

Social Security Act and Health Care Prepayment Plans (HCPP) in accordance with Section 1833 of the Social Security Act;

Frequency: Quarterly, Annually;

Affected Public: Business or other for-profit;

Number of Respondents: 62;

Total Annual Responses: 327;

Total Annual Hours: 11,600.

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: August 2, 1999.

John Parmigiani,

Manager, HCFA Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards.

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BILLING CODE 4120-03-P

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: Project To Assess Ethnicity/Race and Services to Bi/Multilingual Populations in Community Health Centers—NEW

The Office of Minority and Women's Health (OMWH) in the Bureau of Primary Health Care (BPHC), Health Resources and Services Administration (HRSA), recognizes that full understanding of the ethnicity of clients and providers and the provision of language appropriate services are vital to guaranteeing full and effective health care. OMWH proposes to conduct a voluntary survey, the purpose of which will be two-fold: (1) To obtain detailed data on the ethnic/racial composition of health center users and providers, and (2) to collect information about the composition and provision of bicultilingual services. This information will be collected from a sample of approximately 128 health centers.

These data will provide HRSA with information which will be used to make resource and staffing decisions related to reducing barriers to health care often faced by ethnic/racial minorities an by non- or limited-English-speaking populations.

The burden estimate for this project is follows:

Form	Number of respondents	Responses per respondent	Total responses	Hours per response (minutes)	Total hour burden
Survey	128	1	128	20	42

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: August 3, 1999.

Jane Harrison,

Director, Division of Policy Review and Coordination.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General

Program Exclusions: July 1999

AGENCY: Office of Inspector General, HHS

ACTION: Notice of program exclusions.

During the month of July 1999, the HHS Office of Inspector General imposed exclusions in the cases set forth below. When an exclusion is imposed, no program payment is made to anyone for any items or services (other than an emergency item or service not provided in a hospital emergency room) furnished, ordered or prescribed by an excluded party under the Medicare, Medicaid, and all Federal Health Care programs. In addition, no program payment is made to any business or facility, e.g., a hospital, that submits bills for payment for items or services provided by an excluded party. Program beneficiaries remain free to decide for themselves whether they will continue to use the services of an excluded party even though no program payments will be made for items and services provided by that excluded party. The exclusions have national effect and also apply to all Executive Branch procurement and non-procurement programs and activities.

Subject, city, state	Effective date
PROGRAM-RELATED CONVICTIONS	
ACOSTA, JORGE LUIS	08/19/1999
EGLIN AFB, FL	
ADAMS, HANNAH	08/19/1999
N MIAMI BEACH, FL	
ALONSO, EMMA	08/19/1999
MIAMI, FL	
BRUMFIELD, RAMONA K ST JULIEN	08/19/1999
ORANGE, TX	
CABRERA, RICHARD	08/19/1999
HIALEAH, FL	
CAJETE, SALVADOR	08/19/1999
MIAMI, FL	
CANTINE, SANDRA A	08/19/1999
CLIFTON PARK, NY	
CLOUD, DAVID WAYNE	08/19/1999
BEAUMONT, TX	
DE LA ROSA, AIDA VEGA	08/19/1999
MARIANNA, FL	
DELGADO, JOEL	08/19/1999
MIAMI, FL	
DIEGUEZ, JUAN MIGUEL	08/19/1999
HOLLYWOOD, FL	
DIEGUEZ, ARMANDO	08/19/1999
MIAMI, FL	