

Health Care Financing Administration (HCFA), Department of Health and Human Services (HHS), is publishing the following summaries of proposed collections for public comment.

1. *Type of Information Collection*

Request: New collection; *Title of Information Collection:* National Provider Identifier (NPI); *Form No.:* HCFA R-182; *Use:* HHS is consolidating Provider Enumeration across agencies. The NPI will be used in program operations and management to assign provider identification numbers; i.e., billing numbers for claims processing and payment. It will replace the current Medicare Physician and Eligibility System and Unique Physician Identifier Number. It will replace the enumeration functions of the Medicare Oscar, Clinical Laboratories Improvement Amendments of 1988, and National Supplier Clearing House systems and Civilian Health and Medical Program of the Uniformed Services provider numbering systems. *Frequency:* On occasion; *Affected Public:* Federal Government, State, local, or tribal government, individuals or households, business or other for profit, not-for-profit institutions; *Number of Respondents:* 45,000; *Total Annual Hours:* 23,000.

2. *Type of Information Collection*

Request: Reinstatement, without change, of a previously approved collection for which approval has expired; *Title of Information Collection:* Request for Medicare Payment Ambulance; *Form No.:* HCFA 1491; *Use:* This form is completed on an "occasion" basis by beneficiaries and/or ambulance services. It is submitted to the Medicare carrier to request payment for ambulance services. *Frequency:* On occasion; *Affected Public:* Business or other for profit, not-for-profit institutions, individuals or households; *Number of Respondents:* 8,513,000; *Total Annual Hours:* 1,362,128.

To request copies of the proposed paperwork collections referenced above, call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections should be sent 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: Zaneta Davis, 7500 Security Boulevard, Room C2-26-17, Baltimore, Maryland 21244-1850.

Dated: August 9, 1995.

Kathleen B. Larson,

Director, Management Planning and Analysis Staff.

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Public Information Collection Requirements Submitted for Public Comment and Recommendations

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 (HHS), is publishing the following summaries of proposed collections for public comment.

1. *Type of Information Collection*

Request: Revision of a currently approved collection; *Title of Information Collection:* Evaluation of the Medicare Cataract Surgery Alternate Payment Demonstration; *Form No.:* HCFA-R-154; *Use:* This survey will be implemented in an effort to estimate the effects of a bundled payment for cataract surgery on Medicare beneficiaries. Effects of the packaged payment on the nature of services, quality, and satisfaction will be measured.

Frequency: Annually; *Affected Public:* Individuals or households, business or other for profit, not for profit; *Number of Respondents:* 1,686; *Total Annual Hours:* 506.

2. *Type of Information Collection*

Request: Reinstatement, without change, of a previously approved collection for which approval has expired; *Title of Information Collection:* Corrective Action Plan (Medicaid Eligibility Quality Control); *Form No.:* HCFA-320; *Use:* Medicaid Eligibility Quality Control is a State administered management system designed to improve the administration of the Medicaid program. States are required to submit a corrective action plan annually. The plan must detail the initiatives the State will implement in order to reduce the type of errors found. *Frequency:* Annually; *Affected Public:* State, local, or tribal government; *Number of Respondents:* 51; *Total Annual Hours:* 20,400.

To request copies of the proposed paperwork collections referenced above, call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections should be sent 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: August 8, 1995.

Kathleen B. Larson,

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

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Statement of Organization, Functions, and Delegations of Authority; Substructure for the Bureau of Program Operations

Part F of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services, Health Care Financing Administration (HCFA), (**Federal Register**, Vol. 59, No. 60, pp. 14648-14654, dated Tuesday, March 29, 1994, and **Federal Register**, Vol. 60, No.12, pg. 3869, dated Thursday, January 19, 1995) is amended to reflect a change to the subordinate structure of the Bureau of Program Operations (BPO).

BPO is streamlining their organization by eliminating one entire organizational layer and realigning functions that supports the bureau in moving toward and into the Medicare Transaction System.

The specific amendments to part F are described below:

Section F.10.D., Health Care Financing Administration, Associate Administrator for Operations and Resource Management (FL) (Organization), paragraphs 4.a. through g. and all the associated subparagraphs are deleted and replaced with the following new organizational structure and administrative codes:

4. Bureau of Program Operations (FLG)
 - a. Management & Program Support Staff (FLG-1)
 - b. Office of Analysis and Systems (FLG1)
 - (1) Analysis (FLG11)
 - (2) Operational Systems (FLG12)
 - (3) Systems Testing (FLG13)
 - (4) Systems Design (FLG14)
 - c. Office of Benefits Integrity (FLG2)
 - (1) Medical Review (FLG21)
 - (2) Program Integrity (FLG22)
 - (3) Audit/CMP (FLG23)
 - (4) Overpayment & MSP Collections (FLG24)
 - d. Office of Program Requirements (FLG3)