

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier: HCFA-R-79]

Agency Information Collection Activities: Proposed Collection; Comment Request

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.

Type of Information Collection Request: Extension of a currently approved collection;

Title of Information Collection: Payment Adjustment for Sole Community Hospitals and Supporting Regulations in 42 CFR 412.92;

Form No.: HCFA-R-79 (OMB# 0938-0477);

Use: Hospitals designated as "Sole Community Hospitals" that experience a five percent decrease in discharges in one cost reporting period, due to unusual circumstances, beyond its control, may request an adjustment to its Medicare payment amount;

Frequency: On occasion;

Affected Public: Not-for-profit institutions, Business or other for-profit, and State, Local or Tribal Government;

Number of Respondents: 40;

Total Annual Responses: 40;

Total Annual Hours: 160.

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, OMB number, and HCFA document identifier, 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, Security and Standards Group, Division of HCFA Enterprise Standards, Attention: Dawn Willingham, Room N2-14-26, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: December 24, 1998.

John P. Burke III,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier: HCFA-R-137]

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 collections 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 prior to the expiration of the normal time limits under OMB's regulations at 5 CFR Part 1320. The Agency cannot reasonably comply with the normal clearance procedures because public harm is likely to result due to the possibility of the Medicare program being unable to recover mistaken payments. The collection of this information is needed in order for Medicare to recover mistaken payments where a group health plan (GHP) should have paid primary to Medicare. Medicare supplies the questionnaire/instructions to identified employers and uses the completed questionnaires to identify situations where Medicare should pay secondary to a GHP for future claims and/or mistakenly paid primary to a GHP in the past. The instructions direct employers to supply information needed for compliance with the Debt Collection Improvement Act of 1996 (DCIA 1996) and reflect Balanced Budget Act of 1997 (BBA 1997) changes to the Medicare Secondary Payer provisions relating to end stage renal disease and third party payers, etc. The information collected for DCIA 1996 compliance will include the names, addresses and tax identification numbers (TINs) of the following entities: the GHP, the insurer, any third party administrator for the GHP, any other plan sponsor, and the claims' processor. (This is in addition to the TIN information which is already collected with respect to the employer.)

The above referenced revisions are critical to HCFA compliance with the DCIA 1996, which in turn is critical to HCFA's goal of obtaining a clean Office of Inspector General (OIG) audit opinion under the Chief Financial Officer Act. One of the factors in obtaining a clean opinion is compliance with applicable statutes and regulations. Additionally, Congress has expressed a continuing interest in agencies' compliance with DCIA 1996.

Thus, additional questions and information were incorporated about these MSP changes in our revised booklet.

We believe that compliance with the Data Match does not impose capital cost. HCFA continues to strive to make the process as efficient as possible. We offer the following supporting information:

A. Employers are only required to complete the questionnaires for those workers who are Medicare beneficiaries (or whose spouses are Medicare beneficiaries.) They do not complete the questionnaire for their entire workforce.