

**Type of Information Collection Request:** Extension of a currently approved collection; **Title of Information Collection:** Request for Certification as Rural Health Clinic and Rural Health Clinic Survey Report Form and Supporting Regulations in 42 CFR 491.1–491.11; **Form No.:** HCFA–0029/0030 (OMB# 0938–0074); **Use:** The Form HCFA–29 is utilized as an application to be completed by suppliers of RHC services requesting participation in the Medicare/Medicaid programs. This form initiates the process of obtaining a decision as to whether the conditions for certification are met as a supplier of RHC services. It also promotes data reduction or introduction to and retrieval from the Online Survey and Certification and Reporting System (OSCAR) by the HCFA Regional Offices (RO). The Form HCFA–30 is an instrument used by the State survey agency to record data collected in order to determine RHC compliance with individual conditions of participation and to report it to the Federal government. The form is primarily a coding worksheet designed to facilitate data reduction (keypunching) and retrieval into OSCAR at the HCFA ROs. The form includes basic information on compliance (i.e., met, not met and explanatory statements) and does not require any descriptive information regarding the survey activity itself; **Frequency:** Annually; **Affected Public:** State, Local, or Tribal Government; **Number of Respondents:** 390; **Total Annual Responses:** 390; **Total Annual Hours:** 822.

**Type of Information Collection Request:** Reinstatement, without change, of a previously approved collection for which approval has expired; **Title of Information Collection:** Criteria for Medicare Coverage of Heart Transplants; **Form No.:** HCFA–R–0106 (OMB# 0938–0490); **Use:** Medicare participating hospitals must file an application to be approved for coverage and payment of heart transplants performed on Medicare beneficiaries. Heart transplants performed in facilities that have not been approved will not be covered by Medicare; **Frequency:** Annually; **Affected Public:** Business or other for-profit; **Number of Respondents:** 5; **Total Annual Responses:** 5; **Total Annual Hours:** 500.

**Type of Information Collection Request:** Revision of a currently approved collection; **Title of Information Collection:** Medicaid Statistical Information System (MSIS); **Form No.:** HCFA–R–0284 (OMB# 0938–0345); **Use:** State data are reported by a Federally mandated process known as MSIS. These data are the basis for:

Medicaid actuarial forecasts for service utilization and costs; Medicaid legislative analysis and cost savings estimates; and responding to requests for information from HCFA components, the Department, Congress, and other customers. The national MSIS database will contain details that will allow constructive or predictive analysis of today's Medicaid issues (e.g., pregnant women, and infants); **Frequency:** Quarterly and Annually; **Affected Public:** State, Local, or Tribal Government; **Number of Respondents:** 53; **Total Annual Responses:** 212; **Total Annual Hours:** 2,210.

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](mailto: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 N2–14–26, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

Dated: May 20, 1999.

**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–838]

#### 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 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:** Extension of a currently approved collection;

**Title of Information Collection:** Medicare Credit Balance Reporting Requirements and Supporting Regulations in 42 CFR 413.20, 405.371 and 405.378;

**Form No.:** HCFA–838 (OMB# 0938–0600);

**Use:** Section 1866(a)(1)(C) of the Social Security Act requires health care providers participating in the Medicare program, to make adequate provisions to refund any monies incorrectly paid by Medicare. This collection of credit balance information is needed to ensure that the millions of dollars in improper program payments are collected. Approximately 47,600 health care providers will be required to submit a quarterly credit balance report that identifies the amount of improper payments they receive 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, and Business or other for-profit;

**Number of Respondents:** 47,600;  
**Total Annual Responses:** 190,400;  
**Total Annual Hours:** 1,142,400.

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](mailto: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: Dawn Willingham, Room N2-  
14-26, 7500 Security Boulevard,  
Baltimore, Maryland 21244-1850.

Dated: May 19, 1999.

**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-0273]

#### **Emergency Clearance: Public Information Collection Requirements Submitted to the Office of Management and Budget (OMB)**

**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.

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 the collection of this information is needed before the expiration of the normal time limits under OMB's regulations at 5 CFR, Part 1320. This is necessary to ensure that HCFA can determine as soon as possible

that Community Mental Health Centers (CMHCs) participating or wishing to participate in the Medicare program meet all applicable Federal and State requirements. We cannot reasonably comply with the normal clearance procedures because potential public harm could occur because ineligible CMHCs may fraudulently or abusively provide care to Medicare beneficiaries and subsequently bill the Medicare program diverting Medicare Trust Fund resources from legitimate Medicare claims.

The CMHC Site Visit Assessment Tool will allow HCFA to systematically and promptly collect information from CMHCs to verify that the CMHCs meet all applicable Federal and State requirements rendering them eligible as Medicare providers. This tool is critical in determining which CMHCs are operating as specified by section 1861(ff) of the Social Security Act and taking action to ensure that all others comply or are no longer serving Medicare beneficiaries and billing the Medicare program.

HCFA is requesting OMB review and approval of this collection by June 8, 1999, with a 180-day approval period. Written comments and recommendations will be accepted from the public if received by the individuals designated below by June 7, 1999. 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:* Community Mental Health Center Site Visit Assessment Tool and Supporting Regulations in 42 CFR 410.2

*HCFA Form Number:* HCFA-R-273 (OMB approval #: 0938-NEW).

*Use:* This information collection tool is essential for the Health Care Financing Administration (HCFA) to ensure that existing Community Mental Health Centers (CMHC), as well as CMHC applicants to the Medicare program are in compliance with Medicare provider requirements, as well as all applicable Federal and State requirements. The collection tool will be completed and used by HCFA and or its contractors to collect patient records, other CMHC operational information, and to verify CMHC compliance as determined by the HCFA regional office. CMHCs will be required to sign the completed form, provide medical

records, and other operational information to be copied by the HCFA contractor representative on-site at the CMHC during the site visit.

*Frequency:* Upon initial application or reenrollment into the Medicare program.

*Affected Public:* Business or other for-profit, as well as not-for-profit institution and State, Local or Tribal Governments.

*Number of Respondents:* 850.

*Total Annual Responses:* 850.

*Total Annual Burden Hours:* 3400.

We have submitted a copy of this notice to OMB for its review of these information collections. A notice will be published in the **Federal Register** when approval is obtained.

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](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 and recordkeeping requirements must be mailed and/or faxed to the designees referenced below by June 7, 1999:

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-  
1415, Attn: Louis Blank HCFA-R-273

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: May 19, 1999.

**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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