

F3 = 5 because the duration of the study was only 13 weeks.

F4 = 1 because no severe toxicity was encountered.

F5 = 1 because the no effect level was determined.

TABLE A3.1—VALUES USED IN THE CALCULATIONS IN THIS DOCUMENT

Rat body weight	425 g	Mouse respiratory volume	43 liter (L)/day
Pregnant rat body weight	330 g	Rabbit respiratory volume	1,440 L/day
Mouse body weight	28 g	Guinea pig respiratory volume	430 L/day
Pregnant mouse body weight	30 g	Human respiratory volume	28,800 L/day
Guinea pig body weight	500 g	Dog respiratory volume	9,000 L/day
Rhesus monkey body weight	2.5 kg	Monkey respiratory volume	1,150 L/day
Rabbit body weight (pregnant or not)	4 kg	Mouse water consumption	5 milliliter (mL)/day
Beagle dog body weight	11.5 kg	Rat water consumption	30 mL/day
Rat respiratory volume	290 L/day	Rat food consumption	30 g/day

The equation for an ideal gas, $PV = nRT$, is used to convert concentrations of gases used in inhalation studies from units of ppm to

units of mg/L or mg/cubic meter (m^3). Consider as an example the rat reproductive toxicity study by inhalation of carbon

tetrachloride (molecular weight 153.84) summarized in *Pharmeuropa*, Vol. 9, No. 1, Supplement, April 1997, page S9.

$$\frac{n}{V} = \frac{P}{RT} = \frac{300 \times 10^{-6} \text{ atm} \times 153840 \text{ mg mol}^{-1}}{0.082 \text{ L atm K}^{-1} \text{ mol}^{-1} \times 298 \text{ K}} = \frac{46.15 \text{ mg}}{24.45 \text{ L}} = 1.89 \text{ mg/L}$$

The relationship $1000 \text{ L} = 1 \text{ m}^3$ is used to convert to mg/m^3 .

Dated: December 16, 1997.

William K. Hubbard,

Associate Commissioner for Policy Coordination.

[FR Doc. 97-33639 Filed 12-23-97; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Form #HCFA-R-224]

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

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 (DHSS), has submitted to the Office of Management and Budget (OMB) the following request 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 of a statutory deadline imposed by section 1853(a)(3) of the Balanced Budget Act of 1997. Without this information, HCFA would not be able to properly implement the requirements set forth in the statute.

HCFA is requesting OMB review and approval of this collection by 12/31/97, with a 180-day approval period. Written comments and recommendations will be accepted from the public if received by the individual designated below, by 12/29/97.

During this 180-day period HCFA will pursue OMB clearance of this collection as stipulated by 5 CFR 1320.5.

Type of Information Collection Request: New collection;

Title of Information Collection:

Collection of Managed Care Data Using the Uniform Institutional Providers Form (HCFA-1450/UB-92) and Supporting Statute Section 1853(a)(3) of the Balanced budget Act of 1997;

Form No.: HCFA-R-224;

Use: Section 1853(a)(3) of the Balanced Budget Act (BBA) requires Medicare+Choice organizations, as well as eligible organizations with risk-sharing contracts under section 1876, to submit encounter data. Data regarding inpatient hospital services are required for periods beginning on or after July 1,

1997. These data may be collected starting January 1, 1998. Other data (as the Secretary deems necessary) may be required beginning July 1, 1998.

The BBA also requires the Secretary to implement a risk adjustment methodology that accounts for variation in per capita costs based on health status. This payment method must be implemented no later than January 1, 2000. The encounter data are necessary to implement a risk adjustment methodology.

Hospital data from the period, July 1, 1997—June 30, 1998, will serve as the basis for plan-level estimates of risk adjusted payments. These estimates will be provided to plans by March, 1999. Encounter data collected from subsequent time periods will serve as the basis for actual payments to plans for CY 2000 and beyond.

In implementing the requirements of the BBA, hospitals will submit data to the managed care plan for enrollees who have a hospital discharge using the HCFA-1450 (UB-92), Uniform Institutional Provider Claim Form. Encounter data for hospital discharges occurring on or after July 1, 1997 are required. While submission from the hospital to the plan is required, plans are provided with a start-up period during which time an alternate submission route is permitted.

