

associated with Medicare beneficiaries and Medicaid recipients, who are primarily the aged, the poor, the disabled, and persons with end-stage renal disease. Techniques to be explored involve systems both for retrospective utilization pattern review and for managing prospective interventions in individual physician or beneficiary and recipient service or product use. This area also includes broader management tools, based on information derived from utilization review, that promote or ensure more efficient and effective service delivery.

C. Beneficiary Information and Assistance

HCFA invites ideas that may make the Medicare and Medicaid programs understandable to beneficiaries and recipients and that provide assistance to these individuals in their attempts to deal with the programs. Potential program users (Medicare and Medicaid beneficiaries) need to understand when they are eligible, what services or products are covered, and what their rights and responsibilities are within each program. (It is important to understand that detailed information on Medicaid must be assembled on a state-by-state basis). An example would be an information project that would assist health care consumers, including Medicare and Medicaid beneficiaries, by providing aggregate data on provider performance and utilization trends, discrete price information, and information on related copayments, etc.; in a sense, a "Blue Book for Consumers." Another example is obtaining payment for claims, one of the most frequent problems encountered by Medicare beneficiaries. The process of dealing with Medicare's fiscal intermediaries and carriers is difficult for many beneficiaries. Tools that would ease this process would be welcome. Beneficiaries also need to be able to decide whether they should join, or exit from, a health maintenance organization, and the advantages and disadvantages of the decision. Beneficiaries need to understand what considerations to take into account when long term care is a possibility. Similarly, beneficiaries need to be assisted in the decision about the purchase of health insurance in addition to Medicare. HCFA invites ideas in beneficiary communication and assistance approaches that are tailored to special populations (such as significant demographic, sociocultural, or disease-related groups of beneficiaries), as well as approaches that could be used by supplemental health benefit program sponsors (for

example, employers and unions) in assisting Medicare-eligible retirees. Applicants who are considering this topic should understand that the SBIR Program generally seeks to support the development of commercially viable products and that there is already a fair amount of existing commercial activity in this area.

D. Program Efficiencies and Improvement

The existing systems for health care delivery and financing have undergone, and are continuing to undergo, changes due to new technology, legislation, regulation, and market forces. Major payers for health care are continually studying the feasibility of new approaches to improving the management of care, the delivery of care, and financing. Therefore, HCFA invites applications that focus on tools to assist in the goal of improved management of the Medicare and Medicaid programs. The term management is used in a broad sense. These could be tools that are directed toward providers who furnish services or products to Medicare beneficiaries or Medicaid recipients, organizations that handle the financing of care, organizations that oversee the quality of services and products, or the beneficiaries and recipients themselves, and State and local organizations that deal primarily with Medicare and Medicaid populations.

HCFA will consider any innovative idea that appears to have the potential for improving the programs for any of the several parties involved, and that has a potential for sale in the normal or commercial market. An example of an innovative idea is the development of improved computer-based case management systems for community care services. Case management programs are commonly being used to coordinate community-based care for frail elderly and other populations under Medicaid and other programs. Automated systems use client eligibility and assessment information to assist case management agencies in preparing appropriate plans of care based on the client's condition and select service providers. These systems would also interface with service approval or financial or billing systems to improve the cost-efficiency of case management programs. Proposed systems should complement or integrate existing mandated HCFA instruments (particularly functional assessment tools, minimum data sets, discharge planning, etc.). Redundant instruments will not be considered for funding.

E. Other Health Care Research and Demonstrations

We encourage small business concerns to submit applications for proposed research in any area within the field of health care R & D.

VIII. Other Required Information

In accordance with the provisions of Executive Order 12866, this notice was not reviewed by the Office of Management.

Authority: Public Law 97-219, 96 Stat. 217-221; Public Law 99-443, 100 Stat. 1120; Sec. 108, Public Law 100-590, 102 Stat. 2989, 2994; Public Law 102-564, 106 Stat. 4249 (15 U.S.C. 638 (e) through (m)). (Catalog of Federal Domestic Assistance Program No. 93.779, Health Care Financing Research, Demonstration and Experiments)

Dated: December 17, 1996.

Bruce C. Vladeck,

Administrator, Health Care Financing Administration.

[FR Doc. 97-2087 Filed 1-28-97; 8:45 am]

BILLING CODE 4120-01-P

[ORD-081-CN; ORD-082-CN; ORD-083-CN; ORD-091-CN; ORD-094-CN]

Medicaid Program; New and Pending Demonstration Project Proposals Submitted Pursuant to Section 1115(a) of the Social Security Act: August and September 1995; October 1995; November 1995; July 1996; and October 1996; Correction

AGENCY: Health Care Financing Administration (HCFA), HHS.

