

percent of the Federal poverty level. Once enrolled, families would maintain their eligibility until their income reaches 200 percent of the Federal poverty level. The benefits would be identical to the Medicaid benefits package and current provisions for quality assurance under Wisconsin's present Medicaid managed care system.

*Date Received:* January 23, 1998.

*State Contact:* Angie Dombrowicki, Department of Health and Family Services, Division of Health, One West Wilson Street, Room 237, P.O. Box 309, Madison, WI 53701-0309, 608-266-1935.

*Federal Project Officer:* Maria Boulmetis, Health Care Financing Administration, Center for Medicaid and State Operations, Family/Children's Health Program Group, 7500 Security Boulevard, Baltimore, MD 21244-1850.

## 2. Pending Proposals

The pending proposals for July 1997 through November 1997 that are referenced in the **Federal Register** of February 4, 1998 (63 FR 5810) remain unchanged.

## 3. Approved Proposals

No proposals were approved during the months of December 1997 and January 1998.

## 4. Approved Conceptual Proposals (Award for Waivers Pending)

No conceptual proposals were approved during the months of December 1997 and January 1998.

## 5. Disapproved and Withdrawn Proposals

No proposals were disapproved or withdrawn during the months of December 1997 and January 1998.

### B. Other Section 1115 Family Planning Programs

1. *New Proposals:* No new proposals were received during the months of December 1997 and January 1998.

2. *Pending Proposals:* The pending proposals for July 1997 through November 1997 that are referenced in the **Federal Register** of February 4, 1998 (63 FR 5810) remain unchanged.

3. *Approved Conceptual Proposals (Award of Waivers Pending):* No conceptual proposals were approved in the months of December 1997 and January 1998.

4. *Approved/Disapproved/Withdrawn Proposals:* No proposals were approved, disapproved or withdrawn for the months of December 1997 and January 1998.

## III. Requests for Copies of a Proposal

Requests for copies of a specific Medicaid proposal should be made to the State contact listed for the specific proposal. If further help or information is needed, inquires should be directed to HCFA at the address above.

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

*Dated:* February 24, 1998.

**Sally K. Richardson,**

*Director, Center for Medicaid and State Operations.*

[FR Doc. 98-6090 Filed 3-9-98; 8:45 am]

BILLING CODE 4120-01-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Care Financing Administration [HCFA-1013-NC]

#### Medicare and Medicaid Programs; Announcement of Additional Application From Hospital Requesting Waiver for Organ Procurement Service Area

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

**ACTION:** Notice with comment period.

**SUMMARY:** This notice announces an additional application that HCFA has received from a hospital requesting waiver from dealing with its designated organ procurement organization (OPO) in accordance with section 1138(a)(2) of the Act. This notice requests comments from OPOs and the general public for our consideration in determining whether such a waiver should be granted.

**DATES:** Written comments will be considered if we receive them at the appropriate address, as provided below, no later than 5 p.m. on May 11, 1998.

**ADDRESSES:** Mail written comments (one original and three copies) to the following address: Health Care Financing Administration, Department of Health and Human Services, Attention: HCFA-1013-NC, PO Box 7517, Baltimore, MD 21244-0517.

If you prefer, you may deliver your written comments (one original and three copies) to one of the following addresses:

Room 309-G, Hubert H. Humphrey Building, 200 Independence Avenue, SW, Washington, DC 20201, or Room C5-09-26, 7500 Security Boulevard, Baltimore, MD 21244-1850.

Because of staffing and resource limitations, we cannot accept comments

by facsimile (FAX) transmission. In commenting, please refer to file code HCFA-1013-NC. Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, in Room 309-G of the Department's offices at 200 Independence Avenue, SW, Washington, DC, on Monday through Friday of each week from 8:30 a.m. to 5 p.m. (phone: (202) 690-7890).

**FOR FURTHER INFORMATION CONTACT:** Mark A. Horney (410) 786-4554.

#### SUPPLEMENTARY INFORMATION:

### I. Background

Section 1138(a)(1)(A) of the Social Security Act (the Act) provides that a hospital or rural primary care hospital that participates in the Medicare or Medicaid programs must establish written protocols for the identification of potential organ donors.

Section 155 of the Social Security Act Amendments of 1994 (SSA '94) (Pub. L. 103-432) amended section 1138 of the Act to require that effective January 1, 1996, a hospital must notify the organ procurement organization designated for the service area in which it is located of potential organ donors (sections 1138(a)(1)(A)(iii) and (a)(3)(B) of the Act). The hospital must also have an agreement to do so only with that designated OPO (sections 1138(a)(1)(C) and (a)(3)(A)).

The statute also provides that the hospital may obtain a waiver of these requirements from the Secretary. A waiver would allow the hospital to have an agreement with an "out-of-area" OPO (section 1138(a)(2)) if it meets conditions specified in the statute (section 1138(a)(2)(A)(i) and (ii)).

The law further states that in granting a waiver, the Secretary must determine that such a waiver: (1) Would be expected to increase donations; and (2) will assure equitable treatment of patients referred for transplants within the service area served by the designated OPO and within the service area served by the out-of-area OPO (section 1138(a)(2)(A)). In making a waiver determination, the Secretary may consider, among other factors: (1) Cost effectiveness; (2) improvements in quality; (3) whether there has been any change in a hospital's designated OPO service area due to the definition of metropolitan statistical areas (MSAs); and (4) the length and continuity of a hospital's relationship with the out-of-area OPO (section 1138(a)(2)(B)). Under section 1138(a)(2)(D) of the Act, the Secretary is required to publish a notice of any waiver applications within 30

days of receiving the application and offer interested parties an opportunity to comment in writing within 60 days of the published notice.

