

- The name and address of the program.
- The name, address, telephone number, facsimile number, and E-mail address of a contact person.
- Background information on the program (including goals, history, relationship to larger organization(s), number of clients served, and length of time the program has been in operation).
- Special or innovative features of the program.
- Size and composition of the staff (number of registered nurses and number of social workers performing case management).
- Referral sources, targeting criteria, and selection criteria, if any, for participants.
- Information on the patients the program serves, including age ranges, diagnoses or conditions, and/or functional impairments.
- Program intervention and how services differ from the usual care the patient would have received.
- How care plans are developed and monitored for each patient.
- Patient education efforts, if any.
- Patient monitoring efforts, if any.
- Feedback to providers, if any.
- Average length of time patient is in program.
- Funding source(s) for the program.
- Financial incentives, if any, for providers and patients to participate.
- Outcome measures by which the program's performance is evaluated (including clinical, utilization, client-reported, and financial measures used).
- Program impacts on these measures.
- Cost savings due to the program (total and per person served per month).
- How the program impacts and cost savings were calculated (i.e., method of estimating reduction in use and costs, such as comparison to control group or prior year experience).
- Costs of operating the program (average per patient, per month costs).
- Adaptability of the program to the Medicare fee-for-service setting.
- Program brochures or published articles, if any.

We are also interested in comments on potential aspects of the overall demonstration. Specifically, we are interested in comments that discuss and distinguish program characteristics known to be essential for positive outcomes in a fee-for-service setting from characteristics of lesser or unknown importance. Commenters may also wish to address the types of providers, organizations, or entities that are capable of, and qualified to provide, coordinated care or case management services. Other topics of importance include, but are not limited to:

- The relationship of the case management entity with other providers.
- The potential role of the case manager in authorizing and/or providing services beyond coordinating and educational activities.
- Appropriate incentives for the case management entity, beneficiaries, and other providers.
- Appropriate payment methodology.
- Potential risk bearing arrangements for the case management entity.

In addition, we will seek comments regarding challenges to, and potential solutions for, implementing a coordinated care demonstration in rural sites.

*Frequency:* One time;

*Affected Public:* Business or other for-profit, not-for-profit institutions;

*Number of Respondents:* 1,000;

*Total Annual Responses:* 1,000;

*Total Annual Hours:* 10,000.

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 referenced above, to [Paperwork@hcfa.gov](mailto: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 requirements must be mailed and/or faxed within 10 working days of the publication of this notice in the **Federal Register** to the designee referenced below:

Health Care Financing Administration, Office of Information Services, Standards and Security Group, Division of HCFA Enterprise Standards, Room N2-14-26, 7500 Security Boulevard, Baltimore, MD 21244-1850.  
Attn: Dawn Willingham, HCFA-R-265,  
Fax Number: (410) 786-0262 and,  
Office of Information and Regulatory Affairs, Office of Management and Budget, Room 10235, New Executive Office Building, Washington, DC 20503, Attn: Allison Eydt, HCFA Desk Officer. Fax Number: (202) 395-6974 or (202) 395-5167.

Dated: October 30, 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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BILLING CODE 4120-03-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### National Vaccine Injury Compensation Program; List of Petitions Received

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Health Resources and Services Administration (HRSA) is publishing this notice of petitions received under the National Vaccine Injury Compensation Program ("the Program"), as required by section 2112(b)(2) of the Public Health Service (PHS) Act, as amended. While the Secretary of Health and Human Services is named as the respondent in all proceedings brought by the filing of petitions for compensation under the Program, the United States Court of Federal Claims is charged by statute with responsibility for considering and acting upon the petitions.

**FOR FURTHER INFORMATION CONTACT:** For information about requirements for filing petitions, and the Program generally, contact the Clerk, United States Court of Federal Claims, 717 Madison Place, N.W., Washington, D.C. 20005, (202) 219-9657. For information on HRSA's role in the Program, contact the Director, National Vaccine Injury Compensation Program, 5600 Fishers Lane, Room 8A46, Rockville, MD 20857, (301) 443-6593.

**SUPPLEMENTARY INFORMATION:** The Program provides a system of no-fault compensation for certain individuals who have been injured by specified childhood vaccines. Subtitle 2 of title XXI of the PHS Act, 42 U.S.C. 300aa-10 *et seq.*, provides that those seeking compensation are to file a petition with the U.S. Court of Federal Claims and to serve a copy of the petition on the Secretary of Health and Human Services, who is named as the respondent in each proceeding. The Secretary has delegated her responsibility under the Program to HRSA. The Court is directed by statute to appoint special masters who take evidence, conduct hearings as appropriate, and make initial decisions as to eligibility for, and amount of, compensation.

A petition may be filed with respect to injuries, disabilities, illnesses, conditions, and deaths resulting from vaccines described in the Vaccine Injury Table (the Table) set forth at section 2114 of the PHS Act or as set forth at 42 CFR 100.3, as applicable. This Table

lists for each covered childhood vaccine the conditions which will lead to compensation and, for each condition, the time period for occurrence of the first symptom or manifestation of onset or of significant aggravation after vaccine administration. Compensation may also be awarded for conditions not listed in the Table and for conditions that are manifested after the time periods specified in the Table, but only if the petitioner shows that the condition was caused by one of the listed vaccines.

Section 2112(b)(2) of the PHS Act, 42 U.S.C. 300aa-12(b)(2), requires that the Secretary publish in the **Federal Register** a notice of each petition filed. Set forth below is a list of petitions received by HRSA on July 1, 1998 through September 30, 1998.

