

Frequency: Biennially; *Affected Public:* Business or other for profit, not for profit institutions, Federal, State, local or tribal governments; *Number of Respondents:* 26,250; *Total Annual Hours:* 13,125.

6. *Type of Information Collection Request:* Reinstatement, without change, of previously approved collection for which approval has expired; *Title of Information Collection:* Prepaid Health Plan Cost Report; *Form No.:* HCFA-276; *Use:* These forms are needed to establish the reasonable cost providing covered services to the enrolled Medicare population of an HMO in accordance with Section 1876 of the Social Security Act; *Frequency:* Quarterly, Annually; *Affected Public:* Business or other for profit; *Number of Respondents:* 82; *Total Annual Hours:* 9,934.

7. *Type of Information Collection Request:* Reinstatement, without change, of previously approved collection for which approval has expired; *Title of Information Collection:* Medicare Credit Balance Reporting Requirements; *Form No.:* HCFA-838; *Use:* The collection of credit balance information is needed to ensure that millions of dollars in improper program payments are collected. Approximately 37,600 health care providers will be required to submit a quarterly credit balance report that indicates the amount of improper payments they received that are due to Medicare. The intermediaries will monitor the reports to ensure these funds are collected; *Frequency:* Quarterly; *Affected Public:* Not for profit institutions; *Number of Respondents:* 37,600; *Total Annual Hours:* 902,400.

8. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Statement of Deficiencies and Plan of Correction; *Form No.:* HCFA-2567-A; *Use:* This Paperwork package provides information regarding deficiencies for Organ Procurement Organizations (OPO) as well as deficiencies noted during periodic facility and laboratory certification surveys. This information is used to make decisions concerning OPO redesignation, certification/recertification of health care facilities participating in the Medicare/Medicaid Programs, and laboratories regulated by CLIA. *Frequency:* Annually and Biennially; *Affected Public:* State, Local or Tribal Governments, Business or other for-profit, Not-for-profit institutions, Federal Government; *Number of Respondents:* 49,200; *Total Annual Responses:* 98,400; *Total Annual Hours Requested:* 196,800.

9. *Type of Information Collection Request:* Revision of a currently

approved collection; *Title of Information Collection:* Medicare/Medicaid Hospital Survey Report Form; *Form No.:* HCFA-1537; *Use:* Section 1861(e) of the Social Security ACT provides that hospitals participating in Medicare must meet specific requirements. These requirements are presented as conditions of Participation. State agencies must determine compliance with these conditions through the use of this report form; *Frequency:* Annually; *Affected Public:* State, Local or Tribal Governments; *Number of Respondents:* 1,322; *Total Annual Hours Requested:* 4,296.50.

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>, or to obtain the supporting statement and any related forms, 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 60 days of this notice directly to the HCFA Paperwork Clearance Officer designated at the following address: HCFA, Office of Financial and Human Resources, Management Planning and Analysis Staff, Attention: John Burke, Room C2-26-17, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: June 3, 1996.

Kathleen B. Larson,
Director, Management Planning and Analysis
Staff, Office of Financial and Human
Resources, Health Care Financing
Administration.

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[R-10, R-79]

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.

1. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Information Collection Requirements contained in BPD-718: Advance Directives (Medicare and Medicaid); *Form No.:* HCFA-R-10; *Use:* Certain Medicare and Medicaid organizations are responsible for collecting and documenting, in medical records, whether or not an individual has executed an advance directive. This document indicates the individual's preference if he/she is incapacitated. *Frequency:* On occasion; *Affected Public:* Business or other for-profit, Not-for-profit institutions, Federal Government, and State, Local or Tribal Government; *Number of Respondents:* 38,927; *Total Annual Responses:* 38,927; *Total Annual Hours Requested:* 908,250.

2. *Type of Information Collection Request:* Reinstatement, with change, of a previously approved collection for which approval has expired; *Title of Information Collection:* Payment Adjustment for Sole Community Hospitals; *Form No.:* HCFA-R-79; *Use:* Hospitals designated as "Sole Community Hospitals" that experience a five 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:* As desired; *Affected Public:* Business or other for-profit, Not-for-profit institutions, and State, Local or Tribal Government; *Number of Respondents:* 40; *Total Annual Responses:* 40; *Total Annual Hours Requested:* 160.

To request copies of the proposed paperwork collections referenced above, E-mail your request, including your address, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections should be sent 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: June 3, 1996.

Kathleen B. Larson,

Director, Management Planning and Analysis Staff, Office of Financial and Human Resources, Health Care Financing Administration.

