of Medicare coverage, the roles agencies and contractors play, and the claims handling process.

3. Government Printing Office (GPO)

The GPO Web site (*http://www.access.gpo.gov*) provides access to federal statutes and regulations pertaining to federal health care programs.

4. The U.S. House of Representatives Internet Library

The U.S. House of Representatives Internet Library Web site (*http://.uscode.house.gov/usc.htm*) provides access to the United States Code, which contains laws pertaining to federal health care programs.

Endnotes:

1. To date, the OIG has issued compliance program guidance for the following nine industry sectors: (1) Hospitals; (2) clinical laboratories; (3) home health agencies; (4) durable medical equipment suppliers; (5) third-party medical billing companies; (6) hospices; (7) Medicare+Choice organizations offering coordinated care plans; (8) nursing facilities; and (9) individual and small group physician practices. The guidances listed here and referenced in this document are available on the OIG Web site at *http://oig.hhs.gov* in the Fraud Prevention and Detection section.

2. The CMS's final ambulance fee schedule rule was published in the **Federal Register** on February 27, 2002 (67 FR 9100) and went into effect on April 1, 2002.

3. The term ''universe'' is used in this CPG to mean the generally accepted definition of the term for purposes of performing a statistical analysis. Specifically, the term ''universe'' means the total number of sampling units from which the sample was selected.

4. The OIG encourages that providers/suppliers police themselves, correct underlying problems, and work with the government to resolve any problematic practices. The OIG's Provider Self-Disclosure Protocol, published in the **Federal Register** on October 30, 1998 (63 FR 58399), sets forth the steps, including a detailed audit methodology, that may be undertaken if suppliers wish to work openly and cooperatively with the OIG. The Provider Self-Disclosure Protocol is open to all health care providers and other entities and is intended to facilitate the resolution of matters that, in the provider's reasonable assessment, may potentially violate federal criminal, civil, or administrative laws. The Provider Self-Disclosure Protocol is not intended to resolve simple mistakes or overpayment problems. The OIG's Self-Disclosure Protocol can be found on the OIG Web site at *http://oig.hhs.gov.*

5. Ambulance suppliers should read the OIG's September 1999 Special Advisory Bulletin, entitled ''The Effect of Exclusion From Participation in the Federal Health Care Programs,'' published in the **Federal Register** on October 7, 1999 (64 FR 58851), which is located at *http://oig.hhs.gov/frdalrt*, for more information regarding excluded individuals and entities and the effect of employing or contracting with such individuals or entities.

6. OEI–09–95–00412, available on the OIG's Web site at *http://oig.hhs.gov/oei.*

7. CMS Program Memorandum B–00–09 describes different options for ambulance suppliers having difficulty obtaining PCSs. (See 42 CFR 410.40(d)(3)(iii) and (iv).) A PCS is not required, for beneficiaries who are not under the direct care of a physician, whether the beneficiary resides at home or in a facility. Id. Section 410.40(d)(3)(ii).

8. 42 CFR 410.42(d).

9. On December 28, 2000, the Department of Health and Human Services (HHS) released its final rule implementing the privacy provisions of the Health Insurance Portability and Accountability Act of 1996. The rule became effective in April 2001, and regulates access, use, and disclosure of personally identifiable health information by covered entities (health providers, plans, and clearinghouses). Guidance on an ambulance supplier's compliance with the HHS Privacy Regulations is beyond the scope of this CPG; however, it will be the responsibility of ambulance suppliers to comply. Most health plans and providers must comply with the rule by April 14, 2003. In the meantime, many organizations are considering and analyzing the privacy issues.

10. Loaded miles refers to the number of miles that the patient is physically on board the ambulance.

11. HCFA Program Memorandum Transmittal AB–00–118, issued on November 30, 2000.

12. In addition to Medicare and Medicaid, the federal health care programs include, but are not limited to, TRICARE, Veterans Health Care, Public Health Service programs, and the Indian Health Services.

13. The procedures for applying for an advisory opinion are set forth at 42 CFR part 1008. and on the OIG Web page at *http://www.oig.hhs.gov/fraud/advisoryopinions.html#3.* All OIG advisory opinions are published on the OIG web page. A number of published opinions involving ambulance arrangements provide useful guidance for ambulance suppliers. These include OIG Advisory Opinions Nos. 97–6, 98–3, 98–7, 98–13, 99–1, 99–2, 99–5, 00–7, 00–9, 00–11, 01–10, 01–11, 01–12, 01–18, 02–2, 02–3, 02–8, and 02–15. Other advisory opinions not specifically involving ambulance arrangements may also provide useful guidance.

14. See 65 FR 24400; April 26, 2000.

15. See Special Advisory Bulletin: Offering Gifts and Other Inducement to Beneficiaries, located on the OIG Web page at *http://www.oig.hhs.gov/fraud/fraudalerts.html#2.*

16. See Special Fraud Alert: Routine Waiver of Copayments or Deductibles Under Medicare Part B (59 FR 65372, 65374 (1994)), located on the OIG Web page at *http://www.oig.hhs.gov/fraud/fraudalerts.html#1.*

17. The OIG may exclude from participation in the federal health care programs any provider that submits or causes to be submitted bills or requests for payment (based on charges or costs) under Medicare or Medicaid that are substantially in excess of such providers' usual charges or costs, unless the Secretary finds good cause for such bills or requests. (See section 1128(b)(6) of the Act (42 U.S.C. 1320a–7(b)(6)).)

