

Written Questions or Statements: We will accept written questions or other statements, not to exceed two (2) single-spaced, typed pages, preferably before the meeting, but until May 30, 2000.

ADDRESSES:

The Meeting: The meeting will be held at the Doubletree Hotel Pentagon City National Airport, 300 Army Navy Drive, Arlington, Virginia 22202. The hotel phone number is (703) 416-4100.

Written Questions or Statements: Send written questions or other statements to: Eugene Freund, MD, Clinical Advisor, Quality Improvement Group, Office of Clinical Standards and Quality, Health Care Financing Administration, S3-02-01, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

FOR FURTHER INFORMATION CONTACT:

Monica L. Jackson, JW Associates, LLC; phone: (301) 495-9471; fax: (301) 495-5989; email: mjackson@jwallc.com.

SUPPLEMENTARY INFORMATION:

I. Provisions of This Notice

We are announcing the second in a series of Town Hall Meetings to provide a forum for health care entities and organizations (including practitioners, providers, health plans, other purchasers, beneficiaries and other interested parties) to partner on health care quality improvement projects relating to the activities of the PRO Sixth Round Contract, (also known as the PRO sixth Scope of Work, or 6th SOW). The meeting is open to the public, but attendance is limited to space available. Individuals must register in advance as described in section II of this notice.

The meeting will address partnering on quality improvement projects in both managed care and fee-for-service settings. The meeting will present models of existing partnerships involving the following entities:

- PROs, clinicians, and hospitals.
- PROs and business coalitions.
- Associations and communities.
- HCFA and accrediting bodies.

Additionally, we are very interested in receiving suggestions for additional approaches to collaborating with stakeholders sharing one or more of our quality improvement goals. There will be ample time allotted at the meeting for questions and suggestions.

We will also address concerns and issues regarding how partnering with the PROs can achieve quality improvements for Medicare beneficiaries as well as improved billing and payment accuracy. This second Town Hall Meeting will also provide an opportunity for further information

exchange concerning the Health Care Quality Improvement Program (HCQIP) activities delineated in the PRO Sixth Round Contract under the clinical topics described as Tasks 1, 2 and 3.

Task 1 concerns National Quality Improvement Projects which focus on national health improvement clinical topics (for example, Acute Myocardial Infarction, Breast Cancer, Diabetes, Heart Failure, Pneumonia, and Stroke/Transient Ischemic Attack/Atrial Fibrillation). The PROs, in conjunction with their partners, will use standardized sets of quality indicators to identify the greatest opportunities to improve the care of Medicare beneficiaries in these clinical topic areas.

Task 2, Local Quality Improvement Projects, directs each PRO to initiate local projects within its State, in response to local interests, needs and opportunities. We are interested in increasing the PROs' experience in collaborating with providers, practitioners, plans, purchasers and beneficiaries to improve the quality of care they deliver. We are also interested in testing quality indicators and intervention strategies that reflect care in settings other than acute care hospitals and Medicare+Choice plans, as well as those that contribute to reducing the disparities in the quality of care delivered to members of disadvantaged groups.

Task 3 concerns Quality Improvement Projects in conjunction with Medicare+Choice (M+C) Plans. This task requires each PRO to offer its assistance to M+C Plans to implement quality improvement projects as part of the Quality Improvement System for Managed Care (QISMC) standards. Each M+C Plan must initiate two performance improvement projects annually.

Task 4, which is not on the agenda for this meeting, concerns the Payment Error Prevention Program (PEPP). It is a modified review activity that is intended to identify opportunities for improvement in the billing process to reduce the occurrence of incorrect payments resulting from billing errors. It is a cooperative program and includes no punitive actions. Errors may include both over billings and under billings. The error rate will be the total dollars paid, both above and below the correct amount. In the first year of the PROs 6th Round Contract, the PROs will conduct PEPP in two areas: unnecessary admissions and miscoded DRG assignments.

II. Registration and Rooms

JW Associates, LLC, is registering interested parties for the meeting. You may register by sending a fax to the For Further Information Contact. Registration forms may also be found on the Internet at www.jwallc.com. Please include your name, affiliation, address, telephone number, e-mail and fax number on your registration form. A number of rooms have been set aside for meeting attendees. To reserve a room, please contact the hotel directly.

III. Meeting Materials

All meeting materials will be provided at the time of the meeting. A summary of the initial July 1999 Partnership Town Hall Meeting can be found at the following website: www.hcfa.gov/quality/qlty-5b.htm.

