

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, 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.

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 recordkeeping requirements must be mailed and/or faxed to the designees referenced below, within ten working days:

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-
228

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: September 10, 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-257]

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 (DHHS), 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 of the 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 the 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), new provisions have been implemented to coordinate Medicare beneficiaries' choices through the Medicare+Choice organizations. Specifically, the provisions require the establishment of procedures through which Medicare+Choice elections are made and changed, including the form and manner in which such elections are made and changed, as required by section 4001 of the Balanced Budget Act (BBA) of 1997. This necessitated a need to create an additional mechanism for beneficiaries make election to disenroll to original Medicare. This also provided the opportunity to collect information on beneficiary disenrollment behavior, as the BBA provisions required the development of quality and performance measures, specifically including collection of information regarding disenrollment rates. Collection of disenrollment reason data will promote active, informed selection by beneficiaries of options as well as to conduct quality control studies. By allowing beneficiaries the ability to request the disenrollment forms from the customer teleservice representatives, HCFA will ultimately be providing the beneficiary with more flexibility and options.

The purpose of this submission is to request approval of a disenrollment form that beneficiaries will be able to obtain from the Medicare+Choice toll-free number that is to be established (as required by the BBA). Such a form

allows the beneficiary to disenroll from a Medicare+Choice organization to original (fee-for-service) Medicare and allows HCFA to collect information for analysis of disenrollment rates and reasons for disenrollment. The Medicare+Choice toll-free number will be operational in November 1998 and a more expedient review is needed in order for the form to be ready to provide to the beneficiaries when the call center is operational.

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 individual designated below, within ten working days of publication of this notice in the **Federal Register**.

During this 180-day period, HCFA will pursue OMB clearance of this collection as stipulated by 5 CFR 1320.

Type of Information Collection

Request: New Collection.

Title of Information Collection:

Medicare+Choice Disenrollment Form.

Form Nos.: HCFA-R-257.

Use: The primary purpose of the new form is to receive and process the beneficiary's request for disenrollment from a Medicare+Choice plan and to return to original (fee-for-service) Medicare. The secondary purpose of the new form is to obtain the reason for the disenrollment, for analysis and reporting.

Frequency: As requested by beneficiary.

Affected Public: Individuals or households, Business or other for-profit, Not-for-profit institutions, and Federal government.

Number of Respondents: 60,000 annually.

Total Annual Responses: 20,000 in first year, 60,000 thereafter.

Total Annual Hours: 3,960.

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.

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 designee referenced below, within ten working days of