

subsistence expense ceiling for official travel to Oshkosh (Winnebago County), Wisconsin, due to the escalation of lodging rates during the annual Experimental Aircraft Association Convention and Show held there. This special rate applies to claims for reimbursement covering travel during the period July 26 through August 10, 1996.

2. *Background.* The Federal Travel Regulation (FTC) (41 CFR chapters 301-304) part 301-8 permits the Administrator of General Services to establish a higher maximum daily rate for the reimbursement of actual subsistence expenses of Federal employees on official travel to an area within the continental United States. The head of an agency may request establishment of such a rate when special or unusual circumstances result in an extreme increase in subsistence costs for a temporary period. The Secretary of Transportation requested establishment of such a rate for Oshkosh to accommodate employees who perform temporary duty there and experience a temporary but significant increase in lodging costs due to the escalation of lodging rates during the annual Experimental Aircraft Association Convention and Show. These circumstances justify the need for higher subsistence expense reimbursement in Oshkosh during the designated period.

3. *Maximum rate and effective date.* The Administrator of General Services, pursuant to 41 CFR 301-8.3(c), has increased the maximum daily amount of reimbursement that may be approved for actual and necessary subsistence expenses for official travel to Oshkosh (Winnebago County), Wisconsin for travel during the period July 27 through August 10, 1996. Agencies may approve actual subsistence expense reimbursement not to exceed \$167 (\$137 maximum for lodging and a \$30 allowance for meals and incidental expenses) for official travel to Oshkosh (Winnebago County), Wisconsin, during this time period.

4. *Expiration date.* This bulletin contains information of a continuing nature as it relates to the processing of travel reimbursement claims and will remain in effect until canceled.

5. *For further information contact.* Devoanna R. Reels, General Services Administration, Travel and Transportation Management Policy Division (MTT), Washington, DC 20405, telephone 202-501-1538.

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Care Financing Administration [HCFA-460]

#### 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:* Medicare Participating Physician or Supplier Agreement, HCFA 460; *Form No.:* HCFA 460; *Use:* The HCFA 460 is completed by nonparticipating physicians and suppliers if they choose to participate in Medicare Part B. By signing the agreement, the physician or supplier agrees to take assignment on all Medicare claims. To take assignment means to accept the Medicare allowed amount as payment in full for the services they furnish and to charge the beneficiary no more than the deductible and coinsurance for the covered service. In exchange for signing the agreement, the physician or supplier receives a significant number of program benefits not available to nonparticipating physicians and suppliers. The information is needed to know to whom to provide these benefits. *Frequency:* Once, unless re-enrolled; *Affected Public:* Individuals or Households, and Business or other for-profit; *Number of Respondents:* 70,000; *Total Annual Responses:* 70,000; *Total Annual Hours Requested:* 17,500.

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 Eydtt, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Dated: June 25, 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: Proposed Collection; 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 summaries 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.

1. *Type of Information Collection Request:* Reinstatement, without change, of previously approved collection for which approval has expired; *Title of Information Collection:* Information Collection Requirements in 42 CFR 473.18 (a) and (b), 473.34 (a) and (b), 473.36 (a) and (b), and 473.42 (a), Peer Review Organization (PRO) Reconsideration and Appeals; *Form No.:* HCFA-R-72; *Use:* These regulations contain procedures for PRO's to use in reconsideration of initial determinations. The information requirements contained in these regulations are on PROs to provide information to parties requesting a reconsideration review. These parties will use the information as guidelines for appeal rights in instances where issues are still in dispute; *Frequency:* On occasion; *Affected Public:* Business or other for profit; *Number of Respondents:* 53; *Total Annual Responses:* 15,670; *Total Annual Hours:* 3,578.

2. *Type of Information Collection Request:* Reinstatement, without change, of previously approved collection for

which approval has expired; *Title of Information Collection*: Request for Enrollment in Supplementary Medical Insurance; *Form No.*: HCFA-4040; *Use*: The HCFA-4040 is used to establish entitlement to Supplementary Medical Insurance by Beneficiaries not eligible under Part A of Title XVIII or Title II of the Social Security Act. The HCFA-4040SP is the Spanish edition of this form; *Frequency*: One time only; *Affected Public*: Individuals and households, Federal government, State, local, or tribal governments; *Number of Respondents*: 10,000; *Total Annual Responses*: 10,000; *Total Annual Hours*: 2,500.

