

Frequency: Annually; *Affected Public:* Business or other for profit; *Number of Respondents:* 2,472; *Total Annual Responses:* 2,472; *Total Annual Hours:* 484,512.

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 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: February 26, 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. 98-6454 Filed 3-12-98; 8:45 am]

BILLING CODE 4120-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier: HCFA-R-231 (OMB #0938-New)]

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 collection 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 before the expiration of the normal time limits under OMB's regulations at 5 CFR Part 1320. In particular, emergency approval is necessary to ensure provider sponsored organizations (PSOs) are given an adequate opportunity to provide the information necessary to receive a Medicare+Choice contract, as provided by Section 1855(a) of the Social Security Act (as amended by the Balanced Budget Act of 1997) by the beginning of the 1999 contract year. We currently estimate that it will take ten months to: (1) Review and approve the waiver request, (2) review and approve the PSO contract application, and (3) prepare HCFA's information systems for individual PSOs prior to the 1999 contract year. Since the collection of waiver information requested in this form is the first step in this process, we need to begin receiving this information by no later than April 1, 1998.

Therefore, HCFA is requesting OMB review and approval of this collection by 03/27/98, with a 180-day approval period. Written comments and recommendations will be accepted from the public if received by the individuals designated below by 03/26/98. 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 Request: New collection.

Title of Information Collection: Medicare+Choice (M+C) Provider Sponsored Organization (PSO) Waiver Request Form.

Form Number: HCFA-R-231.

Use: The PSO waiver request form is for use by PSO's that do not have a state risk-bearing entity licence and that wish to enter into an M+C contract with HCFA to provide prepaid health care services to eligible Medicare beneficiaries. HCFA will use the information requested on this form to determine whether the applicant is eligible for a waiver of the state

licensure requirement for M+C organizations as allowed under section 1855(a)(2) of the Social Security Act.

Frequency: One-time.

Affected Public: Business or other for-profit, not-for-profit institutions, and Federal Government.

Annual Number of Respondents: 30.

Total Annual Responses: 30.

Total Annual Hours Requested: 300.

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/reg/prdact95.htm>, or E-mail your request, including your address, phone number, and HCFA form 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 by 03/26/98:

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: John
Burke HCFA-R-231
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: March 4, 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. 98-6455 Filed 3-12-98; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier: HCFA-667]

Agency Information Collection Activities: Submission for OMB Review; 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:** Alternate Quality Assessment Survey; **Form No.:** HCFA-667 (OMB#0938-0650); **Use:** The HCFA-667 is used in lieu of an onsite survey for those Clinical Laboratories Improvement Amendment (CLIA) laboratories with good performance as determined by their last onsite survey. This form is designed to determine current CLIA compliance as well as prepare laboratories for future onsite surveys. This system rewards good performance and facilitates quality assurance. **Frequency:** On occasion; **Affected Public:** Business or other for-profit, Not-for-profit institutions, Federal Government, State, Local or Tribal Government; **Number of Respondents:** 4,000; **Total Annual Responses:** 4,000; **Total Annual Hours:** 10,000.

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 30 days of this notice directly to the OMB desk officer: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, DC. 20503.

Dated: March 5, 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. 98-6456 Filed 3-12-98; 8:45 am]

BILLING CODE 4120-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General

Program Exclusions: February 1998

AGENCY: Office of Inspector General, HHS.

ACTION: Notice of program exclusions.

During the month of February 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	
ABEL, ANN LABATUT	03/19/1998
BATON ROUGE, LA	
ALESSI, THOMAS J	03/19/1998
W COLUMBIA, SC	
ANDERSEN, DEBRA S	03/19/1998
ALOHA, OR	
CHEIFETZ, LESLIE	03/19/1998
NEW YORK, NY	
DBG HOME HEALTH AGEN- CY, INC	03/19/1998
ALICE, TX	
DOYLE, JAFAYE ELAINE	03/19/1998
AURORA, CO	
EASTERN LABORATORIES	03/19/1998
PORT WASHINGTON, NY	
GONZALEZ HEALTH CARE SYSTEMS	03/19/1998
ALICE, TX	
GRESL, BARBARA J	03/19/1998

Subject, city, state	Effective date
WAUPUN, WI	
GUY, ROY LEE JR	03/19/1998
LITTLE ROCK, AR	
HERRLEIN, DAVID ALLEN	03/19/1998
KIMBALL, SD	
HUMBERGER, DONALD	03/19/1998
MCDONALD, TN	
INWANG, ENO PATRICK	03/19/1998
N MIAMI BEACH, FL	
JENKINS, STEVE	03/19/1998
FAYETTEVILLE, NC	
JONES, VERNON	03/19/1998
LITTLE ROCK, AR	
KHAN, ASIF ALI	03/19/1998
ELMHURST, NY	
LASHKEVICH, JOHN P	03/19/1998
CHERRY HILL, NJ	
MAYFIELD, JENNIFER	03/19/1998
VICKSBURG, MS	
MCNINCH, DAVID LEON	03/19/1998
ALICE, TX	
MILLER-DAVIS, MARILYN	03/19/1998
SAVANNAH, MO	
MIRA, CHRIS MANUEL	03/19/1998
BRANDON, FL	
MUGAI, JOSEPH GITHINJI	03/19/1998
WATERTOWN, NY	
NTSHONA, NOKUZOLA	03/19/1998
BROOKLYN, NY	
PHYSICAL & SPORTS THER- APY, INC	03/19/1998
WILSON, NC	
RHODES, JEANETTE POW- ELL	03/19/1998
NEWPORT, NC	
ROFFMAN, SOL	03/19/1998
PEABODY, MA	
SADRI, MANOUCHEHR	03/19/1998
POTOMAC, MD	
SCHWARTZ, JOANNE	03/19/1998
SIOUX FALLS, SD	
SUNRISE ADULT DAY HEALTH CARE	03/19/1998
PINE BLUFF, AR	
SWEAT, JOHN EDWARD	03/19/1998
BRADENTON, FL	
VOSSMAN, DANIEL J	03/19/1998
OSAGE BEACH, MO	

FELONY CONTROL SUBSTANCE CONVICTION

REYES, SAMSON DYPIANGCO	03/19/1998
WINTERSVILLE, OH	

PATIENT ABUSE/NEGLECT CONVICTIONS

BLUMENSCHN, SHEILA KATHLENE	03/19/1998
DELAWARE, OH	
GONZALEZ, OCTABIA	03/19/1998
OKLAHOMA CITY, OK	
GUILBERT, RICARDO	03/19/1998
DELMONT, NJ	
HUTSON, BUFFI	03/19/1998
CORINTH, MS	
JONES, MICHAEL DONNEL	03/19/1998
ST PETERSBURG, FL	
MARTINEZ-SUASTEGUI, CONSTANCIO	03/1998
CROWLEY, CO	
MITCHELL, CASSANDRA L	03/19/1998