

Number of Respondents: 500,000;
Total Annual Responses: 500,000;
Total Annual Hours: 50,000.

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. 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, DC 20503.

Dated: June 15, 1999.

John P. Burke III,

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

[FR Doc. 99-18008 Filed 7-14-99; 8:45 am]

BILLING CODE 4120-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier: HCFA-R-278]

Agency Information Collection Activities: Submission for OMB Review; 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, has submitted to the Office of Management and Budget (OMB) the following proposal for the collection of information. 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: National Hospital Malpractice Insurance Survey;

Form No.: HCFA-R-278 (OMB# 0938-NEW);

Use: The Data collected from this survey will be used to collect two years of malpractice insurance costs data from a nationally representative sample of 800 hospitals. Along with the survey of hospitals, we will collect rate schedules from the commercial insurers and the offices of state insurance commissioners. As compared to the survey of hospitals which is a statistical sampling survey, the survey of the offices of state insurance commissioners and commercial insurance companies will not be a statistical sampling survey. We will match collected data in the rate schedules to the data from sampled hospitals in order to convert malpractice insurance costs of different level of coverage into costs of a constant level of coverage. The primary statistics will be used to rebase the input price index through weight adjustment and the annual percent change to update the operating prospective payment rates. Therefore, the NHMIS must allow estimates of the primary statistics for each hospital be adjusted by their rating basis, coverage elements, and types of coverage. The survey results will be used to estimate the weight of malpractice insurance costs in relation to goods and services hospitals purchase in order to furnish inpatient care and to calculate the malpractice insurance cost to change over time at the national level. The analytic results will be used to adjust Medicare operating reimbursement rates to Medicare participating hospitals and to prepare statistical summaries.

Frequency: Annually;

Affected Public: Not-for-profit institutions, Business or other for-profit, and State, Local, or Tribal Govt.;

Number of Respondents: 600;

Total Annual Responses: 600;

Total Annual Hours: 300.

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. 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, DC 20503.

Dated: June 28, 1999.

John P. Burke III,

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

[FR Doc. 99-18009 Filed 7-14-99; 8:45 am]

BILLING CODE 4120-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[HCFA-R-0254]

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: Reinstatement, without change, of a previously approved collection for which approval has expired; *Title of Information Collection:* National Medicare Education Program (NMEP) Community Survey of Medicare Beneficiaries; *Form No.:* HCFA-R-0254 (OMB# 0938-0738); *Use:* A survey of Medicare beneficiaries in six communities will be conducted in January 2000 and again in January 2001 to monitor the NMEP implementation. Beneficiaries in these same communities were interviewed in September 1998 and February 1999. This approach will gather information on changes in: awareness of Medicare+Choice expansions and options; knowledge about Medicare and the Medicare+Choice options; where

beneficiaries go to find more information; and whether they are aware of the many information resources available to them; and satisfaction with their information/knowledge; *Frequency*: Annually; *Affected Public*: Individuals or Households; *Number of Respondents*: 2,400; *Total Annual Responses*: 2,400; *Total Annual Hours*: 600.

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/regsprdact95.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: July 8, 1999.

John P. Burke III,

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

[FR Doc. 99-18078 Filed 7-14-99; 8:45 am]

BILLING CODE 4120-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General

Program Exclusions: June 1999

AGENCY: Office of Inspector General, HHS.

ACTION: Notice of program exclusions.

During the month of June 1999, 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

Alvarez, Emperatriz Miami, FL	07/20/1999
Alvarez, Manuel J Atlanta, GA	07/20/1999
Anderson, Thomas R Middleville, MI	07/20/1999
Barnes, James Omaha, AR	07/20/1999
Bennett, Camelia Hunt Fayetteville, NC	07/20/1999
Bolin, Royce Lendal Conway, AR	07/20/1999
Burton, Leslie M Randolph, VT	07/20/1999
Caceres, Rolando Miramar, FL	07/20/1999
Caceres, Silvia Miramar, FL	07/20/1999
Cannon, Jerri Lynn Chowchilla, CA	07/20/1999
Carideo, IDA Wayside, NJ	07/20/1999
Daniel, Linda Decatur, GA	07/20/1999
Davis, Anthony A Decatur, GA	07/20/1999
Dawson, Robert Forestville, MD	07/20/1999
Dekorte, Garth Lansing, MI	07/20/1999
Delgado, Jorge Miami, FL	07/20/1999
Delgado, Linda Miami, FL	07/20/1999
Fletcher, James E Riverdale, GA	07/20/1999
Gardner, Lorna Fay Grand Prairie, TX	07/20/1999
Grossman, Norman Stanley Malibu, CA	07/20/1999
Hicks, Ingrid Milwaukee, WI	07/20/1999
Higgins, Gina Hialeah, FL	07/20/1999
Hogue, Alina Malisa Winston-Salem, NC	07/20/1999
Kabinoff, Larry's Rydal, PA	07/20/1999
Kim, John Don Irvine, CA	07/20/1999
Lindley, Frank A Philadelphia, PA	07/20/1999
Mack, Ann Decatur, GA	07/20/1999
Makarem, Anis Hussein Westlake, CA	07/20/1999
May, Samuel Washington, DC	07/20/1999
McCoy, Gary K Atlanta, GA	07/20/1999
Mehta, Ravindra S Atlanta, GA	07/20/1999

Subject city, state	Effective date
Coral Springs, FL	
Metro Med Ambulette, Inc E Rockaway, NY	07/20/1999
Michkovits, John F South Haven, MI	07/20/1999
Morris, Brenda Sue Rancho Cordova, CA	07/20/1999
Nguyen, Hoang Mau San Diego, CA	07/20/1999
Nguyen, Dat Tat San Diego, CA	07/20/1999
Nguyen, Dung My Thi San Diego, CA	07/20/1999
Norton, Robert G Barrington, RI	07/20/1999
Paez, Armando Miami, FL	07/20/1999
Perez, Barbara Miami, FL	07/20/1999
Perez, Ramiro Miami, FL	07/20/1999
Professional Case Manage- ment Lansing, MI	07/20/1999
Revis, Harley Sapulpa, OK	07/20/1999
Rode, Ruth Grand Junction, MI	07/20/1999
Rollins, Bonnie J Glendive, MT	07/20/1999
Rollins, Keith Anthony Scarborough, ME	07/20/1999
Sardinas, Maria J Hialeah, FL	07/20/1999
Schiller, Marcelos S Miami, FL	07/20/1999
Seawell, Paul Darrell El Paso, TX	07/20/1999
Smith, Garland O Robeline, LA	07/20/1999
Stacy, Marcia Charlevoix, MI	07/20/1999
Tablada, Luis H Jr Miramar, FL	07/20/1999
Triplett, Ronald Lee Wheelwright, KY	07/20/1999
Triplett, Anna Jean Faubush, KY	07/20/1999
Tucker, Karen E Marlton, NJ	07/20/1999
Valdes, Nelson Coleman, FL	07/20/1999
Varela, Guido N Bay Village, FL	07/20/1999
Varela, Natalia Tampa, FL	07/20/1999
Vasquez, Noriela Miami, FL	07/20/1999
Vasquez, Jesus Miami, FL	07/20/1999
Veksler, Natalya Marblehead, MA	07/20/1999
Watson, Donnie W El Segundo, CA	07/20/1999
We Care Living Enrichment Ctr Saginaw, MI	07/20/1999
Williams, Marijane Quapaw, OK	07/20/1999
Wisdom, Regina Renee N Little Rock, AR	07/20/1999
Yedidsion, David Yedidsion, David	07/20/1999