Authority: Section 1102 of the Social Security Act (42 U.S.C. 1302).

Dated: April 25, 2000.

Nancy-Ann Min DeParle,

Administrator, Health Care Financing Administration.

[FR Doc. 00-10710 Filed 4-27-00; 8:45 am]

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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: The Ryan White CARE Act Client Demonstration Project Reporting System: NEW The Client Demonstration Project was established in 1994 to collect information from several Title I and Title II grantees and their subcontracted service providers about their individual clients. Demographic information, service utilization, and health indicators of all clients receiving services at providers funded by the Ryan White Comprehensive AIDS Resources

Emergency (CARE) Act are collected twice each year. A unique identifier is used to protect the anonymity of the clients, and as a further safeguard, this unique identifier is encrypted before it is sent to HRSA.

HRSA initiated the CDP to demonstrate (1) the feasibility of collecting client level demographic and service data on HIV/AIDS infected/affected clients across a network of service providers and (2) the usefulness of these data for planning and evaluation purposes at both the local and national levels. Through this system, HRSA sought to overcome the limitations of the Annual Administrative Report (AAR), the national reporting system for the Ryan White CARE Act. The AAR collects data aggregated at the grantee level and has

duplicated counts of clients. The number of clients reported in the AAR overestimates the true number of clients. In addition, AAR data are not tied to any clinical or service outcome information at the client level. The feasibility of collecting client data has been demonstrated. The usefulness of these data for planning and evaluation purposes at both the local and national level has become increasingly evident. A number of client level analyses that were not possible with the AAR have been undertaken.

In addition to meeting the goal of accountability to Congress, clients, advocacy groups, and the general public, the CDP supports critical efforts by HRSA, state and local grantees, and providers to assess the health outcomes and the service utilization patterns of

the individuals at these sites who are infected or affected by HIV/AIDS and receive care at a provider funded by the Ryan White CARE Act.

Outcome specific and treatment measures are collected in the data system. These data elements seek to document whether current standards of care as established by the Public Health Service are being adhered to at these Ryan White CARE Act facilities. The core set of data elements are largely unchanged from the AAR. Minor changes in the demographic data elements have been made as a result of meetings and input from the current grantees and their providers.

The estimated response burden is as follows:

Medical records source	Number of respondents	Responses per respondent	Total responses	Burden hour	Total burden hours
Providers with < 260 Clients	160	83	13,280	.5	6,640
Providers with >= 260 Clients	42	929	39,018	.5	19,509
Total	202		52,298		26,149

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, DC, 20503.

Dated: April 24, 2000.

Jane Harrison,

Director, Division of Policy Review and Coordination.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Request for Public Comment: 30 Day; Proposed Collection: Evaluation of the Indian Health Service/Bureau of Indian Affairs Training Practitioners Project

SUMMARY: In compliance with Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed

information collection projects, the Indian Health Service (IHS) has submitted to the Office of Management and Budget (OMB) a request to review and approve the information collection listed below. This proposed information collection project was published in the January 14, 1999, **Federal Register** (65 FR 2417) and allowed 60 days for public comment. No public comment was received in response to the notice. The purpose of this notice is to allow 30 days for public comment to be submitted to OMB.

Proposed Collection

Title: 09-17-0000, "Evaluation of the Indian Health Service/Bureau of Indian Affairs Training Practitioners Project".

Type of Information Collection Request: New collection. *Form Number:* None. *Need and Use of Information Collection:* The purpose of the proposed data collection is to evaluate and assess the overall effectiveness of the Indian Health Service (IHS) and Bureau of Indian Affairs (BIA) inter-agency sponsored national training project titled, "IHS/BIA Training Practitioners in the Assessment and Treatment of

Adolescent Sexual Perpetrators," conducted from 1993-1996 in 18 American Indian/Alaska Native (AI/AN) communities. The training project was established to provide mental health practitioners in AI/AN communities specialized training for the provision of mental health assessment and treatment services to juvenile sex offenders. The data collected is needed to assess respondent satisfaction/dissatisfaction with the training project, the clinical success/failure of the training on the juvenile sex offenders, the impact of using traditional healing treatment services with juvenile sex offenders, and to obtain recommendations for future clinical program planning. *Affected Public:* Individuals and households, State, Local or Tribal Government. *Type of Respondents:* Health care providers, juveniles, parent/caretakers, and various community members. Please see Table 1 for a listing of data collection instruments, estimated number of respondents, number of responses per respondent, annual number of responses, average burden hour per response, and total annual burden hour.