Dated: February 14, 2003.

Janet Rehnquist,

Inspector General.

[FR Doc. 03–6866 Filed 3–21–03; 8:45 am]

BILLING CODE 4152–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (301) 443–7978.

Comments are invited on: (a) Whether the proposed collections of information are 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: National Cross-Site Assessment of the Addiction Technology Transfer

Centers Network—(OMB No. 0930–0216, Revision—The Substance Abuse and Mental Health Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) intends to continue an assessment of its Addiction Technology Transfer Centers (ATTCs). The data collection instruments are being modified, and the methodology will be updated to comply with CSAT's new Government Performance and Results Act (GPRA) requirements. CSAT is requiring all of its programs to use standard GPRA Customer Satisfaction forms for training, technical assistance and meeting events, approved by OMB under OMB control number 0930–0197. In response to these new requirements, the ATTC Network will modify the

current evaluation tools to be in compliance, while still collecting information needed for the cross-site assessment.

The goal underlying the training and education opportunities provided through the ATTCs is to enhance the competencies of professionals in a variety of disciplines to address the clinical needs of individuals with substance abuse problems using research-based curricula and training materials through both traditional and non-traditional technologies.

The ATTCs disseminate current health services research from the National Institute on Drug Abuse, National Institute on Alcohol Abuse and Alcoholism, National Institute of Mental Health, Agency for Health Care Policy and Research, National Institute of Justice, and other sources and applied knowledge development activities from SAMHSA using innovative technologies by developing and updating state-of-the-art research-based curricula and developing faculty and trainers. Participants in ATTC events are self-identified and participate in either academic courses, continuing education/professional development training events, technical assistance or meetings. Academic courses are offered at all levels. Continuing education/professional development training is designed to meet identified needs of counselors and other professionals who work with individuals with substance abuse problems. A technical assistance is a jointly planned consultation generally involving a series of contacts between the ATTC and an outside organization/institution during which the ATTC provides expertise and gives direction toward resolving a problem or improving conditions. A meeting is an ATTC sponsored or co-sponsored event in which a group of people representing one or more agencies other than the ATTC work cooperatively on a project, problem, and/or a policy.

Both a process and an outcome assessment will be conducted. The process component will describe the training and education needs of pre-service and currently practicing professionals, the types of events that participants receive through the ATTCs, and their satisfaction with services. The outcome component will focus on changes in clinical practice made by participants as a result of knowledge received.

Analysis of this information will assist CSAT in documenting the numbers and types of participants in ATTC events, describing the extent to which participants improve in their clinical competency, and which method is most effective in disseminating knowledge to the various audiences. This type of information is crucial to support CSAT in complying with GPRA reporting requirements and will inform future development of knowledge dissemination activities.

The study design for trainees will include a description of each event, and a pre-post design that collects identical information at initiation of ATTC courses/trainings, at the completion of the course/training, and again after 30 days. For technical assistance and meeting events, there will be a description of each event and demographic information will be collected from participants before the event. In addition, the study will collect satisfaction measures after each event and at 30-day follow-up using the required GPRA forms. Follow-up forms will be sent to a sample of 25% of participants at events. The chart below summarizes the annualized burden for this project.

Respondent type	Number of respondents	Average responses/ respondent	Average Hours/ response	Total burden hours
Students/Trainees	20,000	3	.25	15,000
Faculty/Trainers	200	1	.25	50
ATTC Summary Reports	15	4	2.00	120
Total	20,215			15,170

Send comments to Nancy Pearce, SAMHSA Reports Clearance Officer, Room 16–105, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: March 18, 2003.

Richard Kopanda,

Executive Officer, Substance Abuse and Mental Health Services Administration.

[FR Doc. 03–6895 Filed 3–21–03; 8:45 am]

BILLING CODE 4162–20–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (301) 443–7978.

Registration Form for the National Registry of Effective Prevention Programs—(OMB No. 0930–0210; Revision)—Section 515(d) of the Public Health Service Act (42 U.S.C. 290bb-21) requires that the Director of SAMHSA's Center for Substance Abuse Prevention (CSAP) establish a national data base providing information on programs for the prevention of substance abuse and specifies that the data base shall contain information appropriate for use by public entities and information appropriate for use by nonprofit private entities. Beginning in 1994, CSAP met this responsibility through the High Risk Populations Databank on programs for the prevention of substance abuse funded by direct CSAP grants. In 2000 CSAP expanded its information collection to include voluntary submission of descriptions of effective substance abuse prevention conducted by state and local governments, nonprofit entities, and the private sector.

CSAP has developed a template, accessed through a dedicated site on the World Wide Web, to enable practitioners who have evidence that their program reduces risk factors or increases protective factors pertaining to