Frequency: Annually; *Affected Public:* Business or other for profit; *Number of Respondents:* 2,472; *Total Annual Responses:* 2,472; *Total Annual Hours:* 484,512.

To obtain copies of the supporting statement for the proposed paperwork collections referenced above, 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, D.C. 20503.

Dated: February 26, 1998.

John P. Burke III,

HCFA Reports Clearance Officer, HCFA, Office of Information Services, Information Technology Investment Management Group, Division of HCFA Enterprise Standards.

[FR Doc. 98–6454 Filed 3–12–98; 8:45 am]

BILLING CODE 4120–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier: HCFA–R–231 (OMB #0938–New)]

Emergency Clearance: Public Information Collection Requirements Submitted to the Office of Management and Budget (OMB)

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.

We are, however, requesting an emergency review of the information collection referenced below. In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, we have submitted to the Office of Management and Budget (OMB) the following requirements for emergency review. We are requesting an emergency review because the collection of this information is needed before the expiration of the normal time limits under OMB's regulations at 5 CFR Part 1320. In particular, emergency approval is necessary to ensure provider sponsored organizations (PSOs) are given an adequate opportunity to provide the information necessary to receive a Medicare+Choice contract, as provided by Section 1855(a) of the Social Security Act (as amended by the Balanced Budget Act of 1997) by the beginning of the 1999 contract year. We currently estimate that it will take ten months to: (1) Review and approve the waiver request, (2) review and approve the PSO contract application, and (3) prepare HCFA's information systems for individual PSOs prior to the 1999 contract year. Since the collection of waiver information requested in this form is the first step in this process, we need to begin receiving this information by no later than April 1, 1998.

Therefore, HCFA is requesting OMB review and approval of this collection by 03/27/98, with a 180-day approval period. Written comments and recommendations will be accepted from the public if received by the individuals designated below by 03/26/98. During this 180-day period, we will publish a separate **Federal Register** notice announcing the initiation of an extensive 60-day agency review and public comment period on these requirements. We will submit the requirements for OMB review and an extension of this emergency approval.

Type of Information Request: New collection.

Title of Information Collection: Medicare+Choice (M+C) Provider Sponsored Organization (PSO) Waiver Request Form.

Form Number: HCFA–R–231.

Use: The PSO waiver request form is for use by PSO's that do not have a state risk-bearing entity licence and that wish to enter into an M+C contract with HCFA to provide prepaid health care services to eligible Medicare beneficiaries. HCFA will use the information requested on this form to determine whether the applicant is eligible for a waiver of the state licensure requirement for M+C organizations as allowed under section 1855(a)(2) of the Social Security Act.

Frequency: One-time.

Affected Public: Business or other for-profit, not-for-profit institutions, and Federal Government.

Annual Number of Respondents: 30.

Total Annual Responses: 30.

Total Annual Hours Requested: 300.

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, and HCFA form number, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786–1326.

Interested persons are invited to send comments regarding the burden or any other aspect of these collections of information requirements. However, as noted above, comments on these information collection and recordkeeping requirements must be mailed and/or faxed to the designees referenced below by 03/26/98:

Health Care Financing Administration, Office of Information Services, Information Technology Investment Management Group, Division of HCFA Enterprise Standards, Room C2–26–17, 7500 Security Boulevard, Baltimore, MD 21244–1850. Fax Number: (410) 786–1415, Attn: John Burke HCFA–R–231

and

Office of Information and Regulatory Affairs, Office of Management and Budget, Room 10235, New Executive Office Building, Washington, DC 20503, Fax Number: (202) 395–6974 or (202) 395–5167, Attn: Allison Herron Eydt, HCFA Desk Officer.

Dated: March 4, 1998.

John P. Burke III,

HCFA Reports Clearance Officer, HCFA, Office of Information Services, Information Technology Investment Management Group, Division of HCFA Enterprise Standards.

[FR Doc. 98–6455 Filed 3–12–98; 8:45 am]

BILLING CODE 4120–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier: HCFA–667]

Agency Information Collection Activities: Submission for OMB Review; 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: Extension of a currently approved collection; *Title of Information Collection:* Alternate Quality Assessment Survey; *Form No.:* HCFA–667 (OMB#0938–0650); *Use:* The HCFA–667 is used in lieu of an onsite survey for those Clinical Laboratories Improvement Amendment (CLIA) laboratories with good performance as determined by their last onsite survey. This form is designed to determine current CLIA compliance as well as prepare laboratories for future onsite surveys. This system rewards good performance and facilitates quality assurance. *Frequency:* On occasion; *Affected Public:* Business or other for-profit, Not-for-profit institutions, Federal Government, State, Local or Tribal Government; *Number of Respondents:* 4,000; *Total Annual Responses:* 4,000; *Total Annual Hours:* 10,000.