Section 2112(b)(2) also provides that the special master "shall afford all interested persons an opportunity to submit relevant, written information" relating to the following:

1. The existence of evidence "that there is not a preponderance of the evidence that the illness, disability, injury, condition, or death described in the petition is due to factors unrelated to the administration of the vaccine described in the petition," and

2. Any allegation in a petition that the petitioner either:

(a) "Sustained, or had significantly aggravated, any illness, disability, injury, or condition not set forth in the Table but which was caused by" one of the vaccines referred to in the Table, or

(b) "Sustained, or had significantly aggravated, any illness, disability, injury, or condition set forth in the Table the first symptom or manifestation of the onset or significant aggravation of which did not occur within the time period set forth in the Table but which was caused by a vaccine" referred to in the Table.

This notice will also serve as the special master's invitation to all interested persons to submit written information relevant to the issues described above in the case of the petitions listed below. Any person choosing to do so should file an original and three (3) copies of the information with the Clerk of the U.S. Court of Federal Claims at the address listed above (under the heading "For Further Information Contact"), with a copy to HRSA addressed to Director, Bureau of Health Professions, 5600 Fishers Lane, Room 8-05, Rockville, MD 20857. The Court's caption (Petitioner's Name v. Secretary of Health and Human Services) and the docket number assigned to the petition should be used

as the caption for the written submission.

Chapter 35 of title 44, United States Code, related to paperwork reduction, does not apply to information required for purposes of carrying out the Program.

#### List of Petitions

1. Lynette Lowe, Coal Township, Pennsylvania, Court of Federal Claims Number 98-0310V
2. Karyn and Gary Benner on behalf of Micah Benner, Harleysville, Pennsylvania, Court of Federal Claims Number 98-0311V
3. Karyn and Alan Friedman on behalf of James Friedman, Rochester, New York, Court of Federal Claims Number 98-0318V
4. Timmie Peterson on behalf of Christopher Avina, Deceased, Lake Elsinore, California, Court of Federal Claims Number 98-0324V
5. Lena Konialian, El Monte, California, Court of Federal Claims Number 98-0380V
6. Shari D. Ford, Sherman, Texas, Court of Federal Claims Number 98-0381V
7. Cruz Pena, Oxnard, California, Court of Federal Claims Number 98-0384V
8. Carmen Davis on behalf of Andre Ronnie Davis, Jr., Meridian, Mississippi, Court of Federal Claims Number 98-0395V
9. Katherine Pierce on behalf of William Fletcher, Charleston, South Carolina, Court of Federal Claims Number 98-0398V
10. Winona Brown on behalf of Shelby Brown, Deceased, Boston, Massachusetts, Court of Federal Claims Number 98-0401V
11. Robin Renee Presley, Russell, Kentucky, Court of Federal Claims Number 98-0417V
12. Elizabeth and David Briggs on behalf of Falcon Briggs, Nogal, New Mexico, Court of Federal Claims Number 98-0418V
13. Francine Nye on behalf of Ashley Nye, Leadville, Colorado, Court of Federal Claims Number 98-0420V
14. Janet McDonald on behalf of Michael McDonald, Newark, New Jersey, Court of Federal Claims Number 98-0421V
15. Mattie Lemesha White, Atlanta, Georgia, Court of Federal Claims Number 98-0426V
16. Carmen Rice on behalf of Owen Burman, Southfield, Michigan, Court of Federal Claims Number 98-0438V
17. Elizabeth Fortuna and John Jimenez on behalf of John Paul Jimenez, Jr., Deceased, Los Angeles, California, Court of Federal Claims Number 98-0439V

18. Lisa Wall on behalf of Jason Wall, Bridgewater, New Jersey, Court of Federal Claims Number 98-0442V

19. Jenny and Larry Dooley on behalf of Brittany Dooley, Springfield, Ohio, Court of Federal Claims Number 98-0454V

20. Jaqueline Thaw on behalf of Kevvin Thaw, Englewood, New Jersey, Court of Federal Claims Number 98-0465V

21. Shelly and Paul White, on behalf of Hayley White, Canton, Ohio, Court of Federal Claims Number 98-0466V

22. Susan and Paul Sigloch on behalf of Paul Raymond Sigloch, Medford, New Jersey, Court of Federal Claims Number 98-0467V

23. Lisa and Jake Schaerer on behalf of Matthew Schaerer, La Mesa, California, Court of Federal Claims Number 98-0479V

24. Regan Maddox on behalf of Christopher Maddox, Deceased, Tampa, Florida, Court of Federal Claims Number 98-0491V

25. Lavonne and Harvey Spaans on behalf of Hannah Spaans, Remsen, Iowa, Court of Federal Claims Number 98-0494V

26. Peter Menkin, San Rafael, California, Court of Federal Claims Number 98-0502V

27. Tracy and Joseph Daniel, on behalf of Jackson E. Daniel Houston, Texas, Court of Federal Claims Number 98-0519V

28. William McNear on behalf of William Henry McNear, Vienna, Virginia, Court of Federal Claims Number 98-0521V

29. Claire Parsons, Cranston, Rhode Island, Court of Federal Claims Number 98-0529V

30. Belinda Neumann on behalf of Daniel Aaron Neumann, Deceased, Jasper, Alabama, Court of Federal Claims Number 98-0538V

31. Ann Doty, Medford, Oregon, Court of Federal Claims Number 98-0548V

Dated: October 30, 1998.

**Claude Earl Fox,**

*Administrator.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Cancer Institute; Notice of Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meetings.