

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Health Care Financing Administration**

[Document Identifier: HCFA-R-197]

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.

Type of Information Collection Request: Revision of a currently approved collection.

Title of Information Collection: Maximizing the Effective Use of Telemedicine: A Study of the Effects, Cost Effectiveness and Utilization Patterns of Consultations via Telemedicine.

Form No.: HCFA-R-197 (OMB# 0938-0705).

Use: This study deals with several issues of importance to HCFA regarding the recent proliferation of Telemedicine programs. The primary goal of this study is to develop policy recommendations for Medicare concerning utilization review and payment methods for Telemedicine services. The major objective is to evaluate the use of interactive video Telemedicine consultation. Recommendations will be based on analysis of the use of Telemedicine for such medical consultation.

Frequency: Other: periodically.

Affected Public: Individuals or households, Business or other for-profit, and Not-for-profit institutions.

Number of Respondents: 1,823.

Total Annual Responses: 92,803.

Total Annual Hours: 415.

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, HCFA-R-197, Room N2-14-26, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: April 20, 2001.

Julie Boughn,

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

[FR Doc. 01-10422 Filed 4-25-01; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Health Care Financing Administration**

[Document Identifier: HCFA-1561]

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 Insurance Benefit Agreement and Supporting Regulations in 42 CFR part 489.

Form No.: HCFA-1561 (OMB# 0938-NEW).

Use: Applicants to the Medicare program are required to agree to provide services in accordance with Federal requirements. The HCFA-1561 is essential for HCFA to ensure that applicants are in compliance with the requirements. Applicants will be required to sign the completed form and provide operational information to HCFA to assure that they continue to meet the requirements after approval.

Frequency: Other: as needed.

Affected Public: Business or other for-profit, not-for-profit institutions, and State, Local or Tribal Government.

Number of Respondents: 3,000.

Total Annual Responses: 3,000.

Total Annual Hours: 150.

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: April 4, 2001.

John P. Burke III,

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

[FR Doc. 01-10421 Filed 4-25-01; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Health Care Financing Administration**

[HCFA-3056-NC]

Medicare Program; Evaluation Criteria and Standards for Peer Review Organization 6th Round Contract**AGENCY:** Health Care Financing Administration (HCFA), HHS.**ACTION:** Notice with Comment Period.**SUMMARY:** This notice describes how HCFA intends to evaluate the Peer