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 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: March 5, 1998.

John P. Burke III,

HCFA Reports Clearance Officer, HCFA Office of Information Services, Information Technology Investment Management Group, Division of HCFA Enterprise Standards.

[FR Doc. 98–6456 Filed 3–12–98; 8:45 am]

BILLING CODE 4120–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Ofice of Inspector General

Program Exclusions: February 1998

AGENCY: Office of Inspector General, HHS.

ACTION: Notice of program exclusions.

During the month of February 1998, the HHS Office of Inspector General imposed exclusions in the cases set forth below. When an exclusion is imposed, no program payment is made to anyone for any items or services (other than an emergency item or service not provided in a hospital emergency room) furnished, ordered or prescribed by an excluded party under the Medicare, Medicaid, and all Federal Health Care programs. In addition, no program payment is made to any business or facility, e.g., a hospital, that submits bills for payment for items or services provided by an excluded party. Program beneficiaries remain free to decide for themselves whether they will continue to use the services of an excluded party even though no program payments will be made for items and services provided by that excluded party. The exclusions have national effect and also apply to all Executive Branch procurement and non-procurement programs and activities.

Subject, city, state	Effective date
PROGRAM-RELATED CONVICTIONS	
ABEL, ANN LABATUT ..... BATON ROUGE, LA	03/19/1998
ALESSI, THOMAS J ..... W COLUMBIA, SC	03/19/1998
ANDERSEN, DEBRA S ..... ALOHA, OR	03/19/1998
CHEIFETZ, LESLIE ..... NEW YORK, NY	03/19/1998
DBG HOME HEALTH AGENCY, INC ..... ALICE, TX	03/19/1998
DOYLE, JAFAYE ELAINE ..... AURORA, CO	03/19/1998
EASTERN LABORATORIES .... PORT WASHINGTON, NY	03/19/1998
GONZALEZ HEALTH CARE SYSTEMS ..... ALICE, TX	03/19/1998
GRESL, BARBARA J ..... WAUPUN, WI	03/19/1998
GUY, ROY LEE JR ..... LITTLE ROCK, AR	03/19/1998
HERRLEIN, DAVID ALLEN ..... KIMBALL, SD	03/19/1998
HUMBERGER, DONALD ..... MCDONALD, TN	03/19/1998
INWANG, ENO PATRICK ..... N MIAMI BEACH, FL	03/19/1998
JENKINS, STEVE ..... FAYETTEVILLE, NC	03/19/1998
JONES, VERNON ..... LITTLE ROCK, AR	03/19/1998
KHAN, ASIF ALI ..... ELMHURST, NY	03/19/1998
LASHKEVICH, JOHN P ..... CHERRY HILL, NJ	03/19/1998
MAYFIELD, JENNIFER ..... VICKSBURG, MS	03/19/1998
MCNINCH, DAVID LEON ..... ALICE, TX	03/19/1998
MILLER-DAVIS, MARILYN ..... SAVANNAH, MO	03/19/1998
MIRA, CHRIS MANUEL ..... BRANDON, FL	03/19/1998
MUIGAI, JOSEPH GITHINJI .... WATERTOWN, NY	03/19/1998
NTSHONA, NOKUZOLA ..... BROOKLYN, NY	03/19/1998
PHYSICAL & SPORTS THERAPY, INC ..... WILSON, NC	03/19/1998
RHODES, JEANETTE POWELL ..... NEWPORT, NC	03/19/1998
ROFFMAN, SOL ..... PEABODY, MA	03/19/1998
SADRI, MANOUCHEHR ..... POTOMAC, MD	03/19/1998
SCHWARTZ, JOANNE ..... SIOUX FALLS, SD	03/19/1998
SUNRISE ADULT DAY HEALTH CARE ..... PINE BLUFF, AR	03/19/1998
SWEAT, JOHN EDWARD ..... BRADENTON, FL	03/19/1998
VOSSMAN, DANIEL J ..... OSAGE BEACH, MO	03/19/1998
FELONY CONTROL SUBSTANCE CONVICTION	
REYES, SAMSON DYPIANGCO ..... WINTERSVILLE, OH	03/19/1998
PATIENT ABUSE/NEGLECT CONVICTIONS	
BLUMENSCHEIN, SHEILA KATHLEYNE ..... DELAWARE, OH	03/19/1998
GONZALEZ, OCTABIA ..... OKLAHOMA CITY, OK	03/19/1998
GUILBERT, RICARDO ..... DELMONT, NJ	03/19/1998
HUTSON, BUFFI ..... CORINTH, MS	03/19/1998
JONES, MICHAEL DONNEL .... ST PETERSBURG, FL	03/19/1998
MARTINEZ-SUASTEGUI, CONSTANCIO ..... CROWLEY, CO	03/1998
MITCHELL, CASSANDRA L	03/19/1998