

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Medicare and Medicaid Services****[Document Identifier: CMS-R-79]****Agency Information Collection Activities: Submission for OMB Review; Comment Request****AGENCY:** Centers for Medicare and Medicaid Services, HHS.

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: Extension of a currently approved collection.

Title of Information Collection: Payment Adjustment for Sole Community Hospitals and Supporting Regulations in 42 CFR, section 412.92.

Form No.: CMS-R-79 (OMB# 0938-0477).

Use: Hospitals designated "sole community hospitals" that experience a 5 percent decrease in discharges in one cost reporting period, as compared to the previous period, due to unusual circumstances beyond its control, may request an adjustment to its Medicare payment amount.

Frequency: On Occasion.

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

Number of Respondents: 40.

Total Annual Responses: 40.

Total Annual Hours: 160.

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: Allison Eydt, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: April 24, 2002.

John P. Burke, III,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Medicare and Medicaid Services****[Document Identifier: CMS-10061]****Agency Information Collection Activities: Submission for OMB Review; Comment Request****AGENCY:** Centers for Medicare and Medicaid Services, HHS.

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: New Collection.

Title of Information Collection: Evaluation of Programs of Coordinated Care and Disease Management.

Form No.: CMS-10061 (OMB# 0938-NEW).

Use: CMS is currently conducting two demonstration programs to determine the impact of programs of coordinated care and disease management on health outcomes and costs of care for Medicare beneficiaries. The purpose of this evaluation is to provide an independent assessment of the effectiveness of these programs, and to provide the basis for the Reports to Congress required for the care coordination demonstration. To provide this information, the evaluation must generate both rigorous quantitative estimates of the programs' impacts and qualitative analyses of the programs' processes. Surveys of demonstration participants and their health care providers are an integral part of this evaluation.

Frequency: Other: One-time.

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

Number of Respondents: 11,356.

Total Annual Responses: 11,356.

Total Annual Hours: 5,465.

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: Allison Eydt, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: April 24, 2002.

John P. Burke, III,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Medicare and Medicaid Services****[Document Identifier: CMS-10057]****Emergency Clearance: Public Information Collection Requirements Submitted to the Office of Management and Budget (OMB)****AGENCY:** Center for Medicare and Medicaid Services, HHS.