

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: Reinstatement, with change, of a previously approved collection for which approval has expired; *Title of Information Collection:* Request for Termination of Premium Hospital and/or Supplementary Medical Insurance and Supporting Regulations in 42 CFR 406.28 and 407.27; *Form No.:* HCFA-1763; *Use:* The HCFA-1763 is used by beneficiaries to request voluntary termination from premium hospital and/or supplementary medical insurance. *Frequency:* One time only; *Affected Public:* Individuals or Households and Federal Government; *Number of Respondents:* 14,000; *Total Annual Hours:* 7,000.

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 to obtain the supporting statement and any related forms, 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 60 days of this notice directly to the HCFA Paperwork Clearance Officer designated at the following address: HCFA, Office of Financial and Human Resources, Management Analysis and Planning Staff, Attention: Louis Blank, Room C2-26-17, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: June 4, 1997.

Edwin J. Glatzel,

Director, Management Analysis and Planning Staff Office of Financial and Human Resources.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[HCFA-216 and HCFA-2088]

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, the Health Care Financing Administration (HCFA), Department of Health and Human Services, is publishing the following summaries of proposed collections for public comment. 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: Revision of a currently approved collection; *Title of Information Collection:* Organ Procurement organization/Histocompatibility Laboratory Statement of Reimbursable Cost; *Form No.:* HCFA-216; *Use:* This form is required by statute for participation in the Medicare program. The information is used to determine reasonable costs incurred to furnish treatment to end stage renal disease patients by Organ Procurement Organizations and Histocompatibility Laboratories. *Frequency:* Annually; *Affected Public:* Business or other for-profit, Not-for-profit institutions, and State, Local or Tribal Government; *Number of Respondents:* 100; *Total Annual Hours:* 4,500.

2. Type of Information Collection

Request: Revision of a currently approved collection; *Title of Information Collection:* Outpatient Rehabilitation Cost Report and Supporting Regulations in 42 CFR 413.20 and 413.24; *Form No.:* HCFA-2088; *Use:* This form is used by Outpatient Rehabilitation Facilities to report their health care costs to determine the amount reimbursable for services furnished to Medicare beneficiaries. *Frequency:* Annually; *Affected Public:* Business or other for-

profit, Not-for-profit institutions, and State, Local or Tribal Government; *Number of Respondents:* 4,298; *Total Annual Hours:* 429,800.

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 to obtain the supporting statement and any related forms, 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 60 days of this notice directly to the HCFA Paperwork Clearance Officer designated at the following address: HCFA, Office of Financial and Human Resources, Management Analysis and Planning Staff, Attention: Louis Blank, Room C2-26-17, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: June 3, 1997.

Edwin J. Glatzel,

Director, Management Analysis and Planning Staff, Office of Financial and Human Resources.

[FR Doc. 97-15121 Filed 6-9-97; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[1965, 2649, 5011A, 5011B and 9049]

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 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:* Extension of a currently approved collection; *Title of Information Collection:* Request for Hearing—Part B Medicare Claim and Supporting Regulations in 42 CFR 405.821; *Form No.:* HCFA-1965; *Use:* Section 1869 of the Social Security Act authorizes a hearing for any individual who is dissatisfied with any determination and amount of benefit paid. This form is used so that a party may request a hearing by a Hearing Officer because the review determination failed to satisfy the appellant. *Frequency:* Annually, Quarterly and Monthly; *Affected Public:* Individual or Households, and Not-for-profit institutions; *Number of Respondents:* 55,000; *Total Annual Hours:* 9,167.

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Request for Reconsideration of Part A Insurance Benefits and Supporting Regulations in 42 CFR 405.711; *Form No.:* HCFA-2649; *Use:* Section 1869 of the Social Security Act authorizes a hearing for any individual who is dissatisfied with the intermediary's Part A determination or the benefit amount paid. This form is used by a party to request a reconsideration of the initial determination of benefits. *Frequency:* Annually, Quarterly and Monthly; *Affected Public:* Individuals or Households, and Not-for-profit institutions; *Number of Respondents:* 62,000; *Total Annual Hours:* 15,500.

3. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Request for Part A Medicare Hearing by an Administrative Law Judge and Supporting Regulations in 42 CFR 498 Subpart D and E; *Form No.:* HCFA-5011A-U6; *Use:* Section 1869 of the Social Security Act authorizes a hearing for any individual who is dissatisfied with the intermediary's Part A determination or the amount paid. This form is used by the beneficiary or other qualified appellant to request a hearing by an Administrative Law Judge if the reconsideration determination fails to satisfy the appellant. *Frequency:* Annually, Quarterly and Monthly; *Affected Public:* Individuals or Households, and Not-for-profit institutions; *Number of Respondents:* 10,000; *Total Annual Hours:* 2,500.

4. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Request for Part B Medicare Hearing by an

Administrative Law Judge and Supporting Regulations in 42 CFR 498 Subpart D and E; *Form No.:* HCFA-5011B-U6; *Use:* Section 1869 of the Social Security Act authorizes a hearing for any individual who is dissatisfied with the carrier's Part B determination or the amount paid. This form is used by the beneficiary or other qualified appellant to request a hearing by an Administrative Law Judge if the hearing officer's decision fails to satisfy the appellant. *Frequency:* Annually, Quarterly and Monthly; *Affected Public:* Individuals or Households, and Not-for-profit institutions; *Number of Respondents:* 10,000; *Total Annual Hours:* 2,500.

5. *Type of Information Collection Request:* Reinstatement, with change, of a previously approved collection for which approval has expired; *Title of Information Collection:* Information on Provider Refunds and Supporting Regulations in 42 CFR 489.40-41; *Document No.:* HCFA-9049; *Use:* When a Medicare claim is denied and then paid as a result of a reconsideration, there is a possibility that the provider has already been paid by the beneficiary. These questions on provider refunds will be used on intermediary forms to verify that the provider has refunded the beneficiary's money. *Frequency:* On occasion; *Affected Public:* Business or other for-profit; *Number of Respondents:* 4,236; *Total Annual Hours:* 1,059.

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 to obtain the supporting statement and any related forms, 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 HCFA Paperwork Clearance 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: June 3, 1997.

Edwin J. Glatzel,

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

[FR Doc. 97-15027 Filed 6-9-97; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier: HCFA-R-204]

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:* Data Collection for the Second Generation Social Health Maintenance Organization Demonstration; *Form No.:* HCFA-R-204; *Use:* The data collected under this effort will be used to support the operational and evaluation needs of the Congressionally-Mandated Second Generation of the Social Health Maintenance Organization Demonstration (S/HMO). The S/HMO is designed to integrate health and social services and reduce fragmentation of care through better coordination and more appropriate use of services. The S/HMO model of care combines the features of HMOs with those of long-term-care demonstration projects and offers Medicare beneficiaries the opportunity to receive a wide range of services to meet both acute and long-term-care needs. *Frequency:* On occasion, Annually; *Affected Public:* Individuals or Households; *Number of Respondents:* 157,056; *Total Annual Responses:* 137,271; *Total Annual Hours:* 133,652.

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 to obtain the supporting statement and any