements contain procedures for PROs to use in reconsideration of initial determinations. The information requirements contained in these regulations are on PROs to provide information to parties requesting a reconsideration. These parties will use the information as guidelines for appeal rights in instances where issues are still in dispute.;

Frequency: On occasion;

Affected Public: Individuals or Households, Business or other for-profit;

Number of Respondents: 53;

Total Annual Responses: 15,670;

Total Annual Hours: 3,578.

To obtain copies of the supporting statement 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 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 30 days of this notice directly to the OMB Desk Officer designated at the following address: OMB Human Resources and Housing Branch, Attention: Allison Eydtt, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: October 25, 1999.

John Parmigiani,

Manager, HCFA, Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards.

[FR Doc. 99-29933 Filed 11-16-99; 8:45 am]

BILLING CODE 4120-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration [Document Identifier: HCFA-718/721]

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: Revision of a currently approved collection;

Title of Information Collection: Business Proposal Formats for Utilization and Quality Control Peer Review Organizations (PROs);

Form No.: HCFA-718-721 (OMB #0938-0579);

Use: The information collected on these forms by current Peer Review Organizations (PROs) and other bidders will provide HCFA with the necessary information to evaluate their contract proposals. This information will satisfy

the need for meaningful, consistent, and verifiable data. With this data, HCFA will be able to compare the costs reported by the PROs on the cost reports to the proposed costs noted on the business proposal forms;

Frequency: Other: Tri-Annually;

Affected Public: Business or other for-profit, and Not-for-profit institutions;

Number of Respondents: 20;

Total Annual Responses: 20;

Total Annual Hours: 535.

To obtain copies of the supporting statement 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 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 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, DC 20503.

Dated: October 25, 1999.

John Parmigiani,

Manager, HCFA, Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards.

[FR Doc. 99-29934 Filed 11-16-99; 8:45 am]

BILLING CODE 4120-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General

Program Exclusions: October 1999

AGENCY: Office of Inspector General, HHS.

ACTION: Notice of program exclusions.

During the month of October 1999, 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	
BARRON, JEWEL A	11/18/1999
COLUMBUS, OH	
BORKOWSKI, MELISSA L	11/18/1999
CLIFTON PARK, NY	
BRASWELL, BETTY REID	11/18/1999
GOLDSBORO, NC	
DAY, CLYDE V	11/18/1999
LOUISVILLE, KY	
EARLY, TAMA JO	11/18/1999
DALLAS, TX	
FIZER, ELAINE T	11/18/1999
NEW ORLEANS, LA	
GLENN, NELSON	11/18/1999
LOUISVILLE, KY	
GLENN, ANTHONY	11/18/1999
LOUISVILLE, KY	
GODSHALL, CARL G	11/18/1999
WESTERVILLE, OH	
GREENE, THEODORE C	11/18/1999
HORN LAKE, MS	
HANKS, NANCY A	11/18/1999
BREESE, IL	
JONES, HERMAN W	11/18/1999
ST PETERSBURG, FL	
LINEBERGER, MARILYN	11/18/1999
LITHONIA, GA	
MATLIN, BRIAN	11/18/1999
MIAMI, FL	
MAYER, ELEN H	11/18/1999
NORTHRIDGE, CA	
MAYER, KERRY A	11/18/1999
NORTHRIDGE, CA	
MCCOLLUM, ROGER DALE ...	11/18/1999
DUDLEY, NC	
MENDEZ, MIGUEL	11/18/1999
CORAL GABLES, FL	
NATIONAL PUBLIC TRANS- PORT, INC	11/18/1999
COLUMBUS, OH	
NGU, FON J	11/18/1999
COLUMBUS, OH	
OBINWA, SAMSON A	11/18/1999
FT LAUDERDALE, FL	
ODA, DONNA J	11/18/1999
FAIRBORN, OH	
VANZITTER, PETER E	11/18/1999
LAKEWOOD, CA	

FELONY CONVICTION FOR HEALTH CARE FRAUD

P & B DISTRIBUTORS, INC	11/18/1999
OREGON CITY, OR	

FELONY CONTROL SUBSTANCE CONVICTION

MURCIA, ELIZABETH R	11/18/1999
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Subject, City, State	Effective date
INDIAN SPRINGS, OH	
PATIENT ABUSE/NEGLECT CONVICTIONS	
BARNES, BARBARA E	11/18/1999
PRENTISS, MS	
CLERK, WILLIE	11/18/1999
PICKENS, MS	
COATES, AUSTIN CLYDE	11/18/1999
CONWAY, AR	
DAVIS, LINDA CROWLEY	11/18/1999
MAGEE, MS	
FIELDS, FELICIA S	11/18/1999
JACKSON, MS	
FLOYD, LISA	11/18/1999
MOUNT OLIVE, MS	
FRANKLIN, JERMAINE R	11/18/1999
LEVELLAND, TX	
HOLDEN, JOYCE EVETTE	11/18/1999
SHREVEPORT, LA	
JACKSON, DALE T	11/18/1999
DEVERS, TX	
KATIC, SANJA	11/18/1999
PHOENIX, AZ	
KOROMA, THIA	11/18/1999
DORCHESTER, MA	
MCCONNELL, CHARLOTTE A	11/18/1999
CINCINNATI, OH	
MCKINNEY, SHIRLEY M	11/18/1999
WOODRUFF, SC	
NOEL, ANNETTE	11/18/1999
BRUSH, CO	
PIPKINS, CAROL H	11/18/1999
TIMMONSVILLE, SC	
SIPP, LAKESHA A	11/18/1999
MOSS POINT, MS	
WILLIS, AMANDA	11/18/1999
ALBUQUERQUE, NM	
LICENSE REVOCATION/SUSPENSION/ SURRENDERED	
ALLEN, CARLITHA MARTEZ ..	11/18/1999
HAWTHORNE, CA	
ANDRES, CHARLES W	11/18/1999
BRAINERD, MN	
BEBERG, TAMARA A	11/18/1999
STILLWATER, MN	
BETO, BEVERLY Y	11/18/1999
ST PAUL, MN	
CALVO, ARTURO	11/18/1999
MIAMI, FL	
CANO, FELIX F	11/18/1999
CERES, CA	
COLE, DEVERAUX	
LYNNETTE	11/18/1999
MARSHALL, TX	
DAVIS, VERNELL	11/18/1999
DENVER, CO	
EDSTROM, CHERYL A	11/18/1999
SPRING PARK, MN	
EICKHOFF, ROBERT E	11/18/1999
FT MYERS, FL	
ENRIGHT, DENNIS W	11/18/1999
LOUISVILLE, KY	
FELDL, ANNA L	11/18/1999
POQUOSON, VA	
FLEMING, KAREN R	11/18/1999
EVERGREEN, CO	
GALL, CAROLYN S	11/18/1999
LANSING, MI	
GOLD, PHILIP	11/18/1999