

Number of Respondents: 500,000;
Total Annual Responses: 500,000;
Total Annual Hours: 50,000.

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, or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the OMB Desk Officer designated at the following address: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: June 15, 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. 99-18008 Filed 7-14-99; 8:45 am]

BILLING CODE 4120-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier: HCFA-R-278]

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

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, has submitted to the Office of Management and Budget (OMB) the following proposal for the collection of information. Interested persons are invited to send comments regarding the 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: New Collection;

Title of Information Collection: National Hospital Malpractice Insurance Survey;

Form No.: HCFA-R-278 (OMB# 0938-NEW);

Use: The Data collected from this survey will be used to collect two years of malpractice insurance costs data from a nationally representative sample of 800 hospitals. Along with the survey of hospitals, we will collect rate schedules from the commercial insurers and the offices of state insurance commissioners. As compared to the survey of hospitals which is a statistical sampling survey, the survey of the offices of state insurance commissioners and commercial insurance companies will not be a statistical sampling survey. We will match collected data in the rate schedules to the data from sampled hospitals in order to convert malpractice insurance costs of different level of coverage into costs of a constant level of coverage. The primary statistics will be used to rebase the input price index through weight adjustment and the annual percent change to update the operating prospective payment rates. Therefore, the NHMIS must allow estimates of the primary statistics for each hospital be adjusted by their rating basis, coverage elements, and types of coverage. The survey results will be used to estimate the weight of malpractice insurance costs in relation to goods and services hospitals purchase in order to furnish inpatient care and to calculate the malpractice insurance cost to change over time at the national level. The analytic results will be used to adjust Medicare operating reimbursement rates to Medicare participating hospitals and to prepare statistical summaries.

Frequency: Annually;

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

Number of Respondents: 600;

Total Annual Responses: 600;

Total Annual Hours: 300.

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, or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the OMB Desk Officer designated at the following address: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive

Office Building, Room 10235, Washington, DC 20503.

Office Building, Room 10235, Washington, DC 20503.

Dated: June 28, 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. 99-18009 Filed 7-14-99; 8:45 am]

BILLING CODE 4120-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[HCFA-R-0254]

Agency Information Collection Activities: Submission for OMB Review; 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: Reinstatement, without change, of a previously approved collection for which approval has expired; *Title of Information Collection:* National Medicare Education Program (NMEP) Community Survey of Medicare Beneficiaries; *Form No.:* HCFA-R-0254 (OMB# 0938-0738); *Use:* A survey of Medicare beneficiaries in six communities will be conducted in January 2000 and again in January 2001 to monitor the NMEP implementation. Beneficiaries in these same communities were interviewed in September 1998 and February 1999. This approach will gather information on changes in: awareness of Medicare+Choice expansions and options; knowledge about Medicare and the Medicare+Choice options; where