used by State agency surveyors to determine if minimum Medicare eligibility requirements are being met by OPT providers. The survey report form records whether providers or suppliers are complying with HCFA health and safety requirements. The basic identifying information from this form is coded into the Online Survey Certification and Reporting System and serves as the information base for the creation of a record for future Federal certification and for monitoring activity.; Frequency: On occasion; Affected Public: Business or other for-profit; Number of Respondents: 1,700; Total Annual Responses: 1,700; Total Annual Hours: 446.

4. Type of Information Collection Request: Extension of a currently approved collection; Title of Information Collection: Request for Certification as Supplier of Portable X-ray Services under the Medicare/Medicaid Program for Portable X-ray Survey Report and Supporting Regulations in 42 CFR 405.1411–405.1416 and 486.100–486.110; Form No.: HCFA–1880/1882 (OMB# 0938–0027); Use: The Medicare program requires portable X-ray suppliers to be surveyed for health and safety standards. The HCFA–1880 is used by the surveyor to determine if a portable X-ray applicant meets the eligibility requirements. It also promotes data reduction or introduction, and retrieval from the Online Survey Certification and Reporting (OSCAR) System by the HCFA Regional Offices. The HCFA–1882 is the survey form that records survey results. The form is primarily a coding work sheet designed to facilitate data reduction and retrieval into the OSCAR system at the HCFA Regional Offices. Frequency: On occasion; Affected Public: Business or other for profit; Number of Respondents: 520; Total Annual Responses: 520; Total Annual Hours: 137.

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 60 days of this notice directly to the HCFA Paperwork Clearance Officer designated at the following address: HCFA, Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards, Attention: Louis Blank, Room N2–14–26, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

Dated: January 4, 1999.

John P. Burke III,

HCFA Reports Clearance Officer, HCFA Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards.

[FR Doc. 99–669 Filed 1–11–99; 8:45 am]

BILLING CODE 4120–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[HCFA–1062–NC]

RIN 0938–AJ32

Medicare and Medicaid Programs; Announcement of Additional Applications From Hospitals Requesting Waivers for Organ Procurement Service Area Assignments

AGENCY: Health Care Financing Administration (HCFA), HHS.

ACTION: Notice with comment period.

SUMMARY: This notice announces additional applications that we have received from hospitals requesting waivers from entering into agreements with their designated organ procurement organizations (OPOs). Section 1138(a)(2) of the Social Security Act allows the Secretary of the Department of Health and Human Services to grant waivers to hospitals that want to enter into an agreement with a specific OPO that is not the designated OPO for the hospital's service area. This notice also requests comments from OPOs and the general public for our consideration in determining whether these waivers should be granted.

DATES: Comments will be considered if we receive them at the appropriate address no later than 5 p.m. on March 15, 1999.

ADDRESSES: Mail written comments (1 original and 3 copies) to the following address: Health Care Financing Administration, Department of Health and Human Services, Attention: HCFA–1062–NC, P.O. Box 26676, Baltimore, MD 21244–0517.

If you prefer, you may deliver your written comments (1 original and 3 copies) to one of the following addresses: Room 443–G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201, or Room C5–14–03, 7500 Security Boulevard, Baltimore, MD 21244–1850.

Comments may also be submitted electronically to the following e-mail address: HCFA1062NC@hcfa.gov. E-mail comments must include the full name, postal address, and affiliation (if applicable) of the sender and must be submitted to the referenced address to be considered. All comments must be incorporated in the e-mail message because we may not be able to access attachments.

Because of staffing and resource limitations, we cannot accept comments by facsimile (FAX) transmission. In commenting, please refer to file code HCFA–1062–NC. Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, in Room 443–G of the Department's offices at 200 Independence Avenue, SW., Washington, DC, Monday through Friday from 8:30 a.m. to 5 p.m. (phone: (202) 690–7890).

