

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:* Laboratory Personnel Report Clinical Laboratory Improvement Amendments (CLIA) and Supporting Regulations in 42 CFR 493.1–493.2001; *Form No.:* HCFA–0209 (OMB #0938–0151); *Use:* CLIA requires the Department of Health and Human Services (DHHS) to establish certification requirements for any laboratory that performs tests on human specimens, and to certify through the issuance of a certificate that those laboratories meet the requirements established by DHHS. The information collected on this survey form is used in the administrative pursuit of the Congressionally-mandated program with regard to regulation of laboratories participating in CLIA. Information on personnel qualifications of all technical personnel is needed to ensure the sample is representative of all laboratories; *Frequency:* Biennially; *Affected Public:* Business or other for profit, Not for profit institutions, Federal Government, and State, Local or Tribal Government; *Number of Respondents:* 26,500; *Total Annual Responses:* 13,250; *Total Annual Hours:* 6,625.

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Survey Report Form Clinical Laboratory Improvement Amendments (CLIA) and Supporting Regulations in 42 CFR 493.1–493.2001; *Form No.:* HCFA–1557 (OMB #0938–0544); *Use:* CLIA requires the Department of Health and Human Services (DHHS) to establish certification requirements for any laboratory that performs tests on human specimens, and to certify through the issuance of a certificate that those laboratories meet the requirements established by DHHS. The information collected on this survey form is used in the administrative pursuit of the Congressionally-mandated program with regard to regulation of laboratories participating in CLIA. In order for the State survey agency to report to HCFA its findings on facility compliance with the individual standards on which HCFA determines compliance, the surveyor completes the Survey Report Form. The Survey Worksheet provides space to document the surveyor's notes; *Frequency:* Biennially; *Affected Public:* Business or other for profit, Not for profit institutions, Federal Government, and State, Local or Tribal Government;

Number of Respondents: 30,512; *Total Annual Responses:* 15,526; *Total Annual Hours:* 7,628.

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 N2–14–26, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

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. 99–18079 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–484]

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: Extension of a currently approved collection;

Title of Information Collection: Attending Physician's Certification of Medical Necessity for Home Oxygen Therapy and Supporting Regulations in 42 CFR 410.38 and 424.5;

Form No.: HCFA–484 (OMB# 0938–0534);

Use: To determine if oxygen is reasonable and necessary pursuant to Medicare Statute, Medicare claims for home oxygen therapy must be supported by the treating physician's statement and other information including estimate length of need (# of months), diagnosis codes (ICD–9) and:

1. Results and date of the most recent arterial blood gas PO₂ and/or oxygen saturation tests.

2. The most recent arterial blood gas PO₂ and/or oxygen saturation test performed EITHER with the patient in a chronic stable state as an outpatient, OR within two days prior to discharge from an inpatient facility to home.

3. The most recent arterial blood gas PO₂ and/or oxygen saturation test performed at rest, during exercise, or during sleep.

4. Name and address of the physician/provider performing the most recent arterial blood gas PO₂ and/or oxygen saturation test.

5. If ordering portable oxygen, information regarding the patient's mobility within the home.

6. Identification of the highest oxygen flow rate (in liters per minute) prescribed.

7. If the prescribed liters per minute (LPM), as identified in item 6, are greater than 4 LPM, provide the results and date of the most recent arterial blood gas PO₂ and/or oxygen saturation test taken on 4 LPM.

If the PO₂ = 56–59, or the oxygen saturation = 89%, then evidence of the beneficiary meeting at least one of the following criteria must be provided.

8. The patient having dependent edema due to congestive heart failure.

9. The patient having cor pulmonale or pulmonary hypertension, as documented by pulmonale on an EKG or by an echocardiogram, gated blood pool scan or direct pulmonary artery pressure measurement.

10. The patient having a hematocrit greater than 56%.

Form HCFA–484 obtains all pertinent information and promotes national consistency in coverage determinations;

Frequency: Other (as needed);

Affected Public: Business or other for-profit, and Federal Government;

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