

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. Due to an unanticipated event and the fact that this collection of this information is needed before the expiration of the normal time limits under OMB's regulations at 5 CFR, Part 1320, we are requesting an emergency review.

With the creation of the Medicare+Choice program, as required by the Balanced Budget Act of 1997 (Pub. L. 105-33), Medicare beneficiaries' health care options were expanded to include coordinated care plans such as Health Maintenance Organizations, Preferred Provider Organizations, Provider-sponsored Organizations, as well as Private Fee-for-Service Plans and Medical Savings Accounts. While the new options bring more flexibility for health care decisions for people with Medicare, they also necessitate the need for a carefully planned, extensive education campaign to assure that Medicare beneficiaries have understanding of the new health plan choices offered by Medicare and how to use HCFA-developed information tools that will be available through an annual publication, a toll-free number and the World Wide Web.

The purpose of this submission is to request approval of a baseline and follow-up survey of beneficiaries in six communities where we are conducting case studies to examine how all of our activities related to the education campaign are working. The baseline

survey will be conducted in September and the follow-up survey will be done this winter after all of the material related to the education campaign for this year has been mailed to beneficiaries. Examples of the types of questions that will be asked of beneficiaries include their satisfaction with the availability and usefulness of Medicare information when they need it, where they obtain information for particular Medicare-related decisions, their use of the Handbook and other information sources, their awareness of some of the major messages HCFA is trying to convey in the campaign and the demographics of the respondents.

HCFA is requesting OMB review and approval of this collection within 6 working days of publication of this notice in the **Federal Register**, with a 180-day approval period. Written comments and recommendations will be accepted from the public if received by the individuals designated below by 5 working days of the publication of this notice. 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: National Medicare Education Program Community Survey of Medicare Beneficiaries.

Form Number: HCFA-R-254 (OMB approval #: 0938-NEW).

Use: The primary purpose of the baseline and follow-up survey is to collect information on beneficiary satisfaction with the availability and usefulness of Medicare information when they need it, where beneficiaries obtain information for particular Medicare-related decisions, beneficiary use of the Handbook and other information sources, and their awareness of the major messages HCFA is trying to convey in the campaign. This information will be used in conjunction with other information collected in these six communities through focus groups and interviews to identify problems and make recommendations for ways of improving HCFA's education campaign in future years.

Frequency: On occasion.

Affected Public: Individuals or Households.

Number of Respondents: 4,800.

Total Annual Responses: 4,800.

Total Annual Hours Requested: 1,200 hours.

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.

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 record keeping requirements must be mailed and/or faxed to the designees referenced below within 5 working days of the publication of this notice in the **Federal Register**:

Health Care Financing Administration,
Office of Information Services,
Security and Standards Group,
Division of HCFA Enterprise
Standards, Room N2-14-26, 7500
Security Boulevard, Baltimore, MD
21244-1850. Fax Number: (410) 786-
0262 Attn: John Rudolph HCFA-R-
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: August 20, 1998.

John Parmigiani,

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

[FR Doc. 98-22860 Filed 8-26-98; 8:45 am]

BILLING CODE 4120-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier: HCFA-R-0253]

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

AGENCY: Health Care Financing Administration.

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. Due to an unanticipated event and the fact that this collection of this information is needed before the expiration of the normal time limits under OMB's regulations at 5 CFR, Part 1320, we are requesting an emergency review.

With the creation of the Medicare+Choice program, as required by the Balanced Budget Act of 1997 (Pub. L. 105-33), Medicare beneficiaries' health care options were expanded to include coordinated care plans such as Health Maintenance Organizations, Preferred Provider Organizations, Provider-sponsored Organizations, as well as Private Fee-for-Service Plans and Medical Savings Accounts. While the new options bring more flexibility for health care decisions for people with Medicare, they also necessitate the need for a carefully planned, extensive education campaign to assure that Medicare beneficiaries have understanding of the new health plan choices offered by Medicare and how to use HCFA-developed information tools that will be available through an annual publication, a toll-free number and the World Wide Web.

The purpose of this submission is to request approval of a call-back survey of callers to the Medicare+Choice toll-free line. Through this survey, a sample of callers to the Medicare+Choice toll-free line will be called back to obtain information about whether they were satisfied with the interaction with the customer service representative, whether additional calls to other sources were necessary to get the information or resolve the problem that prompted the call, and whether they would call this number again in the future. We plan to tally the number and types of problems that are identified

during these call backs to identify those problems that appear to be systematic. We will make any necessary changes in the operations of the phone centers as well as in the operator training to avoid such problems in the future.

HCFA is requesting OMB review and approval of this collection within 6 working days of publication of this notice in the **Federal Register**, with a 180-day approval period. Written comments and recommendations will be accepted from the public if received by the individuals designated below by 5 working days of the publication of this notice. 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: Call-Back Survey of Callers to the Medicare+Choice Toll-free Line.

Form Number: HCFA-R-253 (OMB approval #: 0938-NEW).

Use: The primary purpose of the call-back survey is to obtain information from callers about their satisfaction with the Medicare+Choice toll-free line. This information will be used to identify problems and make recommendations for ways of improving the service provided through the Medicare+Choice toll-free line.

Frequency: On occasion.

Affected Public: Individuals or Households.

Number of Respondents: 1,050.

Total Annual Responses: 1,050.

Total Annual Hours Requested: 175 hours.

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.

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 record keeping requirements must be mailed and/or faxed to the designees referenced below within 5 working days of the publication of this notice in the **Federal Register**:

Health Care Financing Administration,
Office of Information Services,
Security and Standards Group,

Division of HCFA Enterprise Standards, Room N2-14-26, 7500 Security Boulevard, Baltimore, MD 21244-1850. Fax Number: (410) 786-0262, Attn: John Rudolph HCFA-R-253 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: August 20, 1998.

John Parmigiani,

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

[FR Doc. 98-22861 Filed 8-26-98; 8:45 am]

BILLING CODE 4120-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Advisory Council; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), announcement is made of the following National Advisory body scheduled to meet during the month of September, 1998.

Name: Advisory Commission on Childhood Vaccines (ACCV).

Date and Time: September 9, 1998; 9:00 a.m.-5:00 p.m.; September 10, 1998; 9:00 a.m.-12:30 p.m.

Place: Parklawn Building, Conference Rooms G & H, 5600 Fishers Lane, Rockville, Maryland 20857.

The meeting is open to the public.

The full Commission will meet on Wednesday, September 9, from 9:00 a.m. to 5:00 p.m. and on Thursday, September 10, from 9:00 a.m. to 12:30 p.m. Agenda items will include, but not be limited to: updates on National Vaccine Injury Compensation Program (VICP) legislative proposals, and discussions on the coverage of vaccines in clinical trials and options for expediting coverage of vaccines under the VICP.

Presentations will be made on the Hepatitis A Vaccine, Group B Strep disease, and the Intra-nasal Flu vaccine. In addition to routine Program reports, updates will also be given from the National Vaccine Program Office and the Department of Justice.

Public comment will be permitted before lunch and at the end of the Commission meeting on September 9, 1998, and before adjournment on September 10, 1998. Oral presentations will be limited to 5 minutes per public speaker. Persons interested in providing an oral presentation should submit a written request, along with a copy of their presentation, to: Ms. Melissa Palmer, Principal Staff Liaison, Division of Vaccine