

general information, or arrow down for specific topics.

#### IV. Comments

Interested persons may, at any time, submit to the contact person (named above) written comments regarding this guidance. Such comments will be considered when determining whether to amend the current guidance.

Dated: August 5, 1998.

#### D.B. Burlington,

Director, Center for Devices and Radiological Health.

[FR Doc. 98-21795 Filed 8-12-98; 8:45 am]

BILLING CODE 4160-01-F

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Care Financing Administration

[Document Identifier: HCFA-R-251]

#### 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. Due to an unanticipated event and the fact that this collection of this information is needed before the expiration of the

normal time limits under OMB's regulations at 5 CFR, Part 1320, we are requesting an emergency review.

With the creation of the Medicare+Choice program, as required by the Balanced Budget Act of 1997 (P.L. 105-33), Medicare beneficiaries' health care options were expanded to include coordinated care plans such as Health Maintenance Organizations, Preferred Provider Organizations, Provider sponsored Organizations, as well as Private Fee for Service Plans and Medical Savings Accounts. While the new options bring more flexibility for health care decisions for people with Medicare, they also necessitate the need for a carefully planned, extensive education campaign to assure that Medicare Beneficiaries have understanding of how Medicare offers more health plan choices and how to use HCFA-developed information tools that will be available through an annual publication and the World Wide Web.

The purpose of this submission is to request approval of the Medicare & You bounce back survey form that will be used to collect information from Internet users accessing the Medicare & You, Medicare+Choice Handbook, on the Medicare.gov Web site. This web-based survey will provide critical feedback from our agents, partners, regional offices, congressional offices, and beneficiaries who use the Medicare & You, Medicare+Choice Handbook. The information will be used by HCFA to identify parts of Medicare & You that need to be revised to further enhance HCFA's, Medicare+Choice information strategies and related tools.

HCFA is requesting OMB review and approval of this collection within 6 working days of publication of this notice in the **Federal Register**, with a 180-day approval period. Written comments and recommendations will be accepted from the public if received by the individuals designated below by 5 working days of the publication of this notice. 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 & You Bounce Back Survey Form.

*Form Number:* HCFA-R-251 (OMB approval #: 0938-NEW).

*Use:* The primary purpose of the bounce back form is to provide HCFA feedback from users of the Medicare+Choice handbook. The information collected through the bounce back form will be used in conjunction with other information collected in the States piloting Medicare & You to make revisions for future publications of the Medicare & You, Medicare+Choice handbook.

*Frequency:* On occasion.

*Affected Public:* Individuals or Households, Businesses or other For-profit.

*Number of Respondents:* 9,855.

*Total Annual Responses:* 9,855.

*Total Annual Hours Requested:* 986.

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 E-mail your request, including your address and phone number, to [Paperwork@hcfa.gov](mailto: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 within 5 working days of the publication of this notice in the **Federal Register**:

Health Care Financing Administration,  
Office of Information Services,  
Security and Standards Group,  
Division of HCFA Enterprise  
Standards, Room N2-14-20, 7500  
Security Boulevard, Baltimore, MD  
21244-1850. Fax Number: (410) 786-  
0262 Attn: John Rudolph HCFA-R-  
251 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 Eydtt,  
HCFA Desk Officer.

Dated: August 6, 1998.

#### John P. Burke III,

HCFA Reports Clearance Officer, Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards.

[FR Doc. 98-21773 Filed 8-12-98; 8:45 am]

BILLING CODE 4120-03-P