

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier: HCFA-0301, HCFA-2567, and HCFA-R-0275]

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.

1. Type of Information Collection Request: Extension of a currently approved collection; **Title of Information Collection:** Certification of Medicaid Eligibility Quality Control (MEQC) Payment Error Rates and Supporting Regulations in 42 CFR 431.800 through 431.865; **Form No.:** HCFA-0301 (OMB# 0938-0246); **Use:** MEQC is operated by the State title XIX agency to monitor and improve the administration of its Medicaid system. The MEQC system is based on State reviews of Medicaid beneficiaries from the eligibility files. The reviews are used to assess beneficiary liability, if any, and to determine the amounts paid to provide Medicaid services for these cases.; **Frequency:** Semi-annually; **Affected Public:** State, Local or Tribal Government; **Number of Respondents:** 51; **Total Annual Responses:** 102; **Total Annual Hours:** 22,515.

2. Type of Information Collection Request: Extension of a currently approved collection; **Title of Information Collection:** Statement of Deficiencies and Plan of Correction and Supporting Regulations in 42 CFR 488.18, 488.26, and 488.28; **Form No.:** HCFA-2567 (OMB# 0938-0391); **Use:** This Paperwork package provides

information regarding the form used by the Medicare, Medicaid, and the Clinical Laboratory Improvement Amendments (CLIA) programs to document a health care facility's compliance or noncompliance (deficiencies) with regard to the Medicare/Medicaid Conditions of Participation and Coverage, the requirements for participation for Skilled Nursing Facilities and Nursing Facilities, and for certification under CLIA. This form becomes the basis for both public disclosure of information and HCFA certification decisions (including termination or denial of participation).; **Frequency:** Biennially and Annually; **Affected Public:** Business or other for-profit, Not-for-profit institutions, Federal Government, and State, Local or Tribal Government; **Number of Respondents:** 60,000; **Total Annual Responses:** 60,000; **Total Annual Hours:** 120,000.

3. Type of Information Collection Request: New collection; **Title of Information Collection:** Peer Review Evaluation of Access to and Quality of Home Oxygen Equipment; **Form No.:** HCFA-R-0275 (OMB# 0938-new); **Use:** The Balanced Budget Act (BBA) of 1997 reduced payment allowances for home oxygen by 25 percent effective January 1, 1998 and an additional five percent effective January 1, 1999. As a result of these fee schedule reductions, the BBA requires a study be made of issues relating to home oxygen equipment. The study's primary objectives are: to evaluate any changes in access to, and quality of, home oxygen equipment provided to Medicare beneficiaries as a result of the fee schedule reduction; and describe current physician practices in ordering and prescribing home oxygen services.; **Frequency:** One time only; **Affected Public:** Individuals or households, Business or other for-profit, and Not-for-profit institutions; **Number of Respondents:** 2,500; **Total Annual Responses:** 2,500; **Total Annual Hours:** 787.

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: Louis Blank, Room N2-14-26, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: February 23, 1999.

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

National Institutes of Health

Center for Scientific Review; Notice of Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2, notice is hereby given of the following meetings.

The meetings will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Center for Scientific Review Special Emphasis Panel.

Date: March 2, 1999.

Time: 2:00 PM to 4:00 PM.

Agenda: To review and evaluate grant applications.

Place: NIH, Rockledge 2, Bethesda, MD 20892, (Telephone Conference Call).

Contact Person: Camilla E. Day, PHD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 6152, MSC 7840, Bethesda, MD 20892, (301) 435-1037.

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

Name of Committee: Infectious Diseases and Microbiology Initial Review Group Virology Study Section.

Date: March 4-5, 1999.

Time: 8:00 AM to 5:00 PM.

Agenda: To review and evaluate grant applications.

Place: Holiday Inn Georgetown, 2101 Wisconsin Avenue, NW., Washington, DC 20007.

Contact Person: Rita Anand, PHD, Scientific Review Administrator, Center for