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

AGENCY: Health Care Financing Administration, HHS.

In compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*), the Health Care Financing Administration (HCFA), Department of Health and Human Services, has submitted to the Office of Management and Budget (OMB) the following proposals 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.

1. Type of Information Collection Request: Reinstatement, with change, of a previously approved collection for which approval has expired; **Title of Information Collection:** Physical Therapist in Independent Practice Survey Report; **Form No.:** HCFA-3042; **Use:** The Medicare Program requires physical therapists in an independent practice to meet certain health and safety requirements. The survey report records the results of an onsite survey to confirm that the health and safety requirements are met; **Frequency:** On occasion; **Affected Public:** Business or other for profit; **Number of Respondents:** 2,196; **Total Annual Hours:** 2,196.

2. Type of Information Collection Request: Reinstatement, without change, of a previously approved collection for which approval has expired; **Title of Information Collection:** Health Maintenance Organization (HMO) and Competitive Medical Plan (CMP) National Data Reporting Requirements (NDRR); **Form No.:** HCFA-906; **Use:** The NDRR provides the Office of Managed Care staff with information required to effectively monitor and evaluate the

progress and effectiveness of the HMO/CMPs as appropriate. This ensures the protection of Federal investment and enrolled members of HMO/CMPs. Additionally, the NDRR provides statistical data for continued regulation; **Frequency:** Quarterly, annually; **Affected Public:** Business or other for profit, not for profit institutions, and state, local or tribal governments; **Number of Respondents:** 292; **Total Annual Hours:** 2,920.

3. Type of Information Collection Request: Reinstatement, without change, of a previously approved collection for which approval has expired; **Title of Information Collection:** Identification of Extension Units of Outpatient Physical Therapy and Outpatient Speech Pathology Providers; **Form No.:** HCFA-381; **Use:** The Medicare Program requires outpatient physical therapy and outpatient speech pathology (OPT/OSP) providers to be surveyed to determine compliance with Federal requirements. The HCFA-381 is the form used to identify OPT/OSP locations; **Frequency:** Annually; **Affected Public:** Business or other for profit; **Number of Respondents:** 2,300; **Total Annual Hours:** 575.

4. Type of Information Collection Request: Reinstatement, without change, of a previously approved collection for which approval has expired; **Title of Information Collection:** Fire Safety Survey Report; **Form No.:** HCFA-2786 A,B,C,D,F,G,H,J,K,L,M,P,Q; **Use:** These forms are used by the State Agency to record data collected in order to determine compliance with individual conditions during fire safety surveys and report it to the Federal Government; **Frequency:** Annually; **Affected Public:** State, local or tribal governments; **Number of Respondents:** 53; **Total Annual Hours:** 20,637.

To request copies of the proposed paperwork collections referenced above, E-mail your request, including your address, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections should be sent 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: June 3, 1996.

Kathleen B. Larson,

Director, Management Planning and Analysis Staff, Office of Financial and Human Resources, Health Care Financing Administration.

[FR Doc. 96-14480 Filed 6-7-96; 8:45 am]

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Health Resources and Services Administration

Availability of Funds for the Nursing Education Loan Repayment Program for Service in Certain Health Facilities

AGENCY: Health Resources and Services Administration

ACTION: Notice of available funds.

SUMMARY: The Health Resources and Services Administration (HRSA) announces that applications will be accepted for fiscal year (FY) 1996 for awards under Section 846 of the Public Health Service (PHS) Act to repay up to 85 percent of the nursing education loans of registered nurses who agree to serve for not less than 2 years as nurse employees in certain health facilities.

The HRSA, through this notice, invites applications for participation in this loan repayment program. Approximately \$1,942,000 will be available, and with these funds, the HRSA estimates that approximately 179 loan repayment awards may be made.

The PHS is committed to achieving the health promotion and disease prevention objectives of *Healthy People 2000*, a PHS-led national activity for setting health priorities. These programs will contribute to the *Healthy People 2000* objectives by improving access to primary health care services through coordinated systems of care for medically underserved populations in both rural and urban areas. Potential applicants may obtain a copy of *Healthy People 2000* (Full Report, Stock No. 017-001-00474-01) or *Healthy People 2000* (Summary Report, Stock No. 017-001-00473-01) through the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402-9325 (telephone number: 202 783-3238).

The PHS strongly encourages all grant and contract recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. In addition, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care, or early childhood development services are provided to children. This is consistent with the