

(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 without change; *Title of Information Collection:* Attending Physician's Certification of Medical Necessity for Home Oxygen Therapy and Supporting Regulations 42 CFR 410.38 and 42 CFR 424.5; *Form Number:* HCFA-484 (OMB approval # 0938-0534); *Use:* To determine oxygen is reasonable and necessary pursuant to Medicare Statute, Medicare claims for home oxygen therapy must be supported by the treating physician's statement and other information including estimate length of need (# of months), diagnosis codes (ICD-9) and:

1. Results and date of the most recent arterial blood gas PO<sub>2</sub> and/or oxygen saturation tests.

2. The most recent arterial blood gas PO<sub>2</sub> and/or oxygen saturation test performed EITHER with the patient in a chronic stable state as an outpatient, OR within two days prior to discharge from an inpatient facility to home.

3. The most recent arterial blood gas PO<sub>2</sub> and/or oxygen saturation test performed at rest, during exercise, or during sleep.

4. Name and address of the physician/provider performing the most recent arterial blood gas PO<sub>2</sub> and/or oxygen saturation test.

5. If ordering portable oxygen, information regarding the patient's mobility within the home.

6. Identification of the highest oxygen flow rate (in liters per minute) prescribed.

7. If the prescribed liters per minute (LPM), as identified in item 6, are greater than 4 LPM, provide the results and date of the most recent arterial blood gas PO<sub>2</sub> and/or oxygen saturation test taken on 4 LPM.

If the PO<sub>2</sub>=56-59, or the oxygen saturation=89%, then evidence of the beneficiary meeting at least one of the following criteria must be provided.

8. The patient having dependent edema due to congestive heart failure.

9. The patient having cor pulmonale or pulmonary hypertension, as documented by P pulmonale on an EKG or by an echocardiogram, gated blood pool scan or direct pulmonary artery pressure measurement.

10. The patient having a hematocrit greater than 56%.

Form HCFA-484 obtains all pertinent information and promotes national

consistency in coverage determinations; *Frequency:* Other (as needed); *Affected Public:* Individuals/households, business or other for profit, and not for profit institutions; *Number of Respondents:* 300,000; *Total Annual Responses:* 300,000; *Total Annual Hours Requested:* 50,000.

2. *Type of Information Request:* Extension of a currently approved collection without change; *Title of Information Collection:* HEDIS 3.0 (Health Plan Data and Information Set), including the Health of Seniors and Consumer Assessment of Health Plans Study (CAHPS) surveys and supporting regulations 42 CFR 417.470, and 42 CFR 417.126; *Form Number:* HCFA-R-200 (OMB approval #0938-0701); *Use:* HEDIS and CAHPS will be used for 3 purposes: (1) To provide summary comparative data to the Medicare beneficiary to assist them in choosing among health plans; (2) to provide information to health plans for internal quality improvement activity; and (3) to provide HCFA, as purchaser, information useful for monitoring quality of and access to care provided by the plans; *Frequency:* Annually; *Affected Public:* Individuals or Households, non-profit and for profit HMOs which contract with HCFA to provide managed health care to Medicare beneficiaries; *Number of Respondents:* 293,834; *Total Annual Responses:* 293,834 *Total Annual Hours Requested:* 181,520.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, 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 Information Services, Information Technology Investment Management Group, Division of HCFA Enterprise Standards, Attention: John P. Burke III, Room C2-26-17, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: August 19, 1997.

**John P. Burke III,**

*HCFA Reports Clearance Officer, HCFA Office of Information Services, Information Technology Investment Management Group, Division of HCFA Enterprise Standards.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Care Financing Administration

#### Emergency Clearance: Public Information Collection Requirements Submitted to the Office of Management and Budget (OMB); Correction

In the Health Care Financing Administration (HCFA) notice "Emergency Clearance: Public Information Collection Requirements Submitted to the Office of Management and Budget", published in the **Federal Register** on 8/20/97, 62 FR 44283, third column, second paragraph, "it was stated that "HCFA will respond as appropriate to the public comments received in response to the 10/24/97 **Federal Register** notice. \* \* \*" However, the date referenced in this phrase was printed in error. The phrase is being corrected to read "HCFA will respond as appropriate to the public comments received in response to the 10/24/96 **Federal Register** notice. \* \* \*"

Dated: August 21, 1997

**John P. Burke III,**

*HCFA Reports Clearance Officer, Office of Information Services, Information Technology Investment Management Group, Division of HCFA Enterprise Standards, Health Care Financing Administration.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration

#### Notice of Meetings

Pursuant to Pub. L. 92-463, notice is hereby given of meetings of the SAMHSA Center for Substance Abuse Treatment (CSAT) National Advisory Council and the SAMHSA National Advisory Council to be held in September 1997.

The CSAT National Advisory Council will have an open portion and include discussion of the Center's policy issues and current administrative, legislative, and program developments. If anyone needs special accommodations for persons with disabilities please notify the Contact listed below.

The meeting will also include the review, discussion, and evaluation of individual grant applications, contract proposals, and discussion of information about the Center for Substance Abuse Treatment's procurement plans. Therefore a portion of the meeting will be closed to the