FOR FURTHER INFORMATION CONTACT: Mark A. Horney, (410) 786–4554.

SUPPLEMENTARY INFORMATION:

I. Background

Section 1138(a)(1)(A)(iii) of the Social Security Act (the Act) provides that a participating hospital must notify its designated organ procurement organization (OPO) of potential organ donors. The designated OPO, as defined under section 1138(a)(3)(B) of the Act, is determined by the service area in which the hospital is located. Under section 1138(a)(1)(C) of the Act, the hospital must have an agreement to identify potential organ donors only to that designated OPO.

Section 1138(a)(2) of the Act provides that a participating hospital may obtain a waiver of these requirements from the Secretary of the Department of Health and Human Services (the Secretary). A waiver allows the hospital to have an agreement with an OPO other than its designated OPO if conditions specified in section 1138(a)(2)(A) of the Act are met.

Section 1138(a)(2)(A) states that in granting a waiver, the Secretary must determine that such a waiver—

- Is expected to increase organ donation; and
- Will ensure equitable treatment of patients referred for transplants within the service area served by the hospital's designated OPO and within the service area served by the OPO with which the hospital seeks to enter into an agreement under the waiver.

In making a waiver determination, section 1138(a)(2)(B) of the Act provides

that the Secretary may consider, among other factors:

- Cost effectiveness.
- Improvements in quality.
- Whether there has been any change in a hospital's designated OPO service area due to the changes made on or after December 28, 1992, in definition of metropolitan statistical areas.
- The length and continuity of a hospital's relationship with the OPO other than the designated OPO.

Under section 1138(a)(2)(D) of the Act, the Secretary is required to publish a notice of any waiver application within 30 days of receiving the application and offer interested parties an opportunity to comment, in writing, within 60 days of the published notice.

The regulations at 42 CFR 486.316(d) provide that if we change the OPO designated for an area, hospitals located in that area must enter into agreements with the newly designated OPO or submit a request for a waiver within 30 days of notice of the change in designation. The criteria that the Secretary uses to evaluate the waiver in these cases are the same as those described above under section 1138(a)(2)(A) of the Act and have been incorporated into the regulations at § 486.316(e).

Section 486.316(g) further specifies that a hospital may continue to operate under its existing agreement with an out-of-area OPO while we are processing the waiver request submitted in accordance with § 486.316(d).

In accordance with section 1138(a)(2)(D) of the Act, this notice announces applications from hospitals requesting waivers from entering into agreements with their designated OPOs. This notice supplements previous notices announcing OPO waivers published on January 19, 1996, May 17, 1996, November 8, 1996, April 21, 1997, September 17, 1997, and September 23, 1998 (61 FR 1389, 61 FR 24941, 61 FR 57876, 62 FR 19326, 62 FR 48872, and 63 FR 50919).

II. Waiver Request Procedures

In October 1995, we issued a Program Memorandum (Transmittal No. A–95–11) that was supplied to each hospital. This Program Memorandum detailed the waiver process and discussed the information that hospitals must provide in requesting a waiver. We indicated that upon receipt of the waiver requests, we would publish a **Federal Register** notice to solicit public comments, as required by section 1138(a)(2)(D) of the Act.

We will review the requests and the comments received. During the review process we may consult, on an as-needed basis, with the Public Health Service's Division of Transplantation, the United Network for Organ Sharing, and our regional offices. If necessary, we may request additional clarifying information from the applying hospital or others. We will then make a final determination on the waiver requests and notify the affected hospitals and OPOs.

III. Hospital Waiver Requests

As allowed under § 486.316(e), each of the following hospitals has requested a waiver to have an agreement with an alternative, out-of-area OPO. This listing includes the name of the facility requesting a waiver, the city and state of the facility, the requested OPO, and the currently designated area OPO.