ACTION: Correction.

SUMMARY: In the following Federal Register documents delete the entry and description for the Montana Mental Health Access Plan as a "pending" section 1115 demonstration proposal.

- Federal Register document 95-30066, in the issue of December 11, 1995, page 63535, second column.
- Federal Register document 95-30559, in the issue of December 15, 1995, page 64443, first column.
- Federal Register document 96-824, in the issue of January 23, 1996, page 1772, first column.
- Federal Register document 96-23116, in the issue of September 11, 1996, page 47949 third column.
- Federal Register document 96-31237, in the issue of December 9, 1996, page 64916, third column.

In Federal Register document No. 95-30066, in the issue of December 11, 1995, on page 63536, first column, the narrative information under the heading "5. Disapproval Proposals" should read as follows:

"5. *Disapproval Proposals*

The Montana Mental Health Access Plan Section 1115 Demonstration Proposal was disapproved on September 13, 1995 for the following reasons:

- It would not have provided a comprehensive range of services to the expansion population, that is, the expansion population would not be eligible to receive physical health benefits under the demonstration; and
- It would have shifted the costs of state-funded mental health services to the Federal Government.”

(Catalog of Federal Domestic Assistance Program, No. 93.779; Health Financing Research, Demonstrations, and Experiments)

Dated: January 23, 1997.

Barbara Cooper,

Acting Director, Office of Research and Demonstrations.

[FR Doc. 97-2086 Filed 1-28-97; 8:45 am]

BILLING CODE 4120-01-P

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 35, 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, 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 Health Education Assistance Loan (HEAL) Program: Forms—0915-0034—Extension, no change—This clearance request is for extension of approval for four HEAL forms: the Lender's Application for Contract of Federal Loan Insurance (used by lenders to make application to the HEAL insurance program); the Lender's Manifest (used by the lender to report recent HEAL loan activity); the Loan Transfer Statement (used by the lender to report the transfer of a HEAL loan); and the Borrower Status Request (completed by the borrower and the borrower's employer and used by the lender to determine eligibility for deferment). The reports assist the Department in protecting its investment in this loan insurance program. No changes to the forms are proposed.

The estimate of burden for the forms are as follows:

| HRSA form | Number of respondents | Responses per respondent | Total responses | Hours per response | Total burden hours |
|---|-----------------------|--------------------------|-----------------|--------------------|--------------------|
| Lender's Application for Contract of Federal Loan Insurance | 32 | 1 | 32 | 8 min | 4 |
| Lender's Manifest | 9 | 331 | 2,975 | 5 min | 248 |
| Loan Transfer Statement | 32 | 265 | 8,480 | 10 min | 1,413 |
| Borrower Status Request: | | | | | |
| Borrowers | 12,180 | 1 | 12,180 | 10 min | 2,030 |
| Employers | 7,550 | 1.613 | 12,180 | 5 min | 1,015 |
| Total | 19,762 | 1.81 | 35,847 | 8 min | 4,710 |

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: January 23, 1997

J. Henry Montes,

Director, Office of Policy and Information Coordination.

[FR Doc. 97-2139 Filed 1-28-97; 8:45 am]

BILLING CODE 4160-15-P

Program Announcement for Contracts for the Disadvantaged Health Professions Faculty Loan Repayment Program for Fiscal Year 1997

The Health Resources and Services Administration (HRSA) announces that applications for contracts for fiscal year

(FY) 1997, for the Disadvantaged Health Professions Faculty Loan Repayment Program (FLRP) are now being accepted under section 738(a) of the Public Health Service Act (The Act).

In FY 1997, approximately \$800,000 is available for competing applications for the Disadvantaged Health Professions Faculty Loan Repayment Program. It is expected that 25 contracts averaging \$32,000 (\$15,000 per year for two years) will be supported with these funds.

Purpose

The purpose of the Disadvantaged Health Professions Faculty Loan Repayment Program (FLRP), authorized by section 738(a), is to attract disadvantaged health professionals into faculty positions in accredited health professions schools. The program

provides a financial incentive for degree-trained health professions personnel from disadvantaged backgrounds who will serve as members of the faculties of those schools. The FLRP is directed at those individuals available to serve immediately or within a short time as "new" full-time faculty members. Loan repayment may be provided only for an individual who has not been a member of the faculty of any school at any time during the 18-month period preceding the date on which the Secretary receives the request of the individual for a repayment contract (i.e., "new" faculty).

Section 738(b) makes available grants and contracts with schools of medicine, osteopathic medicine, dentistry, veterinary medicine, optometry, podiatric medicine, pharmacy, public health, health administration, clinical