The six month start up period, beginning January 1, 1998 will enable plans to accomplish the requirements of the BBA by the end of the start-up period, or June 30, 1998. Special procedures have been identified to ensure that hospital encounter data are submitted for discharges occurring on or after July 1, 1997 and before June 30, 1998. The special procedures for the start up period include the following:

1. In order to provide plans with an estimate of their Average Payment Rate (APR) by March, 1999, HCFA must receive data on hospital discharges that occurred on or after July 1, 1997 and before December 31, 1997, as well as encounter data on discharges that occur during the start up period, or January 1, 1998 through June 30, 1998. Currently, most plans do not have the capacity to submit data electronically to a fiscal intermediary (FI), and the FIs are not capable of receiving these data. Therefore, during this period only, unless an alternative approach is approved by HCFA, hospitals must submit completed UB-92s for the Plan's enrollees. These pseudo-claims must be submitted to the hospital's regular fiscal intermediary. This is a current requirement for hospitals, and they are expected to comply with this requirement throughout this period. Plans must provide hospitals with the Medicare identification number of all enrollees admitted who have Medicare coverage.

If hospitals are unable to submit these data on behalf of the plan during the start-up period, an alternate method of submitting the data may be developed by HCFA. If such a method is developed, it would require the plans to submit a subset of data elements that are found on the UB-92. Possible data elements include the following: Plan Contract Number; HIC (or Medicare Identification Number); enrollee's name; enrollee's state and county of residence; enrollee's birthdate and gender; Medicare Provider Number for the Hospital; claim from and thru date; admission date; and principal and secondary diagnoses codes. HCFA will specify the data elements, submission route, and format for these data.

2. During the start up period, the plan is expected to establish an electronic data linkage to a FI to be determined by HCFA. By June 30, 1998, the Plan is expected to have completed this linkage, including testing of the linkage, and to be capable of transmitting

hospital encounter data to a FI. All data submitted after July 1, 1998 will be transmitted using this linkage. (See Attachment 1 for additional information on the transmission of data to HCFA.) Each plan and/or contract will use a single FI.

HCFA will establish a series of interim deadlines to ensure that plans are making sufficient progress toward accomplishing this linkage no later than June 30, 1998. HCFA will assist plans in initiating discussions with their FI.

After plans have established linkages to a FI, hospitals will submit HCFA-1450 (UB-92) forms to the managed care plan. The HCFA-1450 (UB92) form is identical to the one used by hospitals in billing for Medicare fee-for-service claims. After receiving the pseudo claim from the hospital, the plan attaches the plan identifier, which is the HCFA assigned managed care organization (MCO) Contract Number, and submits the pseudo-claim electronically to the fiscal intermediary (FI). The data processing flow by the FI is very similar to current claims processing for the fee-for-service system, except that no payment is authorized to the plan. Pseudo claims will flow through the FI to our Common Working File (CWF) and will be retained by HCFA;

Frequency: On occasion;

Affected Public: Business or other for-profit, not-for-profit institutions, and Federal government;

Number of Respondents: 6,700;

Total Annual Responses: 1.9 million;

Total Annual Hours: 32,833.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, E-mail your request, including your address, phone number, and HCFA form number(s) referenced above, 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 designee referenced below, by 12/29/97:

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 16, 1997.

John P. Burke III,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

Announcement of Office of Management and Budget (OMB) Control Numbers for Agency Information Collections Approved Under the Paperwork Reduction Act of 1995

AGENCY: Health Care Financing Administration.

This notice announces and displays OMB control numbers for Health Care Financing Administration (HCFA) information collections that have been approved by OMB.

Under OMB's regulations implementing the Paperwork Reduction Act (PRA), 44 U.S.C. 3501, each agency that proposes to collect information must submit its proposal for OMB review and approval in accordance with 5 C.F.R. Part 1320. Once OMB has approved an agency's proposed collection of information and issues a control number, the agency must display the control number.

OMB regulations provide for alternative methods of displaying OMB control numbers. In the case of collections of information published in regulations, display is to be "provided in a manner that is reasonably calculated to inform the public." To meet this requirement an agency may display such information in the **Federal Register** by publishing such information in the preamble or the regulatory text, or in a technical amendment to the regulation, or in a separate notice announcing OMB approval of the collection of information.

To comply with this requirement HCFA has chosen to publish this notice announcing OMB approval of the collections of information published in regulations. As stated above, this notice announces and displays the assigned OMB control numbers for HCFA's information collections that have been approved by OMB.

42 CFR	OMB control Nos.
403.210	0938-0640