approved collection; *Title of Information Collection:* CLIA Budget Workload Reports and Supporting Regulations in 42 CFR 493.1-.2001; *Form No.:* HCFA–102/105 (OMB# 0938–0599); *Use:* This information will be used by HCFA to determine the amount of Federal reimbursement for compliance surveys. In addition, the HCFA 102/105 is used for program evaluation, budget formulation and budget approval; *Frequency:* Quarterly and Annually; *Affected Public:* State, local or tribal government; *Number of Respondents:* 50; *Total Annual Responses:* 331; *Total Annual Hours:* 4,500.

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, D.C. 20503.

Dated: May 15, 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. 98–13673 Filed 5–21–98; 8:45 am]

BILLING CODE 4120–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier: HCFA–R–216]

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

AGENCY: Health Care Financing Administration.

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:* Procedures for Advisory Opinions Concerning Physician Referrals and Supporting Regulations in 42 CFR 411.370 through 411.389; *Form No.:* HCFA–R–216 (OMB# 0938–0714); *Use:* Section 4314 of Public Law 105–33, in establishing section 1877(g)(6) of the Act, requires the Department to provide advisory opinions to the public regarding whether a physician's referrals for certain designated health services are prohibited under the other provisions in section 1877 of the Act. These regulations provide the procedures under which members of the public may request advisory opinions from HCFA. Because all requests for advisory opinions are purely voluntary, respondents will only be required to provide information to us that is relevant to their individual requests; *Frequency:* On occasion; *Affected Public:* Not-for-profit institutions, Business or other for-profit, and Individuals and Households; *Number of Respondents:* 200; *Total Annual Responses:* 200; *Total Annual Hours:* 2,000.

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, D.C. 20503.

Dated: May 14, 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. 98–13674 Filed 5–21–98; 8:45 am]

BILLING CODE 4120–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier: HCFA–R–5]

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: Reinstatement, without change of a previously approved collection for which approval has expired.; *Title of Information Collection:* Physician Certifications/Recertification in Skilled Nursing Facilities Manual Instructions and Supporting Regulations 42 CFR 424.20; *Form No.:* HCFA–R–5; *Use:* The Medicare program requires as a condition of participation for Medicare Part A payment for posthospital skilled nursing facility (SNF) services, that a physician must certify and periodically recertify that a beneficiary requires an SNF level of care. The physician certification requirement is intended to ensure that the beneficiary's need for services has been established and then reviewed and updated at appropriate intervals. *Frequency:* On occasion; *Affected Public:* Individuals or households, business or other for-profit, not -for-profit institutions, State, Local or Tribal Government; *Number of*

Respondents: 689,005; *Total Annual Responses:* 2,598,493; *Total Annual Hours:* 365,914.

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, DC. 20503.

Dated: May 15, 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. 98–13680 Filed 5–21–98; 8:45 am]

BILLING CODE 4120–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

Privacy Act of 1974; Report of New System

AGENCY: Health Care Financing Administration (HCFA), Department Health and Human Services (HHS).

ACTION: Notice of New System of Records.

SUMMARY: In accordance with the requirements of the Privacy Act of 1974, we are proposing to establish a new system of records, ''Long Term Care Minimum Data Set (LTC MDS),'' HHS/HCFA/CMSO System No. 09–70–1516. We have provided background information about the proposed system in the ''Supplementary Information'' section below. Although the Privacy Act requires only that the ''routine use'' portion of the system be published for comment, HCFA invites comments on all portions of this notice. See ''Effective Dates'' section for comment period.

EFFECTIVE DATES: HCFA filed a new system report with the Chair of the House Committee on Government Reform and Oversight, the Chair of the Senate Committee on Governmental Affairs, and the Administrator, Office of Information and Regulatory Affairs, Office of Management and Budget (OMB) on May 19, 1998. To ensure that all parties have adequate time in which to comment, the new system of records, including routine uses, will become effective 40 days after the publication of this notice or from the date submitted to OMB and the Congress, whichever is later, unless HCFA receives comments which require alterations to this notice.

ADDRESSES: The public should address comments to the HCFA Privacy Act Officer, Division of Freedom of Information and Privacy, Office of Information Services, C2–01–11, Baltimore, Maryland 21244–1850. Comments received will be available for review at this location, by appointment, Monday through Friday from 9 am.—3 pm., eastern time zone.

FOR FURTHER INFORMATION CONTACT: Helene Fredeking, Director, Division of Outcomes and Improvements, Center for Medicaid and State Operations, HCFA, 7500 Security Boulevard, S2–11–07, Baltimore, Maryland 21244–1850. The telephone number is (410) 786–7304.

SUPPLEMENTARY INFORMATION: Sections 1819(b)(3)(A) and 1919(b)(3)(A) of the Social Security Act require LTC facilities participating in the Medicare and Medicaid programs to conduct comprehensive, accurate, standardized, reproducible assessments of each resident's functional capacity. Sections 1819(f) and 1919(f) of the Social Security Act require the Secretary to specify an MDS of core elements and common definitions for use by the facilities, to establish guidelines for use of the data set, and to designate one or more assessment instruments which a state requires facilities to use.

A notice of proposed rulemaking (NPRM) was published in the **Federal Register**, Vol. 57, No. 249, page 61626 on December 28, 1992. A final rule was published, in the **Federal Register**, Vol. 62, No. 246, page 67174—67213, on December 23, 1997. The rule requires facilities certified to participate in Medicare and/or Medicaid to encode and transmit the information contained in the MDS to the state using a format that conforms to standard record layouts and data dictionaries. The state is subsequently required to transmit the data to HCFA using the same standard record layouts and data dictionaries.

This new system of records shall contain the assessment information (MDS records) for each individual residing in LTC facilities that are certified to participate in the Medicare and/or Medicaid programs (including private pay individuals). Each state's resident assessment instrument must contain the assessment instrument designated by HCFA, which includes the MDS and its common definitions, triggers, and utilization guidelines.

The LTC MDS includes standard demographic data for identification such as resident name, Social Security Number, Medicare number, Medicaid number, gender, race/ethnicity, and birth date. The MDS may also contain data elements that describe the resident's health status in the following areas:

Customary Routines
Cognitive Patterns
Communication/Hearing Patterns
Vision Patterns
Mood and Behavior Patterns
Psychosocial Well-being
Physical Functioning and Structural Problems
Continence Status
Disease Diagnoses
Health Conditions
Oral/Nutritional Status
Oral/Dental Status
Skin Condition
Activity Pursuit Patterns
Medications
Special Treatments and Procedures
Discharge Potential and Overall Status
Participation in Assessment

The Privacy Act allows us to disclose information without an individual's consent if the information is to be used for a purpose which is compatible with the purpose(s) for which the information was collected. Any such compatible use of data is known as a ''routine use.'' The proposed routine uses in this system meet the compatibility requirement of the Privacy Act.

Dated: May 19, 1998.

Nancy-Ann Min DeParle,

Administrator, Health Care Financing Administration.

09–70–1516

SYSTEM NAME:

Long Term Care Minimum Data Set (LTC MDS), HHS/HCFA/CMSO.

SECURITY CLASSIFICATION:

None.

SYSTEM LOCATION:

HCFA Data Center, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

HCFA contractors and agents at various locations.

CATEGORIES OF INDIVIDUALS COVERED BY THE SYSTEM:

Residents in all LTC facilities that are Medicare and/or Medicaid certified, including private pay individuals.

CATEGORIES OF RECORDS IN THE SYSTEM:

Individual-level demographic and identifying data as well as clinical status data.