

Frequency: Annually; *Affected Public:* Business or other for profit; *Number of Respondents:* 2,472; *Total Annual Responses:* 2,472; *Total Annual Hours:* 484,512.

To obtain copies of the supporting statement 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 30 days of this notice directly to the OMB Desk 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: February 26, 1998.

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

[Document Identifier: HCFA-R-231 (OMB #0938-New)]

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

AGENCY: Health Care Financing Administration, HHS.

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 summary of proposed collections for public comment. Interested persons are invited to send comments regarding this 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.

We are, however, requesting an emergency review of the information collection referenced below. In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, we have submitted to the Office of Management and Budget (OMB) the following requirements for emergency review. We are requesting an emergency review because the collection of this information is needed before the expiration of the normal time limits under OMB's regulations at 5 CFR Part 1320. In particular, emergency approval is necessary to ensure provider sponsored organizations (PSOs) are given an adequate opportunity to provide the information necessary to receive a Medicare+Choice contract, as provided by Section 1855(a) of the Social Security Act (as amended by the Balanced Budget Act of 1997) by the beginning of the 1999 contract year. We currently estimate that it will take ten months to: (1) Review and approve the waiver request, (2) review and approve the PSO contract application, and (3) prepare HCFA's information systems for individual PSOs prior to the 1999 contract year. Since the collection of waiver information requested in this form is the first step in this process, we need to begin receiving this information by no later than April 1, 1998.

Therefore, HCFA is requesting OMB review and approval of this collection by 03/27/98, with a 180-day approval period. Written comments and recommendations will be accepted from the public if received by the individuals designated below by 03/26/98. During this 180-day period, we will publish a separate **Federal Register** notice announcing the initiation of an extensive 60-day agency review and public comment period on these requirements. We will submit the requirements for OMB review and an extension of this emergency approval.

Type of Information Request: New collection.

Title of Information Collection: Medicare+Choice (M+C) Provider Sponsored Organization (PSO) Waiver Request Form.

Form Number: HCFA-R-231.

Use: The PSO waiver request form is for use by PSO's that do not have a state risk-bearing entity licence and that wish to enter into an M+C contract with HCFA to provide prepaid health care services to eligible Medicare beneficiaries. HCFA will use the information requested on this form to determine whether the applicant is eligible for a waiver of the state

licensure requirement for M+C organizations as allowed under section 1855(a)(2) of the Social Security Act.

Frequency: One-time.

Affected Public: Business or other for-profit, not-for-profit institutions, and Federal Government.

Annual Number of Respondents: 30.

Total Annual Responses: 30.

Total Annual Hours Requested: 300.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access HCFA's Web Site address at <http://www.hcfa.gov/regs/prdact95.htm>, or E-mail your request, including your address, phone number, and HCFA form number, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786-1326.

Interested persons are invited to send comments regarding the burden or any other aspect of these collections of information requirements. However, as noted above, comments on these information collection and recordkeeping requirements must be mailed and/or faxed to the designees referenced below by 03/26/98:

Health Care Financing Administration,
Office of Information Services,
Information Technology Investment
Management Group, Division of
HCFA Enterprise Standards, Room
C2-26-17, 7500 Security Boulevard,
Baltimore, MD 21244-1850. Fax
Number: (410) 786-1415, Attn: John
Burke HCFA-R-231

and
Office of Information and Regulatory
Affairs, Office of Management and
Budget, Room 10235, New Executive
Office Building, Washington, DC
20503, Fax Number: (202) 395-6974
or (202) 395-5167, Attn: Allison
Herron Eydt, HCFA Desk Officer.

Dated: March 4, 1998.

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

[Document Identifier: HCFA-667]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

AGENCY: Health Care Financing Administration, HHS.