

in justifying an exception request to their composite rate for outpatient dialysis services.; *Frequency*: On occasion; *Affected Public*: Business or other for-profit, Not-for-profit institutions and Federal Government; *Number of Respondents*: 291; *Total Annual Responses*: 291; *Total Annual Hours*: 14,000.

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: Melissa Musotto, HCFA-9044 Room N2-14-26, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: September 28, 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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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifiers: HCFA-R-296 (OMB # 0938-0781)]

Notice of Extension of Emergency Office of Management and Budget Clearance of Agency Information Collection Activities

AGENCY: Health Care Financing Administration, DHHS.

The Health Care Financing Administration (HCFA), Department of Health and Human Services, is publishing this Notice to inform the public that the Office of Management and Budget (OMB) has approved our request for an extension of the OMB clearance on model advance beneficiary notices (ABNs), for which we first requested emergency clearance by **Federal Register** notice dated September 22, 1999 (HCFA-R-296,

OMB # 0938-0781). Clearance of these model ABNs (referred to as HHABNs) for use by home health agencies (HHAs) has been extended through January 31, 2001. These model notices, together with the instructions in Program Memorandum Transmittals A-99-52 and A-99-54, remain in effect following the implementation of the prospective payment system (PPS) for home health agencies on October 1, 2000. HCFA also has published a **Federal Register** notice on September 26, 2000, 65 FR 57821, seeking emergency OMB clearance, pursuant to the Paperwork Reduction Act, of a revised uniform Home Health Advance Beneficiary Notice (HHABN), which we expect to make mandatory in January 2001.

Use: The purpose of this Notice is to clarify, for Medicare beneficiaries, for HHAs, and for other interested members of the public that existing requirements regarding notice and demand bills, as set forth in Program Memorandum Transmittals A-99-52 and A-99-54, and as reflected in the model notices for which OMB has extended the emergency clearance, remain in effect following the implementation of the prospective payment system for HHAs on October 1, 2000. Thus, in accordance with the instructions in PMs A-99-52 and A-99-54, HHAs continue to be responsible for providing proper ABNs and for submitting demand bills to Regional Home Health Intermediaries (RHHIs) when requested to do so by a beneficiary or by a person acting on the beneficiary's behalf. Moreover, the transition to PPS does not change HHAs' responsibility to follow ABN and demand bill procedures for plans of care in which the physician's order spans the transition.

HHAs must give a Medicare beneficiary a proper ABN before reducing or terminating home health care the beneficiary already is receiving, if the physician's order for such care would still continue the care, and an HHA believes that the services do not meet Medicare coverage criteria. In instances where care has not yet been initiated and an HHA believes services ordered by the physician do not meet Medicare coverage criteria, it must also provide a proper ABN. Currently, HHAs may use the model HHABNs designed by HCFA (Form No. HCFA-R-0296) or forms of the HHA's own design to meet the beneficiary notification requirement.

Continued Use of Demand Billing Procedures and Meaning of "Prompt" Submission Under HHA PPS

With respect to the instructions regarding demand bills in Transmittals A-99-52 and A-99-54, we want to

emphasize that the demand bill process remains in effect following the implementation of HHA PPS, and must be used by HHAs to ensure continuation of beneficiary rights to obtain an official Medicare initial determination. Beginning in June, HCFA has been assessing the operational feasibility and impact of options for integrating the initial determination process into HHA PPS. In the HHA PPS final rule published on July 3, 2000, we stated, in response to public comment, that HCFA was reviewing demand billing procedures to determine whether they must be modified to account for the differences between HHA reasonable cost billing and HHA PPS. 65 FR 41128, 41169 (July 3, 2000) (Medicare Program; Prospective Payment System for Home Health Agencies, Final Rule). As a result of our assessment of the feasibility of various options, HCFA decided to continue to use the demand bill process as the mechanism by which Medicare beneficiaries obtain an official Medicare initial determination when an HHA believes, under HHA PPS, that Medicare will not, or will no longer, cover services ordered by a physician.

