

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

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

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget, in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, call the HRSA Reports Clearance Office on (301)-443-1129.

The following request has been submitted to the Office of Management

and Budget for review under the Paperwork Reduction Act of 1995:

Proposed Project: National Health Service Corps—A Uniform Data System; New

This is a request for approval to authorize the National Health Service Corps (NCHS), Bureau of Primary Health Care (BPHC), Health Resources and Services Administration (HRSA) to implement a modified version of the existing BPHC Universal Data System (OMB No. 0915-0093) to collect data from BPHC non-grant supported sites (NHSC Free Standing Sites) in response to Federal mandates for reports and in support of efficient and effective program management.

The National Health Service Corps (authorized by Public Health Service Act, Section 331) needs to collect data

on its programs to ensure compliance with legislative mandates and to report to Congress and policy makers on program accomplishments. To meet these objectives, the NHSC requires a core set of information collected annually that is appropriate for monitoring and evaluating performance and reporting on annual trends. The NHSC will provide data on services, staffing, and financing. Each site will be asked to provide information on the following: services offered and delivery method; users by various characteristics; staffing and utilization; charges and collections; receivables, income and expenses; and, managed care.

Estimates of annualized reporting burden are as follows:

Type of report	Number of respondents	Responses per respondent	Hours per response	Total burden hours
Report	620	1	27	16,740

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Wendy A. Taylor, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Dated: September 16, 1998.

Jane Harrison,

Director, Division of Policy Review and Coordination.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General

Solicitation of Information and Recommendations for Developing OIG Compliance Program Guidance for Certain Medicare+Choice Organizations

AGENCY: Office of Inspector General (OIG), HHS.

ACTION: Notice.

SUMMARY: This **Federal Register** notice seeks the input and recommendations of interested parties into the OIG's development of a compliance program guidance for Medicare+Choice organizations that offer coordinated care plans (M+CO/CCPs). The OIG has

previously developed compliance program guidances for hospitals, clinical laboratories and home health agencies in order to provide clear and meaningful guidance to those segments of the health care industry. In an effort to provide similar guidance to certain M+C organizations, we are soliciting comments, recommendations and other suggestions from concerned parties and organizations on how best to develop compliance program guidance and reduce fraud and abuse within M+CO/CCPs.

DATES: To assure consideration, comments must be delivered to the address provided below by no later than 5 p.m. on November 23, 1998.

ADDRESSES: Please mail or deliver your written comments, recommendations and suggestions to the following address: Office of Inspector General, Department of Health and Human Services, Attention: OIG-4-CPG, Room 5246, Cohen Building, 330 Independence Avenue, S.W., Washington, D.C. 20201.

We do not accept comments by facsimile (FAX) transmission. In commenting, please refer to file code OIG-4-CPG. 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 5527 of the Office of Inspector General at 330 Independence Avenue, S.W., Washington, D.C., on Monday through

Friday of each week from 8:00 a.m. to 4:30 p.m.

FOR FURTHER INFORMATION CONTACT: Susan Lemanski, Office of Counsel to the Inspector General, (202) 619-2078, or Joel Schaer, Office of Counsel to the Inspector General, (202) 619-0089.

SUPPLEMENTARY INFORMATION:

Background

The creation of compliance program guidance has become a major initiative of the OIG in its effort to engage the private health care community in addressing and fighting fraud and abuse. Recently, the OIG has developed and issued compliance program guidance directed at various segments of the health care industry.¹ The guidance is designed to provide clear direction and assistance to specific sections of the health care industry that are interested in reducing and eliminating fraud and abuse within their organizations.

Compliance Program Guidance for Medicare+Choice Organizations

Representatives of the managed care industry have expressed an interest in better protecting their operations from fraud and abuse. It is likely that the establishment of the new Medicare+Choice program will

¹ 63 FR 8987 (February 23, 1998) for hospitals; 63 FR 42410 (August 7, 1998) for home health agencies; and 63 FR 45076 (August 24, 1998) for clinical laboratories. The guidances can also be found on the OIG web site at <http://www.dhhs.gov/progorg/oig>.