Name of facility	City	State	Designated OPO	Requested OPO
The Kings Daughter Hospital	Greenville	MS	TNMS	MSOP
Delta Regional Medical Center	Greenville	MS	TNMS	MSOP
Oktibbeha County Hospital	Starkville	MS	TNMS	MSOP
Greenwood Leflore Hospital	Greenwood	MS	TNMS	MSOP
Grenada Lake Medical Center	Grenada	MS	TNMS	MSOP
North Mississippi Medical Center	Tupelo	MS	TNMS	MSOP
Gilmore Memorial Hospital	Amory	MS	TNMS	MSOP
Genesee Mercy Healthcare	Batavia	NY	NYFL	NYWN
Baraga County Memorial Hospital	L'Anse	MI	WIUW	MIOP
Grand View Hospital	Ironwood	MI	WIUW	MIOP
Bell Memorial	Ishpeming	MI	WIUW	MIOP
Iron County Community Hospitals	Crystal Falls	MI	WIUW	MIOP
St. Mary's Hospital	Superior	WI	MNOP	WIUW
Affinity Health Systems	Oshkosh	WI	WIUW	WISE
New London Family Medical Center	New London	WI	WIUW	WISE
Calumet Medical Center	Chilton	WI	WIUW	WISE
Culpeper Memorial Hospital	Culpeper	VA	DCTC	VAOP
Warren Memorial Hospital	Front Royal	VA	DCTC	VAOP
City Hospital	Martinsburg	WV	DCTC	VAOP
Mary Washington Hospital	Fredericksburg	VA	DCTC	VAOP

The following three hospitals have requested a waiver under § 486.316(e) for a reason unrelated to a change in the designated service area of an OPO. Accordingly, these waivers will only be effective upon completion of our review.

Name of facility	City	State	Designated OPO	Requested OPO
Mansfield Hospital	Mansfield	OH	OHLC	OHLP
Shelby Hospital	Shelby	OH	OHLC	OHLP
Fletcher Allen	Burlington	VT	MAOB	NYAP

IV. Key to the OPO Codes

The key to the acronyms used in the listings to identify OPOs and their addresses is as follows:

DCTC—Washington Regional Transplant Consortium, 8110 Gateway Road, Suite 101 W, Falls Church, VA 22042
MAOB—New England Organ Bank, One Gateway Center, Newton, MA 02158
MIOP—Organ Procurement Agency of Michigan, 2203 Platt Road, Ann Arbor, MI 48104
MNOP—Lifesource, Upper Midwest Organ Procurement Organization Inc., 2550 University Avenue West, Suite 315 South, St. Paul, MN 55114–1904
MSOP—Mississippi Organ Recovery Agency, Inc., 12 River Bend Place, Suite B, Jackson, MS 39208
NYAP—OPO of Albany Medical College, 47 Scotland Avenue, AP8, Albany, NY 12208
NYFL—Finger Lakes Donor Recovery Network, Corporate Woods of Brighton, Building 120, Suite 180, Rochester, NY 14623
NYWN—Upstate New York Transplant Services, Inc., 165 Genesee Street, Suite 103, Buffalo, NY 14209
OHLC—Life Connection of Ohio, 1545 Holland Road, Suite C, Maumee, OH 43537
OHLP—Lifeline of Ohio, 770 Kinnear Road, Suite 200, Columbus, OH 43212
TNMS—Mid-South Transplant Foundation, 956 Court Avenue, Memphis, TN 38163
VAOP—Virginia Organ Procurement Agency, 1527 Huguenot Road, Midlothian, VA 23113
WISE—Wisconsin Donor Network, Froedtert Memorial Lutheran Hospital 9200 West Wisconsin Avenue, Milwaukee, WI 53226
WIUW—University of Wisconsin OPO, University of Wisconsin Hospital and Clinics, 600 Highland Avenue, Madison, WI 53792

V. Collection of Information Requirements

Under the Paperwork Reduction Act of 1995, we are required to provide 60-day notice in the **Federal Register** and solicit public comment before a collection of information requirement is submitted to the Office of Management and Budget (OMB) for review and approval. In order to fairly evaluate whether an information collection requirement should be approved by OMB, section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 requires that we solicit comment on the following issues:

- The need for the information collection and its usefulness in carrying out the proper functions of our agency.
- The accuracy of our estimate of the information collection burden.
- The quality, utility, and clarity of the information to be collected.
- Recommendations to minimize the information collection burden on the affected public, including automated collection techniques.

