

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*: 32,833.

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 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: Louis Blank, Room C2-26-17, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: June 16, 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-243]

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*: Medicare Agreement Application, Health Care Prepayment Plan; *Form No.*: HCFA-R-243; *Use*: An organization must meet certain requirements to be a Health Care Prepayment Plan that is eligible for a Medicare 1833 agreement. The application is the collection form used to obtain information from an organization that would allow HCFA staff to determine compliance with the regulations. This form includes requests for information about: the management of the applicant organization; arrangements for providing health care to beneficiaries; meeting Medicare requirements for appeals, hearings, advance directives, health benefits; risk sharing with other entities; the fiscal soundness of the applicant; the cost budget, which forms the basis for HCFA payment; prevention of duplicate payment; and the applicant's marketing strategy. *Frequency*: One time; *Affected Public*: Business or other for-profit institutions, Not-for-profit institutions, and State, Local or Tribal Governments.; *Number of Respondents*: 15; *Total Annual Responses*: 15; *Total Annual Hours*: 1,125.

To obtain copies of the supporting statement for the proposed paperwork collections referenced above, or 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 Information Services, Information Technology Investment Management Group, Division of HCFA Enterprise Standards, Attention: John Rudolph, Room C2-26-17, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: June 18, 1998.

John P. Burke III,

HCFA Reports Clearance Officer, Division of HCFA Enterprise Standards, Health Care Financing Administration.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104-13), the Health Resources and Services Administration (HRSA) will publish periodic summaries of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer on (301) 443-1891.

Comments are invited on: (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project: Study of Health Care Services to Children in Foster Care Homes—New

The Maternal and Child Health Bureau of HRSA is planning to conduct a survey of health care services for children in foster care and other out-of-home care in the United States. This project is aimed at identifying the contributing factors affecting the delivery of health care services to these children.

The project will be carried out in two stages. In the first stage a survey will be conducted of the directors of child welfare programs and the directors of maternal and child health programs in all 50 States and the District of Columbia, in 5 counties in each of seven

States with county administered child welfare systems, and in 30 large municipalities. The purpose of this initial data collection is to document the range of institutional arrangements, policies, and activities being undertaken to address the issue of health care for children in foster care and other out-of-home care.

The second stage will include a detailed follow-up survey of child welfare, maternal and child health, Medicaid, and juvenile court officials in a subset of 20 States (13 with State administered child welfare systems and 7 with county administered child welfare systems), 35 counties (5 from each of the 7 States with county administered child welfare systems),

and 10 municipalities. The second stage will document (a) demographic characteristics of children in foster care, (b) health care policies, (c) characteristics of health assessments and ongoing care, (d) standards of care, (e) financial arrangements, and (f) interagency collaborations.

The second stage will also include a written survey sent to 220 advocacy, provider, and professional organizations in the subset of States and counties being surveyed. This component will collect information on the same 6 categories noted above from organizations with a broad base of experience working on health care issues for children in foster care and other out-of-home care.

Respondents	Number of respondents	Responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Child welfare and maternal and child health directors	232	1	1	232
Child welfare, maternal and child health, Medicaid, and juvenile court officials	260	1	2.4	624
Advocacy and professional organizations	220	1	1.5	330
Total	712	1	1.67	1186

Send comments to HRSA Reports Clearance Officer, Room 14-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: June 19, 1998.

Jane Harrison,

Director, Division of Policy Review and Coordination.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Health Resources and Services Administration (HRSA)****Agency Information Collection Activities: Submission for OMB Review; Comment Request**

Periodically, the Health Resources and Services Administration publishes abstracts of information collection requests under review by the Office of Management and Budget. These data collection requirements are authorized

by section 241 of the PHS Act (42 USC 238j). To request a copy of the clearance request submitted to OMB for review, call the HRSA Reports Clearance Office on (301) 443-1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

Proposed Project: Healthy Schools, Healthy Communities Data System (OMB No. 0915-0188)

Extension—This is a request for extension of approval of the Healthy Schools Data System, which contains the annual reporting requirements for the Healthy Schools, Healthy Communities grantees funded by the Bureau of Primary Health Care (BPHC), HRSA. Authorizing legislation is found in Pub. L. 104-299, Health Center Consolidation Act of 1996, enacting Section 330 of the Public Health Service Act.

The BPHC collects data on its programs to ensure compliance with legislative mandates and to report to Congress and policymakers on program accomplishments. To meet these

objectives with respect to the Healthy Schools, Healthy Communities grant program, BPHC requires a core set of information collected annually that is appropriate for monitoring and evaluating performance and reporting on annual trends. This data system, "School Health Care Online (SHO)", includes information on such specific program elements as:

- Student patient characteristics (e.g., age, grade level, gender, pre-existing conditions, disease chronicity, and insurance status).
- Service utilization (e.g., immunization rates, health screening, referrals).
- Referrals to the Women, Infant and Children (WIC) nutritional program and other social services providers.
- Information on provider productivity.
- Use of emergency rooms for non-emergency care.

There are to be no revisions to the data collection instruments.

The reporting burden has decreased slightly because reporting has been changed from quarterly to annually. Estimates of annualized reporting burden are as follows:

Type of report	Number of respondents	Hours per response	Total burden hours
Data Entry	30	0.2	3,600
User Profile	30	0.5	15
Data Export	30	0.5	15