

NJDHS, NMHSD, NYDSS, NCDHR, NDDHS, ODHS, PDPW, RIDHS, SCDSS, SDDSS TDHS and the UDHS files with the VA file and provide ADEC, CDSS, CDHS, CDHR, DHSS, DCDHS, FDHRS, GDHS, GPHSS, HDHS, IDPA, KDSRS, KDSI, LDSS, MDHR, MDTA, MDSS, NDSS, NJDHS, NMHSD, NYDSS, NCDHR, NDDHS, ODHS, PDPW, RIDHS, SCDSS, SDDSS TDHS and the UDHS with VA pension and compensation benefit information. ADEC, CDSS, CDHS, CDHR, DHSS, DCDHS, FDHRS, GDHS, GPHSS, HDHS, IDPA, KDSRS, KDSI, LDSS, MDHR, MDTA, MDSS, NDSS, NJDHS, NMHSD, NYDSS, NCDHR, NDDHS, ODHS, PDPW, RIDHS, SCDSS, SDDSS TDHS and the UDHS will use the VA information to determine the value of using VA information to verify client circumstances and to initiate adverse action when appropriate.

C. Authority for Conducting the Matching Program

ACF, HCFA, and FCS have an obligation to assist State Public Assistance Agencies in their efforts to verify client circumstances when determining an applicant's eligibility for public assistance benefits. The most cost-effective and efficient way to verify client declarations of income circumstances is by means of a computer match.

D. Categories of Records and Individuals Covered by the Match

VA will disclose information from the VA Compensation, Pension, and Education and Rehabilitation Records—VA (58 VA 21/22).

ACF will match this information with ADEC, CDSS, CDHS, CDHR, DHSS, DCDHS, FDHRS, GDHS, GPHSS, HDHS, IDPA, KDSRS, KDSI, LDSS, MDHR, MDTA, MDSS, NDSS, NJDHS, NMHSD, NYDSS, NCDHR, NDDHS, ODHS, PDPW, RIDHS, SCDSS, SDDSS, TDHS and the UDHS Client Eligibility files.

E. Inclusive Dates of the Match

This computer match will begin no sooner than 30 days from the date HHS publishes a Computer Matching Notice in the Federal Register or 30 days from the date copies of the approved agreement and the notice of the matching program are sent to the Congressional committee of jurisdiction under subsections (0)(2)(B) and (r) of the Privacy Act, as amended, or 30 days from the date the approved agreement is sent to the Office of Management and Budget, whichever is later, provided no comments are received which result in a contrary determination.

F. Address for Receipt of Public Comments or Inquiries

Individuals wishing to comment on this matching program should submit comments to the Director, Office of State Systems, Administration for Children and Families, Aerospace Building, 370 L'Enfant Promenade, SW., Washington, DC 20047.

[FR Doc. 96-14556 Filed 6-7-96; 8:45 am]

BILLING CODE 4184-01-P

Health Care Financing Administration

Agency Information Collection Activities: Proposed Collection; 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 summaries 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.

1. *Type of Information Collection Request:* Reinstatement, without change, of previously approved collection for which approval has expired; *Title of Information Collection:* End Stage Renal Disease (ESRD) Application and Survey and Certification Report Form; *Form No.:* HCFA-3427; *Use:* This form is a facility identification and screening measurement tool used to initiate the certification and recertification of ESRD facilities. The form is also completed by the Medicare/Medicaid State survey agency to determine facility compliance with ESRD conditions for coverage; *Frequency:* Annually; *Affected Public:* State, local or tribal governments; *Number of Respondents:* 2,640; *Total Annual Hours:* 2,376.

2. *Type of Information Collection Request:* Reinstatement, without change, of previously approved collection for which approval has expired; *Title of*

Information Collection: Withholding Medicare Payments to Recover Medicaid Overpayments; *Form No.:* HCFA-R-21; *Use:* Medicaid providers who have received overpayments may terminate or substantially reduce their participation in Medicaid to avoid the State's effort to recover the amounts due. This provision establishes a mechanism for State agencies to recoup the overpayments by withholding Medicare payments to these providers; *Frequency:* On occasion; *Affected Public:* State, local or tribal governments; *Number of Respondents:* 54; *Total Annual Hours:* 81.

3. *Type of Information Collection Request:* Reinstatement, without change, of previously approved collection for which approval has expired; *Title of Information Collection:* Information Collection Requirements in HSQ-110, Acquisition, Protection and Disclosure of Peer Review Organization (PRO) Information—42 CFR 476.104, 476.105, 476.116, and 476.134; *Form No.:* HCFA-R-70; *Use:* "Medicare Disclosure Information, Regulatory" The Peer Review Improvement Act of 1982 authorizes PRO's to acquire information necessary to fulfill their duties and functions and places limits on disclosure of the information. These requirements are on the PRO to provide notices to the affected parties when disclosing information about them. These requirements serve to protect the rights of the affected parties; *Frequency:* On occasion; *Affected Public:* Business or other for profit; *Number of Respondents:* 53; *Total Annual Hours:* 30,577.

4. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Survey report Form (CLIA); *Form No.:* HCFA-1557; *Use:* Clinical Laboratory Certification and Recertification: This survey form is an instrument used by the State agency to record data collected in order to determine compliance with CLIA; *Frequency:* Biennially; *Affected Public:* Business or other for profit, not for profit institutions, Federal government and State, local or tribal governments; *Number of Respondents:* 30,225; *Total Annual Hours:* 16,322.

5. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Laboratory Personnel Report (CLIA); *Form No.:* HCFA-209; *Use:* This form is used by the State agency to determine a laboratory's compliance with personnel qualifications under CLIA. This information is needed for a laboratory's CLIA certification and recertification;

Frequency: Biennially; *Affected Public:* Business or other for profit, not for profit institutions, Federal, State, local or tribal governments; *Number of Respondents:* 26,250; *Total Annual Hours:* 13,125.

6. *Type of Information Collection Request:* Reinstatement, without change, of previously approved collection for which approval has expired; *Title of Information Collection:* Prepaid Health Plan Cost Report; *Form No.:* HCFA-276; *Use:* These forms are needed to establish the reasonable cost providing covered services to the enrolled Medicare population of an HMO in accordance with Section 1876 of the Social Security Act; *Frequency:* Quarterly, Annually; *Affected Public:* Business or other for profit; *Number of Respondents:* 82; *Total Annual Hours:* 9,934.

7. *Type of Information Collection Request:* Reinstatement, without change, of previously approved collection for which approval has expired; *Title of Information Collection:* Medicare Credit Balance Reporting Requirements; *Form No.:* HCFA-838; *Use:* The collection of credit balance information is needed to ensure that millions of dollars in improper program payments are collected. Approximately 37,600 health care providers will be required to submit a quarterly credit balance report that indicates the amount of improper payments they received that are due to Medicare. The intermediaries will monitor the reports to ensure these funds are collected; *Frequency:* Quarterly; *Affected Public:* Not for profit institutions; *Number of Respondents:* 37,600; *Total Annual Hours:* 902,400.

8. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Statement of Deficiencies and Plan of Correction; *Form No.:* HCFA-2567-A; *Use:* This Paperwork package provides information regarding deficiencies for Organ Procurement Organizations (OPO) as well as deficiencies noted during periodic facility and laboratory certification surveys. This information is used to make decisions concerning OPO redesignation, certification/recertification of health care facilities participating in the Medicare/Medicaid Programs, and laboratories regulated by CLIA. *Frequency:* Annually and Biennially; *Affected Public:* State, Local or Tribal Governments, Business or other for-profit, Not-for-profit institutions, Federal Government; *Number of Respondents:* 49,200; *Total Annual Responses:* 98,400; *Total Annual Hours Requested:* 196,800.

9. *Type of Information Collection Request:* Revision of a currently

approved collection; *Title of Information Collection:* Medicare/Medicaid Hospital Survey Report Form; *Form No.:* HCFA-1537; *Use:* Section 1861(e) of the Social Security ACT provides that hospitals participating in Medicare must meet specific requirements. These requirements are presented as conditions of Participation. State agencies must determine compliance with these conditions through the use of this report form; *Frequency:* Annually; *Affected Public:* State, Local or Tribal Governments; *Number of Respondents:* 1,322; *Total Annual Hours Requested:* 4,296.50.

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>, or to obtain the supporting statement and any related forms, 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 60 days of this notice directly to the HCFA Paperwork Clearance Officer designated at the following address: HCFA, Office of Financial and Human Resources, Management Planning and Analysis Staff, Attention: John Burke, Room C2-26-17, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: June 3, 1996.
Kathleen B. Larson,
Director, Management Planning and Analysis Staff, Office of Financial and Human Resources, Health Care Financing Administration.

[FR Doc. 96-14479 Filed 6-7-96; 8:45 am]

BILLING CODE 4120-03-P

[R-10, R-79]

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.

1. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Information Collection Requirements contained in BPD-718: Advance Directives (Medicare and Medicaid); *Form No.:* HCFA-R-10; *Use:* Certain Medicare and Medicaid organizations are responsible for collecting and documenting, in medical records, whether or not an individual has executed an advance directive. This document indicates the individual's preference if he/she is incapacitated. *Frequency:* On occasion; *Affected Public:* Business or other for-profit, Not-for-profit institutions, Federal Government, and State, Local or Tribal Government; *Number of Respondents:* 38,927; *Total Annual Responses:* 38,927; *Total Annual Hours Requested:* 908,250.

2. *Type of Information Collection Request:* Reinstatement, with change, of a previously approved collection for which approval has expired; *Title of Information Collection:* Payment Adjustment for Sole Community Hospitals; *Form No.:* HCFA-R-79; *Use:* Hospitals designated as "Sole Community Hospitals" that experience a five percent decrease in discharges in one cost reporting period, as compared to the previous period, due to unusual circumstances, beyond its control, may request an adjustment to its Medicare payment amount. *Frequency:* As desired; *Affected Public:* Business or other for-profit, Not-for-profit institutions, and State, Local or Tribal Government; *Number of Respondents:* 40; *Total Annual Responses:* 40; *Total Annual Hours Requested:* 160.

To request copies of the proposed paperwork collections referenced above, E-mail your request, including your address, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections should be sent 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, D.C. 20503.