

evaluation system to set a threshold for eligibility for noncompetitive renewal of the PRO contract. We are issuing the following standards for minimum performance to inform the PROs about what we consider to be a minimum level of PRO performance during the 5th Scope of Work.

II. Standards For Minimum Performance

To be eligible for a noncompetitive renewal of its 6th round contract, a PRO must meet, at a minimum, the performance standards listed below by the end of its 18th contract month. However, meeting these minimum performance standards does not guarantee a noncompetitive renewal of its contract. We will make a final decision on renewal/nonrenewal by the end of the 28th month of the 5th Scope of Work contract.

We will issue a "Notice of Intent to Non-renew the PRO Contract" letter to all PROs that do not meet the minimum performance standards by the end of their 18th contract month. A PRO will be considered to have met the minimum performance standards if:

A. The PRO initiated quality improvement projects in at least the five clinical topic areas to include acute myocardial infarction, diabetes, prevention (flu vaccination, pneumonia vaccination, or mammography), and two topic areas of a PRO's choice.

B. Each PRO quality improvement project is sufficiently broad enough in scope to involve a specified percentage of beneficiaries in the PRO's geographic area (a percentage of beneficiaries with the condition or percentage for whom the prevention service is indicated) as follows:

Topic Area	Scope (Percentage of beneficiaries involved)
Acute Myocardial Infarction	10
Diabetes	5
Prevention (flu vaccination, pneumonia vaccination, or mammography)	10
Topic of PRO's choice	10
Topic of PRO's choice	10

C. The PRO demonstrates that a sufficient number of providers in its contractually specified geographic area have actively attempted to improve care through participation in the PRO's quality improvement projects. Specifically, the PRO must have enlisted the participation of:

- At least 25 percent of all acute care hospitals; and

- One of the following:
 - * In States with a high managed care penetration (defined to include California, Florida, Oregon, Washington, Arizona, Massachusetts, New York and Pennsylvania), at least one managed care plan; or
 - * In all remaining states, at least 10 community-based practitioners.

D. A PRO will demonstrate that at least one of the five prescribed projects has achieved a measured improvement on one or more of the targeted project indicators. In other words, the PRO must demonstrate that the gap between the "expected" indicator level (for example, the YEAR 2000 goal, practice guideline, clinical control trials recommendation) and the "actual" level, as documented in the baseline measurement, will have been lessened, as shown in the project's evaluation (for example, remeasurement step).

In accordance with the provisions of Executive Order 12866, this notice was reviewed by the Office of Management and Budget.

III. Response to Comments

Although we are not able to acknowledge or respond to all items of correspondence individually, we will consider all written comments that we receive by the date and time specified in the DATES section of this preamble.

Authority: Sections 1102 and 1881 of the Social Security Act (42 U.S.C. 1302 and 1395rr).

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: May 29, 1997.

Bruce C. Vladeck,

Administrator, Health Care Financing Administration.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of General Medical Sciences; Notice of Closed Meeting

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 advisory committee meeting of the National Institute of General Medical Sciences Special Emphasis Panel:

Committee Name: Trauma and Burn.

Date: July 21, 1997.

Time: 2:00 p.m.—until conclusion.

Place: The Copley Plaza Hotel, 138 St. James Avenue, Boston, MA 02116.

Contact Person: Bruce K. Wetzel, Ph.D., Scientific Review Administrator, NIGMS, Office of Scientific Review, 45 Center Drive, Room 2AS-19, Bethesda, MD 20892-6200, 301-594-3907.

Purpose: To review and evaluate program project applications.

This meeting will be closed in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6). Title 5 U.S.C. The discussions of these applications could reveal confidential trade secrets or commercial property such as patentable material and personal information concerning individuals associated with the applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

(Catalog of Federal Domestic Assistance Program Nos. 93.821, Biophysics and Physiological Sciences; 93.859, Pharmacological Sciences; 93.862, Genetics Research; 93.863, Cellular and Molecular Basis of Disease Research; 93.880, Minority Access Research Careers [MARC]; and 93.375, Minority Biomedical Research Support [MBRS])

Dated: June 26, 1997.

LaVerne Y. Stringfield,

Committee Management Officer, NIH.

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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 for opportunity for public comment on proposed data collection projects, 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 data collection plans and instruments, the SAMHSA Reports Clearance Officer on (301) 443-8005.

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