

Dated: October 3, 1996.

William K. Hubbard,  
Associate Commissioner for Policy  
Coordination.

[FR Doc. 96-26040 Filed 10-8-96; 8:45 am]

BILLING CODE 4160-01-F

## Health Care Financing Administration

[HCFA-R-72]

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

**AGENCY:** Health Care Financing  
Administration, HHS.

In compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.), the Health Care Financing Administration (HCFA), Department of Health and Human Services, has submitted to the Office of Management and Budget (OMB) the following proposals 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:* Reinstatement, without change, of previously approved collection for which approval has expired; *Title of Information Collection:* Information Collection Requirements in 42 CFR 473.18 (a) and (b), 473.34 (a) and (b), 473.36 (a) and (b), and 473.42 (a), Peer Review Organization (PRO) Reconsideration and Appeals; *Form No.:* HCFA-R-72; *Use:* These regulations contain procedures for PRO's to use in reconsideration of initial determinations. The information requirements contained in these regulations are on PROs to provide information to parties requesting a reconsideration review. These parties will use the information as guidelines for appeal rights in instances where issues are still in dispute; *Frequency:* On occasion; *Affected Public:* Business or other for profit; *Number of Respondents:* 53; *Total Annual Responses:* 15,670; *Total Annual Hours:* 3,578.

2. *Type of Information Collection Request:* Reinstatement, without change,

of previously approved collection for which approval has expired; *Title of Information Collection:* Request for Enrollment in Supplementary Medical Insurance; *Form No.:* HCFA-4040; *Use:* The HCFA-4040 is used to establish entitlement to Supplementary Medical Insurance by Beneficiaries not eligible under Part A of Title XVIII or Title II of the Social Security Act. The HCFA-4040SP is the Spanish edition of this form; *Frequency:* One time only; *Affected Public:* Individuals and households, Federal government, State, local, or tribal governments; *Number of Respondents:* 10,000; *Total Annual Responses:* 10,000; *Total Annual Hours:* 2,500.

3. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Request for Certification as a Rural Health Clinic, Rural Health Clinic Survey Report Form; *Form No.:* HCFA-29, 30; *Use:* The form HCFA-29 "Request for Certification as a Rural Health Clinic" is used by facilities to apply to participate in the Medicare program. The form HCFA-30 "Rural Health Clinic Survey Report Form, is used by State survey agencies to record data needed to determine compliance with the Federal requirements; *Frequency:* Annually; *Affected Public:* State, local or tribal governments; *Number of Respondents:* 390; *Total Annual Responses:* 390; *Total Annual Hours:* 682.

4. *Type of Information Collection Request:* Reinstatement, without change, of previously approved collection for which approval has expired; *Title of Information Collection:* Quarterly Showing; *Form No.:* HCFA-R-41; *Use:* This form is used by State Medicaid agencies to list participating health care facilities and the dates the State agencies reviewed the facilities. The lists are required to assure the existence of an effective utilization (of services) control program, as required by law and regulation, to avoid a penalty; *Frequency:* Quarterly; *Affected Public:* State, local or tribal governments; *Number of Respondents:* 47; *Total Annual Responses:* 188; *Total Annual Hours:* 9,212.

5. *Type of Information Collection Request:* Reinstatement, without change, of previously approved collection for which approval has expired; *Title of Information Collection:* Quarterly Showing Validation Survey; *Form No.:* HCFA-9050; *Use:* Reporting entities may be required to submit lists of Medicaid beneficiaries residing in a select number of institutions. State Medicaid agencies may also be required to submit procedures for conducting

inspection of care reviews and other documentation necessary to validate the Quarterly Showing reports. The listings are required to determine those patients for which the State is currently responsible for their care. This part of the operation to determine that states have an effective utilization control program; *Frequency:* Annually; *Affected Public:* State, local or tribal governments; *Number of Respondents:* 47; *Total Annual Responses:* 8; *Total Annual Hours:* 376.

6. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Business Proposal Formats for Utilization and Quality Control Peer Review Organizations (PROs); *Form No.:* HCFA-718-721; *Use:* Submission of proposal information by current PROs and other bidders, according to the business proposal instructions, will satisfy HCFA's need for consistent, and verifiable data with which to validate contract proposals; *Frequency:* Other (Tri-annually); *Affected Public:* Business or other for profit, not for profit institutions; *Number of Respondents:* 20; *Total Annual Responses:* 23; *Total Annual Hours:* 450.

To obtain copies of the supporting statement and any related forms, E-mail your request, including your address and phone number, 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 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.

Dated: October 2, 1996.

Edwin J. Glatzel,  
Director, Management Analysis and Planning  
Staff, Office of Financial and Human  
Resources, Health Care Financing  
Administration.

[FR Doc. 96-25833 Filed 10-8-96; 8:45 am]

BILLING CODE 4120-03-P

## Health Resources and Services Administration

### 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 for opportunity for public comment on

proposed data collection projects, 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, call the HRSA Reports Clearance Officer on (301) 443-1129.

