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 ten working days:

Health Care Financing Administration, Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards, Attention: Louis Blank, Room N2–14–26, 7500 Security Boulevard, Baltimore, Maryland 21244–1850 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: January 22, 1999.

John P. Burke III,

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

[FR Doc. 99–2649 Filed 2–3–99; 8:45 am]

BILLING CODE 4120–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[HCFA–0001–N]

Medicare Program; Year 2000 Readiness Letter

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

ACTION: Notice.

The Health Care Financing Administration (HCFA) recently mailed the following letter to over a million of its health care partners and provider related associations regarding the Y2K issue. The message is that HCFA will be ready to process and pay all acceptable claims by January 1, 2000 and that providers must take steps to ensure their own readiness in order to be paid promptly. Further, the Y2K problem has implications for patient care. Providers should take steps to assure that beneficiaries receive the same quality of care that is provided to them today. The letter includes a checklist that providers can use as a tool to assess their Y2K readiness.

Medicare providers were to begin submitting claims with 8-digit date formats no later than January 1, 1999. However, it was recognized that many providers needed additional time to modify and test their own billing systems and, therefore, claims without 8-digit date formats would continue to be accepted until further notice by HCFA. On January 13, 1999, we notified Medicare contractors that, beginning April 5, 1999, claims will be returned to providers if they are not submitted in the Y2K format. To assist providers with Y2K readiness efforts, Medicare contractors offer free or minimal cost Y2K compliant billing software. Changing formats and using appropriately modified billing software are just two of the important steps that providers must take to assure that they are ready for the Year 2000.

The letter to health care partners is part of an extensive outreach effort being conducted by HCFA to promote Y2K self-assessment and readiness among all providers engaged in delivering health care services to beneficiaries of Medicare, Medicaid and the Children's Health Insurance Programs. HCFA has assumed a lead role in addressing Y2K readiness in the health care sector and holds regular meetings and discussions with a variety of industry groups. HCFA has strongly encouraged health care industry associations to accelerate efforts to assess the readiness of their provider members and to foster remediation initiatives.

In addition to this letter to providers and the resource information on its web site, www.hcfa.gov, HCFA has established a Y2K Speakers Bureau and is prepared to make speakers available to health care provider organizations that wish more detailed information about Y2K readiness and the implications of the millennium change for the industry.

FOR FURTHER INFORMATION CONTACT: Joe Broseker 410–786–1950 or Anita Shalit 202–690–7179.

(Catalog of Federal Domestic Assistance Program No. 93.778, Medical Assistance Program)

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

Dated: January 28, 1999.

Nancy-Ann Min DeParle,

Administrator, Health Care Financing Administration.

January 12, 1999.

Dear Health Care Partner:

You have probably heard about the Year 2000 computer problem, or the ''Y2K bug.''

As a health care practitioner or institution, you need to be aware of how Y2K affects you and your patients. We all must do our part so that Medicare and Medicaid beneficiaries continue to receive high quality care, and you or your institution continue to be paid accurately and promptly.

The Year 2000 problem appears simple on the surface. Many computers and devices use only six digits to record dates. They may read 01–01–00 as January 1, 1900, rather than January 1, 2000. Patient care services, systems, and devices that rely on dates, the age of the patient, and other calculations could be severely affected if corrections are not made in time.

Every business and organization that relies on computer systems or devices must address Y2K. For all of us in the health care industry, it is a patient care issue as well as a business and technical problem. As Administrator of the Health Care Financing Administration (HCFA), I need to make sure you are aware of some key points:

► HCFA will be ready to process acceptable claims. We have made substantial progress in correcting our own systems in recent months and, despite earlier concerns, we will be ready on time. We are confident that all Medicare claims processes will be ready and able to function come January 1, 2000, so that you can be paid promptly.

► You must also be ready if you wish to be paid promptly. We can process your claims only if your systems are also able to function in the Year 2000. It is URGENT that you act NOW so your systems will be ready. Otherwise, you may not be able to receive prompt payment from Medicare, Medicaid, and virtually any other payer.

► Your entire practice and facility must be ready. The Y2K problem could impact quality of care and patient safety. Patient management systems, clinical information systems, defibrillators and infusion pumps and other medical devices, even elevators and security systems all must be ready.