When a beneficiary agrees to be fully and personally responsible for payment for the services if Medicare decides the services are not covered, and has requested that a claim be submitted to Medicare, HHAs must "promptly" submit a claim to the RHHI and report, on the claim submitted, condition code 20 (demand-beneficiary requested billing) to indicate the beneficiary believes the services are covered (*see* PM A-99-52 sec. I-2A). Under HHA PPS, HHAs may submit only one claim for payment at the end of each episode of care. *See* 65 FR at 41141. Thus, under HHA PPS, "prompt submission" of a claim with the demand bill code requires that the claim (*i.e.*, the demand bill) be submitted at the end of the episode in question, at the same time the claim for final payment for the episode is submitted. Pursuant to the HHA PPS Final Rule, where an HHA has received a "request for anticipated payment" (RAP) for an episode, the RAP will be canceled and recovered unless the claim for the episode (with the condition code 20 to indicate that the claim is a demand bill when requested by the beneficiary in the circumstances described in PM A-99-52) is submitted within the greater of 60 days from the end of the episode or 60 days from the issuance of the anticipated payment. 65 FR at 41141.

Future Plans

As noted above, on September 26, 2000, HCFA published a **Federal**

Register notice seeking emergency OMB clearance, pursuant to the Paperwork Reduction Act, of a revised uniform mandatory Home Health Advance Beneficiary Notice (HHABN). (The **Federal Register** notice, which includes procedures for submitting comments on the revised HHABN, the revised uniform HHABN and related documents, including a Supporting Statement, are posted on HCFA's website at <http://www.hcfa.gov/regs/prdact95.htm>, and are also available via an e-mail request sent to Paperwork@hcfa.gov). HCFA has requested that OMB issue an emergency clearance of the proposed uniform HHABN by October 12, 2000, and HCFA intends to make mandatory the use of the HHABN not later than 90 days following OMB approval. (See the Supporting Statement for HCFA-R-0296). The instructions and requirements of PMs A-99-52 and A-99-54 will remain in effect until a further instruction with a new mandatory implementation date is issued. HCFA expects to issue these instructions as soon as it receives emergency approval by the Office of Management and Budget (OMB). HCFA strongly advises that HHAs use the new notice (the HHABN) once it is approved and instructions are issued, rather than waiting until its use becomes mandatory in January 2001.

Dated: October 4, 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. 00-25936 Filed 10-6-00; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier: HCFA-R-64]

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: Indirect Medical Education (IME) and Supporting Regulations in 42 CFR 412.105;

Form No.: HCFA-R-64 (OMB# 0938-0456);

Use: This collection of information on interns and residents (IR) is needed to properly calculate Medicare program payments to hospitals that incur indirect costs for medical education. The agency's Intern and Resident Information System uses the information for producing automated reports of duplicate full-time equivalent IRs for IME. The reports provide contractors with information to ensure that hospitals are properly reimbursed for IME, and help eliminate duplicate reporting of IR counts which inflate payments. The collection of this information affects 1,350 hospitals which participate in approved medical education programs;

Frequency: Annually;

Affected Public: Not-for-profit institutions, and Business or other for-profit;

Number of Respondents: 1,350;

Total Annual Responses: 1,350;

Total Annual Hours: 2,700.

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: September 11, 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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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (301) 443-7978.

Comments are invited on: (a) Whether the proposed collections of information are necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project: Obligated Service for Mental Health Traineeships: Regulations (42 CFR part 62a) and Forms—(Extension, no change; OMB No. 0930-0074)—SAMHSA's Center for Mental Health Services (CMHS) awards grants to institutions for training instruction and traineeships in mental health and related disciplines. Graduate student recipients of these clinical traineeships must perform service, as determined by the Secretary to be appropriate in terms of the individual's training and experience, for a length of time equal to the period of support. The clinical trainees are required to submit SAMHSA Form SMA 111, a payback agreement, SAMHSA Form 111-1, which ensures agency receipt of a termination notice prior to the end of support, and the SAMHSA Form SMA