Regulations at 42 CFR 486.316(d) provide that if HCFA changes the OPO designated for an area, hospitals located in that area must enter into agreements with the newly designated OPO or submit a request for a waiver within 30 days of notice of the change in designation. The criteria that the Secretary will use to evaluate the waiver in these cases are the same as that described above under section 1138(a)(2)(A) of the Act and incorporated in the regulations at § 486.316(e). The regulations further specify that a hospital may continue to operate under its existing agreement with an out-of-area OPO while HCFA is processing the waiver request.

**II. Waiver Request Procedures**

In October 1995, we issued a Program Memorandum (Transmittal No. A-95-11) that has been supplied to each hospital. This Program Memorandum detailed the waiver process and discussed the information that hospitals must provide in requesting a waiver. We indicated that upon receipt of the waiver requests, we would publish a **Federal Register** notice to solicit public comments, as required by law (section 1138(a)(2)(D)).

We will then review the requests and comments received. During the review process, we may consult on an as-needed basis with agencies outside the HCFA Central Office, including the Public Health Service's Division of Transplantation, the United Network for Organ Sharing, and HCFA regional offices. If necessary, we may request

additional clarifying information from the applying hospital or others. We then will make a final determination on the waiver requests and notify the affected hospitals and OPOs.

**III. Additional Hospital Waiver Request**

As allowed under § 483.316(d), the following hospital has requested a waiver to have an agreement with an alternative, out-of-area OPO, as a result of changes in its designated OPO due to the latest redesignation of OPO service areas. The listing includes the name of the facility, the city and State location of the facility, the requested OPO, and the currently designated area OPO. The hospital has submitted a timely waiver request and may work on an interim basis with the requested out-of-area OPO, pending receipt of public comments and our final determination.

Name of facility	City	State	Requested OPO	Designated OPO
Baptist Memorial Hospital—Union County .....	New Albany .....	MS .....	TNMS .....	MSOP.

**IV. Keys to the OPO Codes**

The keys to the acronyms used in the listing to identify OPOs and their addresses are as follows:

- MSOP—MISSISSIPPI ORGAN RECOVERY AGENCY, 12 River Bend Place, Jackson, MS 39208
- TNMS—MID-SOUTH TRANSPLANTATION FOUNDATION, 956 Court Avenue, Memphis, TN 38163.

**V. Collection of Information Requirements**

Under the Paperwork Reduction Act of 1995, we are required to provide 60-day notice in the **Federal Register** and solicit public comment before a collection of information requirement is submitted to the Office of Management and Budget (OMB) for review and approval. In order to fairly evaluate whether an information collection should be approved by OMB, section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 requires that we solicit comment on the following issues:

- The need for the information collection and its usefulness in carrying out the proper functions of our agency.
- The accuracy of our estimate of the information collection burden.
- The quality, utility, and clarity of the information to be collected.
- Recommendations to minimize the information to be collected.

The information collection requirement and the burden associated with requiring a Medicare or Medicaid

participating hospital to have an agreement with the OPO designated for its area or to submit a waiver request to HCFA for approval to have an agreement with a designated OPO other than the OPO designated for its service area currently are approved by OMB.

**Authority:** Sec. 1138 of the Social Security Act (42 U.S.C. 1320b-8).

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, and No. 93.778, Medical Assistance Program)

Dated: February 27, 1998.

**Kathleen A. Buto,**  
*Acting Director, Center for Health Plans and Providers, Health Care Financing Administration.*

[FR Doc. 98-6089 Filed 3-9-98; 8:45 am]

BILLING CODE 4120-01-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Indian Health Service**

**Request for Public Comment: 60-Day Proposed Collection: Common Reporting Requirements for Urban Indian Health Program**

**SUMMARY:** In compliance with Section 3506(C)(2)(A) of the Paperwork Reduction Act of 1995, to provide a 60-day advance opportunity for public comment on proposed information collection projects, the Indian Health Service (IHS) is publishing for comment a summary of a proposed information

collection to be submitted to the Office of Management and Budget (OMB) for review.

**Proposed Collection**

**Title:** 09-17-0007, "Common Reporting Requirements For Urban Indian Health Program".

**Type of Information Collection Request:** Revision of currently approved information collection, 09-17-0007, "Common Reporting Requirements For Urban Indian Health Program" which expires July 31, 1998.

**Form Number:** Reporting forms contained in IHS Instruction Manual, "Urban Indian Health Programs Common Reporting Requirements."

**Need and Use of Information Collection:** American Indian/Native (AI/AN) urban health organizations contracting with the IHS provide the information requested. The information is collected bi-annually and is used to monitor contractor performance, prepare budget reports, allocate resources and to evaluate the urban health contract program.

**Affected Public:** Businesses or other for-profit, Individuals, not-for-profit institutions and State, local or Tribal Government.

**Type of Respondents:** health care providers.

Table 1 below provides: Types of data collection instruments, Estimated number of respondents, Number of responses per respondent, Annual Number of Responses, Average burden