3. *Type of Information Collection Request*: Extension of a currently approved collection; *Title of Information Collection*: Request for Certification as a Rural Health Clinic, Rural Health Clinic Survey Report Form; *Form No.*: HCFA-29, 30; *Use*: The form HCFA-29 "Request for Certification as a Rural Health Clinics" is used by facilities to apply to participate in the Medicare program. The form HCFA-30 "Rural Health Clinic Survey Report Form, is used by State survey agencies to record data needed to determine compliance with the Federal requirements; *Frequency*: Annually; *Affected Public*: State, local or tribal governments; *Number of Respondents*: 390; *Total Annual Responses*: 390; *Total Annual Hours*: 682.

4. *Type of Information Collection Request*: Reinstatement, without change, of previously approved collection for which approval has expired; *Title of Information Collection*: Quarterly Showing; *Form No.*: HCFA-R-41; *Use*: This form is used by State Medicaid agencies to list participating health care facilities and the dates the State agencies reviewed the facilities. The lists are required to assure the existence of an effective utilization (of services) control program, as required by law and regulation, to avoid a penalty; *Frequency*: Quarterly; *Affected Public*: State, local or tribal governments; *Number of Respondents*: 47; *Total Annual Responses*: 188; *Total Annual Hours*: 9,212.

5. *Type of Information Collection Request*: Reinstatement, without change, of previously approved collection for which approval has expired; *Title of Information Collection*: Quarterly Showing Validation Survey; *Form No.*: HCFA-9050; *Use*: Reporting entities may be required to submit lists of Medicaid beneficiaries residing in a select number of institutions. State Medicaid agencies may also be required to submit procedures for conducting

inspection of care reviews and other documentation necessary to validate the Quarterly Showing reports. The listings are required to determine those patients for which the State is currently responsible for their care. This part of the operation to determine that states have an effective utilization control program; *Frequency*: Annually; *Affected Public*: State, local or tribal governments; *Number of Respondents*: 47; *Total Annual Responses*: 8; *Total Annual Hours*: 376.

6. *Type of Information Collection Request*: Reinstatement, with change, of previously approved collection for which approval has expired; *Title of Information Collection*: Medicare Managed Care Disenrollment Form; *Form No.*: HCFA-566; *Use*: This form is used to process a beneficiaries request of disenrollment action from a health maintenance organization or competitive medical plan and to update the beneficiaries' health insurance master record; *Frequency*: On occasion; *Affected Public*: Individuals and households, Business or other for profit, not for profit institutions, Federal government, State, local, or tribal governments; *Number of Respondents*: 24,000; *Total Annual Responses*: 24,000; *Total Annual Hours*: 792.

7. *Type of Information Collection Request*: New collection; *Title of Information Collection*: "Maximizing the Effective Use of Telemedicine: A study of the Effects, Cost Effectiveness and Utilization Patterns of Consultations via Telemedicine."; *Form No.*: HCFA-R-197; *Use*: The major objective of this study is to evaluate the medical and cost effectiveness of three different categories of telemedicine services; *Frequency*: Other (periodically); *Affected Public*: Individuals and households, Business or other for profit, not for profit institutions; *Number of Respondents*: 1819; *Total Annual Responses*: 11,095; *Total Annual Hours*: 1,564.

8. *Type of Information Collection Request*: Revision of a currently approved collection; *Title of Information Collection*: Business Proposal Formats for Utilization and Quality Control Peer Review Organizations (PROs); *Form No.*: HCFA-718-721; *Use*: Submission of proposal information by current PROs and other bidders, according to the business proposal instructions, will satisfy HCFA's need for consistent, and verifiable data with which to validate contract proposals; *Frequency*: Other (Tri-annually); *Affected Public*: Business or other for profit, not for profit institutions; *Number of Respondents*:

20; *Total Annual Responses*: 23; *Total Annual Hours*: 450.

9. *Type of Information Collection Request*: Reinstatement, without change, of a previously approved collection for which approval has expired; *Title of Information Collection*: Request for Accelerated Payments; *Form No.*: HCFA-9042; *Use*: These forms are used by fiscal intermediaries to access a provider's eligibility for accelerated payments. Such payment is granted if there is an unusual delay in processing bills. *Frequency*: On occasion; *Affected Public*: Business or other for-profit and Not for-profit institutions; *Number of Respondents*: 854; *Total Annual Responses*: 854; *Total Annual Hours Requested*: 427.

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](mailto: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 25, 1996.

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

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## 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 for opportunity for public comment on proposed data collection projects, 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 data collection plans and