Therefore, we are soliciting public comment on the information collection requirements for the issue described below.

Designation of one OPO for each service area:

Section 486.316(e) states the requirements for a Medicare or Medicaid participating hospital to request a waiver permitting the hospital to have an agreement with a designated OPO other than the OPO designated for the service area in which the hospital is located. However, the burden associated with these requirements is currently approved under OMB 0938–0688, HCFA–R–13, Conditions of Coverage for Organ Procurement Organizations, with an expiration date of November 30, 1999.

If you comment on any of these information collection and record keeping requirements, please mail copies directly to the following:

Health Care Financing Administration, Office of Information Services, Security and Standards Groups, Division of HCFA Enterprise Standards, Attention: Louis Blank, HCFA–1062–NC, Room N2–14–26, 7500 Security Boulevard, Baltimore, MD 21244–1850, and

Office of Information and Regulatory Affairs, Office of Management and Budget, Attention: Allison Eydt, HCFA Desk Officer, Room 10235, New Executive Office Building, Washington, DC 20503.

Authority: Section 1138 of the Social Security Act (42 U.S.C. 1320b–8).

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; Program No. 93.774 Medicare—Supplementary Medical Insurance, and Program No. 93.778, Medical Assistance Program)

Dated: January 5, 1999.

Robert A. Berenson,

Director, Center for Health Plans and Providers, Health Care Financing Administration.

[FR Doc. 99–630 Filed 1–11–99; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General

Publication of OIG Special Fraud Alert on Physician Liability for Certifications in the Provision of Medical Equipment and Supplies and Home Health Services

AGENCY: Office of Inspector General (OIG), HHS.

ACTION: Notice

SUMMARY: This **Federal Register** notice sets forth a recently issued OIG Special Fraud Alert concerning physician liability for certifications in the provision of medical equipment and supplies and home health services. For the most part, OIG Special Fraud Alerts address national trends in health care fraud, including potential violations of the Medicare anti-kickback statute. This Special Fraud Alert, issued to the health care provider community and now being reprinted in this issue of the **Federal Register**, specifically highlights physicians' responsibilities in making certifications for home health services and durable medical equipment, and the legal significance of the certifications.

FOR FURTHER INFORMATION CONTACT: Joel J. Schaer, Office of Counsel to the Inspector General, (202) 619–0089.

SUPPLEMENTARY INFORMATION:

I. Background

The Office of Inspector General (OIG) issues Special Fraud Alerts based on information it obtains concerning particular fraudulent or abusive practices within the health care industry.

Special Fraud Alerts are intended for widespread dissemination to the health care provider community, as well as those charged with administering the Medicare and Medicaid programs. To date, the OIG has published in the **Federal Register** the texts of 9 previously-issued Special Fraud Alerts.[1] It is the OIG's intention to publish future Special Fraud Alerts in this same manner as a regular part of our dissemination of such information.[2]

In an effort to promote voluntary compliance in the health care industry and assist providers in their compliance efforts, the OIG has developed a Special Fraud Alert, set forth below, that addresses potential problem areas with

[1] See December 19, 1994 (59 FR 65372); August 10, 1995 (60 FR 40847); June 17, 1996 (61 FR 30623); and April 24, 1998 (63 FR 20415).

[2] All OIG Special Fraud Alerts are also available on the internet at the OIG web site at http://www.dhhs.gov/progorg/oig/frdalrt/index.htm.