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**

The National Health Service Corps (NHSC) Application Process (OMB No. 0915-0146)—Revision and Extension—The National Health Service Corps (NHSC) Scholarship Program was established to help alleviate the geographical and specialty maldistribution of physicians and other health practitioners in the United States. Under this program, health professions students are offered scholarships in return for service in a federally-designated Health Professional Shortage Area (HPSA).

In an effort to improve the procedures for selecting NHSC scholars, a revised

application and a semi-structured interview were pilot tested in the spring of 1996. The revised selection process is designed to broaden the scope of the information available on applicants in order to improve the Agency's ability to identify those applicants with the greatest potential to fulfill the objectives of the Scholarship Program. The application form is being expanded, and the unstructured interview is being replaced by a semistructured interview conducted by a team of two interviewers who use a structured scoring procedure.

Approval will be requested to implement the new process in two phases; the new interview will be used in 1997 along with the current application, with the intent to implement the full process for the 1998 awards.

**ESTIMATES OF ANNUALIZED HOUR BURDEN**

Form name	Number of respondents	Responses per respondent	Hours per response	Total burden hours
Application .....	3000	1	1.0	3000
Interview .....	900	1	1.67	1500

**Estimated Total Annual Burden:** 4500 hours. The interview burden includes 1 hour for travel time to the interview site.

Send comments to Patricia Royston, HRSA Reports Clearance Officer, Room 14-36, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: October 3, 1996.

J. Henry Montes,

Associate Administrator for Policy Coordination.

[FR Doc. 96-25913 Filed 10-8-96; 8:45 am]

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**Contact Person:** Michael D. Hirsch, Parklawn Building, Room 9C-18, 5600 Fishers Lane, Rockville, MD 20857, Telephone: 301, 443-1000.

**Committee Name:** National Institute of Mental Health Special Emphasis Panel.

**Date:** November 13, 1996.

**Time:** 2 p.m.

**Place:** Parklawn Building, Room 9C-26, 5600 Fishers Lane, Rockville, MD 20857.

**Contact Person:** Rehana A. Chowdhury, Parklawn Building, Room 9C-26, 5600 Fishers Lane, Rockville, MD 20857, Telephone: 301, 443-6470.

**Committee Name:** National Institute of Mental Health Special Emphasis Panel.

**Date:** November 14, 1996.

**Time:** 1:30 p.m.

**Place:** Parklawn Building, Room 9C-26, 5600 Fishers Lane, Rockville, MD 20857.

**Contact Person:** Phyllis D. Artis, Parklawn Building, Room 9C-26, 5600 Fishers Lane, Rockville, MD 20857, Telephone: 301, 443-6470.

**Committee Name:** National Institute of Mental Health Special Emphasis Panel.

**Date:** November 21-November 22, 1996.

**Time:** 8:30 a.m.

**Place:** Double Tree Hotel, 1750 Rockville Pike, Rockville, MD 20852.

**Contact Person:** Angela L. Redlingshafer, Parklawn, Room 9C-18, 5600 Fishers Lane, Rockville, MD 20857, Telephone: 301, 443-1367.

The meetings will be closed in accordance with the provisions set forth in secs. 552b(c)(4) and 552b(c)(6), Title 5, U.S.C. Applications and/or proposals and the discussions could reveal confidential trade

secrets or commercial property such as patentable material and personal information concerning individuals associated with the applications and/or proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy. (Catalog of Federal Domestic Assistance Program Numbers 93.242, 93.281, 93.282)

Dated: October 2, 1996.

Paula N. Hayes,

Acting Committee Management Officer, NIH.

[FR Doc. 96-25862 Filed 10-8-96; 8:45 am]

BILLING CODE 4140-01-M

**National Institute on Alcohol Abuse and Alcoholism; Notice of Closed Meetings**

Pursuant to Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meetings:

**Purpose/Agenda:** To review and evaluate grant applications.

**Name of Committee:** National Institute on Alcohol Abuse and Alcoholism Special Emphasis Panel.

**Dates of Meeting:** October 25, 1996.

**Time:** 8:30 a.m. to 10:00 a.m.

**Place of Meeting:** Holiday Inn of Bethesda, 8120 Wisconsin Ave., Bethesda, MD 20814.

**Contact Person:** Elsie D. Taylor, 6000 Executive Blvd, Suite 409, Bethesda, MD 20892-7003, 301-443-9787.

**National Institutes of Health**

**National Institute of Mental Health; Notice of Closed Meetings**

Pursuant to Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meetings of the National Institute of Mental Health Special Emphasis Panel:

**Agenda/Purpose:** To review and evaluate grant applications.

**Committee Name:** National Institute of Mental Health Special Emphasis Panel.

**Date:** November 1, 1996.

**Time:** 2:30 p.m.

**Place:** Parklawn Building, Room 9C-18, 5600 Fishers Lane, Rockville, MD 20857.