We want to help you prepare for the Year 2000. Enclosed is a ''Sample Provider Y2K Readiness Checklist'' which you can use to assess what you need to do. You can find additional useful information at our *www.hcfa.gov/Y2K* web site. Information on medical devices is available on the Food and Drug Administration's *www.fda.gov/cdrh/ yr2000/year2000.html* web site.

We are confident that HCFA will be ready, but we are also making contingency plans so we can continue operations if unexpected problems occur. For those of you that rely on computer systems, we believe the greatest risk is that your systems will not be able to bill for services.

You need to make sure you will be ready for the Year 2000. And, like us, you need to make contingency plans for your critical operations. These should focus especially on assuring safety for your patients who are reliant on equipment and devices containing embedded chips. In addition, you need to assure your ability to generate bills and manage accounts receivables, and assure essential services and supplies are maintained. Your patients and your business may depend on this.

What can you do to avoid potential Y2K pitfalls? There are key steps you can take to become Y2K ready:

Become aware of how the Year 2000 can affect your systems. Anything that depends on a microchip or date entry could be affected. Don't forget to identify those organizations that you depend on or who depend on you. List everything and identify your mission critical items, namely, those you cannot live without.

Assess the readiness of everything on your list. You can do this by contacting your hardware or software vendors or accessing key information from various web sites. Don't forget your maintenance and service contractors. If your particular software program or form is not Y2K ready, you need

to decide whether you should invest in an upgrade or replacement.

Update or replace systems, software programs, and devices you decide are critical for your business continuity.

Test your existing and newly purchased systems and software. Do not assume that a system or a program is Y2K ready just because someone said it is. Test to make sure. During this process, keep track of your test plans and outputs in case a problem surfaces later. If you are not already using compliant electronic claim formats, consider testing your electronic data interchanges (EDI) with one or more of your payers, including Medicare. This will ensure that your payer can accept your EDI transactions, especially claims. Medicare can now accept claims with eight digit date formats.

Develop business contingency (continuity) plans in the event something goes wrong. Focus on the things that would be most problematic for you and your patients.

The enclosed checklist may also be helpful. It is only meant to be a guide and should not be considered all-inclusive.

Medicare beneficiaries are counting on all of us to meet the Year 2000 challenge. We will be ready. Now you need to do your part to be sure that you will continue to be paid as beneficiaries are assured that they will continue to receive the health care they have come to depend on.

Sincerely,
Nancy-Ann Min DeParle
Enclosure

Enclosure

Sample Provider Y2K Readiness Checklist

Please note: This checklist is intended as a supplemental guide in helping you determine your Y2K readiness. Consider using this along with other diagnostic and reference tools you have obtained for this venture. The purpose of this checklist is to aid you in determining your Y2K readiness. This information is not intended to be all inclusive. The Health Care Financing Administration will not assume any responsibility for your Y2K compliance.

Item	Y2K ready	Not Y2K ready
Bank debit/credit card expiration dates.		
Banking interface.		
Building access cards.		
Claim forms and other forms.		
Clocks.		
Computer hardware (list).		
Computer software (list).		
Custom applications (list).		
Diagnostic equipment (list).		
Elevators.		
Fire alarm.		
Insurance/pharmacy coverage dates.		
Membership cards.		
Medical Devices (list).		
Monitoring equipment (list).		
Smoke alarm.		
Telephone system.		
Spreadsheets.		
Treatment equipment (list).		
Safety vaults.		

[FR Doc. 99–2632 Filed 2–3–99; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration will publish

periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (301) 443–7978.

Comments are Invited on

(a) whether the proposed collections of information are necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on

respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project: Feasibility Study To Evaluate the Positive Activities Campaign (PAC)

(OMB No. 0930–0188, Revision) The Center for Substance Abuse Prevention is conducting a feasibility study of the Positive Activities Campaign (PAC), an initiative aimed at the general public to encourage adults to become more involved in positive, skill-building activities with youth. The ultimate goal of the initiative is to reduce substance abuse among young people.

To determine the likely effectiveness of the campaign, CSAP's feasibility study consists of a process evaluation and an outcomes evaluation. The