

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

[Document Identifier: HCFA-R-259]

**Agency Information Collection Activities: Proposed Collection; 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, is publishing the following summary of proposed collections for public comment. 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:* New Collection; *Title of Information Collection:* Evaluation of the EverCare Demonstration; *Form No.:* HCFA-R-259; *Use:* This survey will capture information on the quality of capitated Medicare coverage to nursing home residents, such as the description of the person, information regarding enrollment / disenrollment, quality of life, satisfaction including issues of access to services, advance medical directives, general health, and functional status. This information will be used to support analyses of enrollment decisions, access to services and providers, and outcomes for both the enrollee and family members. The underlying premise of the EverCare demonstration is that closer attention to primary care needs of high-risk patients through the use of nurse practitioners and/or physicians assistants can reduce the use of hospitals (and emergency rooms). *Frequency:* On occasion; *Affected Public:* Individuals or Households; *Number of Respondents:* 3,150; *Total Annual Responses:* 3,150; *Total Annual Hours:* 1,962.

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](mailto: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: John Rudolph, Room N2-14-26, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: September 4, 1998.

**John P. Burke III,**

*HCFA Reports Clearance Officer, Division of HCFA Enterprise Standards, Security and Standards Group, Health Care Financing Administration.*

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

[Document Identifier: HCFA-R-224]

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

**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.

*Type of Information Collection Request:* Extension of a currently approved 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 (OMB No. 0938-0711); *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 an alternate submission route for the start-up year.

Special procedures have been identified to ensure that hospital encounter data are submitted for discharges occurring between July 1, 1997 and June 30, 1998, the start-up year. HCFA has identified three alternatives for the submission of hospital encounter data for discharges during the start-up year, including the following:

Option 1: The Plan will have a hospital submit UB-92s or Medicare Part A ANSI ASC X12 837 (ANSI 837) records using the traditional HMO "No Pay" bill method.

Option 2: The Plan can currently produce a complete UB-92/ANSI 837 and will hold the data until the fiscal intermediary (FI) can accept it.

Option 3: The Plan will submit an abbreviated UB-92 data set via an alternative route.

During the start up year, the plan is expected to establish an electronic data linkage to a FI to be determined by

HCFA. HCFA will assist Plans in initiating discussions with their FI. By July 15, 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. Data for the start-up year must be transmitted to the plan's FI by September 18, 1998. All data with discharge dates after July 1, 1998 will be transmitted using this linkage. (See Appendix III 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 July 15, 1998.

After plans have established linkages to a FI, hospitals will submit HCFA-1450 (UB-92) forms to the managed care plan. The HCFA-1450 (UB-92) 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:* 1.9 million; *Total Annual Responses:* 1.9 million; *Total Annual Hours:* 6,547.

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](mailto: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, D.C. 20503.

Dated: September 8, 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-228]

### 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 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 training of respondents to complete the collection of information will be required before the expiration of the normal time limits under OMB's regulations at 5 CFR, Part 1320. This collection is necessary to ensure compliance with section 1854 of the Balanced Budget Act. Under Part C of the Social Security Act and 42 CFR 422.306 of the regulations, a Medicare+Choice (M+C) organization is required to submit an Adjusted

Community Rate (ACR) proposal prior to 05/01/99, which is used by M+C organizations to price its benefit packages (M+C plan). Without emergency approval entities interested in participating in the M+C program will not be afforded enough time to thoroughly understand the requirements and submit the required application prior to the 05/01/99 deadline. A training session is being scheduled for November 1998 to provide interested parties sufficient information to properly complete the ACR. These organizations may need to develop alternate methods to accumulate data to include in their ACR submissions. Without the training session, some organizations may submit ACRs that are not complete, timely, or accurate. HCFA has the authority to impose sanctions or may choose not to renew the organization's contract. As a result, public harm is likely to result because eligible individuals may not receive the M+C health insurance options stipulated by the BBA.

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 Request:* New collection.

*Title of Information Collection:* Managed Care Adjusted Community Rate (ACR) Proposal.

*Form Number:* HCFA-R-228 (OMB approval #: 0938-NEW).

*Use:* This collection effort will be used to price the M+C plan offered to Medicare beneficiaries by an M+C organization. Organizations submitting the Adjusted Community Rate form would include all M+C organizations plus any organization intending to contract with HCFA as a M+C organization. These current M+C organization contractors will be required to submit this form no later than May 1, 1999 for the calendar year 2000.

*Frequency:* Annually.

*Affected Public:* Businesses or other for profit, Not-for-profit institutions.

*Number of Respondents:* 400.

*Total Annual Responses:* 400.

*Total Annual Hours Requested:* 40,000.