

greater increase or decrease in access and quality than beneficiaries who receive enteral nutrition.

The information that this survey will provide about access, quality, and product selection will be very important to the future of competitive bidding within the Medicare program.

*Frequency:* Other: One time.

*Affected Public:* Individuals or households;

*Number of Respondents:* 2,128;

*Total Annual Responses:* 2,128;

*Total Annual Hours:* 637.

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](mailto: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: April 24, 2000.

**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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**BILLING CODE 41210-03-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Care Financing Administration**

[Document Identifier: HCFA-566]

**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:* Extension of a currently approved collection;

*Title of Information Collection:* Medicare, Managed Care Disenrollment Form;

*Form No.:* HCFA-566 (OMB #0938-0507);

*Use:* This form is used to disenroll from managed care plans. This is to be used in Social Security Field Offices to allow Medicare beneficiaries to disenroll from a managed care plan;

*Frequency:* On occasion;

*Affected Public:* Individuals or households, business or other for-profit, Not-for-profit institutions, and Federal Government;

*Number of Respondents:* 85,000;

*Total Annual Responses:* 85,000;

*Total Annual Hours:* 2,805.

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](mailto: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, D.C. 20503.

Dated: April 10, 2000.

**John P. Burke III,**

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

[FR Doc. 00-11035 Filed 5-2-00; 8:45 am]

**BILLING CODE 4120-03-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Care Financing Administration**

[Document Identifier: HCFA-R-310]

**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:* Health Care Services for Deaf and Hard of Hearing Adults—Case Story Forms;

*Form No.:* HCFA-R-310 (OMB #0938-NEW);

*Use:* The Agency seeks to obtain beneficiary information that helps providers (1) better understand situations in which problems may be avoided when encountering a hearing-impaired or deaf individual, (2) explore how such encounters may affect the delivery of quality care of adversely impact health care outcomes, and (3) provide an opportunity for hearing-impaired individuals to develop more appropriate health-seeking behavior, where indicated. This form is to be used by deaf and hard of hearing individuals accessing the Delmarva web site who may wish to identify experiences receiving health care in the United States. The experiences may be either good or bad. Respondents are asked to complete a form for each case or experience;

*Frequency:* On occasion;

*Affected Public:* Individuals or Households;

*Number of Respondents:* 100;

*Total Annual Responses:* 100;

*Total Annual Hours:* 17.