Dated: August 20, 2002. John P. Burke, III,

Paperwork Reduction Act Team Leader. CMS Reports Clearance Officer, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development and Issuances. [FR Doc. 02-22056 Filed 8-28-02; 8:45 am]

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### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### **Centers for Medicare and Medicaid** Services

[Document Identifier: CMS-2552]

# Agency Information Collection Activities: Submission for OMB **Review; Comment Request**

**AGENCY:** Centers for Medicare and Medicaid Services.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare and Medicaid Services (CMS) (formerly known as 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: Hospital and Health Care Complex Cost Report and Supporting Regulations in 42 CFR 413.20 and 413.24; Form No.: CMS-2552-96 (OMB 0938-0050); Use: Form CMS-2552-96 is the form used by hospitals participating in the Medicare program. This form reports the health care costs used to determine the amount of reimbursable costs for services rendered to Medicare beneficiaries; Frequency: Annually; Affected Public: Businesses or other for-profit; Not-forprofit institutions, and State, Local, or Tribal Gov.; Number of Respondents: 6,010; Total Annual Responses: 6,010; Total Annual Hours: 3,980,522.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS Web site address at http://www.hcfa.gov/regs/ prdact95.htm, or E-mail your request, including your address, phone number, OMB number, and CMS 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 30 days of this notice directly to the OMB desk officer:

OMB Human Resources and Housing Branch, Attention: Brenda Aguilar, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: August 20, 2002.

# John P. Burke, III,

Paperwork Reduction Act Team Leader, CMS Reports Clearance Officer, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development and Issuances. [FR Doc. 02-22057 Filed 8-28-02; 8:45 am] BILLING CODE 4120-03-P

#### DEPARTMENT OF HEALTH AND **HUMAN SERVICES**

### **Health Resources and Services** Administration

# Agency Information Collection Activities: Proposed Collection: **Comment Request**

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104–13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer on (301) 443-1129.

Comments are invited on: (a) Whether the proposed collection of information is 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: Correlates of High Organ Donation Rates**

The HRSA, Office of Special Programs (OSP), Division of Transplantation (DoT) is planning a study to identify and evaluate practices related to organ procurement organization (OPO) and hospital structures and processes associated with high rates of organ donation. The study sample will include nine OPOs and 54 affiliated hospitals. (The OPO sample will be chosen first, followed by a corresponding sample of hospitals that have affiliations with the chosen OPOs.)

The study consists of two phases, of which only Phase 2 will require OMB Clearance. Phase 1 will involve an examination of secondary data sources to obtain descriptive information on the universe of OPOs and a subset of hospitals that have the potential for organ procurement activities. Phase 2 will involve data collection from more than nine hospitals through surveys and site visits to identify practices of OPO, hospital, and OPO-hospital interactions that are associated with higher rates of organ donation.

Hospitals included in the sample are likely to be, though not necessarily limited to, those with Trauma I and II designations, because the majority of organ donations occur in these types of hospitals. Data collection instruments for the hospital sample will include: (1) Hospital Pre-site Visit Telephone Survey; (2) Hospital On-site Visit Interview Protocol; and (3) OPO-Hospital Perceptions Survey.

The Hospital Pre-site Visit Telephone Survey will capture supplemental data on hospital organizational structures and processes related to organ procurement such as presence of an ethics committee, donation committee, or staff designated to engage in organ donation activities. The Hospital On-site Visit Interview Protocol will be used to identify characteristics of hospital structures and processes and OPOhospital interactions that may facilitate or limit referrals to OPOs by hospitals, potential organ donor consent, organ recovery, and organs transplanted. Focus areas include, but are not limited to, hospital commitment to and governance over organ procurement activities, planning and evaluation, financial issues, staffing, training, and technical and data collection capacity. The OPO-Hospital Perceptions Survey will capture the convergence or divergence of OPO and affiliated