technology to minimize the information collection burden.

(1) *Type of Information Collection Request:* Extension of a currently approved collection;

Title of Information Collection: Medicare+Choice Disenrollment Form to original Medicare;

Form Nos.: HCFA–R–257 (OMB# 0938–0741);

Use: The primary purpose of the form is to receive and process the beneficiary's request for disenrollment from a Medicare+Choice plan and to return to original (fee-for-service) Medicare. The secondary purpose of the new form is to obtain the reason for the disenrollment, for analysis and reporting;

Frequency: On occasion;

Affected Public: Individuals or Households, Business or other for-profit, Not-for-profit institutions, and Federal Government;

Number of Respondents: 60,000;

Total Annual Responses: 60,000;

Total Annual Hours: 3,960.

(2) *Type of Information Collection Request:* Extension of a currently approved collection;

Title of Information Collection: Information Collection Requirements in HSQ–108F Assumption of Responsibilities and Supporting Regulations in 42 CFR 412.44, 412.46, 431.630, 466.71, 466.73, 466.74, and 466.78;

Form Nos.: HCFA–R–71 (OMB# 0938–0445);

Use: The purpose of this collection is to create the Utilization and Quality Control Peer Review Organization (PRO) program which replaces the Professional Standards Review Organization (PSRO) program and streamlines peer review activities. This rule outlines the review functions to be performed by the PRO and outlines the relationships among PROs, providers, practitioners, beneficiaries, fiscal intermediaries, and carriers;

Frequency: Other, as needed;

Affected Public: Business or other for-profit;

Number of Respondents: 6,471;

Total Annual Responses: 6,418;

Total Annual Hours: 46,834.

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

Dated: January 13, 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. 99–2646 Filed 2–3–99; 8:45 am]

BILLING CODE 4120–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier: HCFA–1500]

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 collections 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 prior to the expiration of the normal time limits under OMB's regulations at 5 C.F.R., Part 1320. The HCFA–1500 is used to determine proper payment for certain Medicare services rendered to Medicare beneficiaries. Without this information, HCFA would not be able to obtain the information necessary to reimburse providers. The Agency cannot reasonably comply with the normal clearance procedures because public harm is likely to result due to the possibility of providers not rendering services to Medicare beneficiaries due to the possibility of non-payment.

HCFA is requesting OMB review and approval of this collection within eleven working days, with a 180-day approval period. Written comments and recommendations will be accepted from the public if received by the individuals designated below within ten working days. 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 Collection Request: Extension of a currently approved collection;

Title of Information Collection: Medicare/Medicaid Health Insurance Common Claim Form and Instructions, and Supporting Regulations in 42 CFR 414.40, 424.32 and 424.44;

Form No.: HCFA–1500 (OMB# 0938–0008);

Use: This form and instructions are standardized for use in the Medicare/Medicaid programs to apply for reimbursement for covered services. HCFA does not require exclusive use of this form for Medicaid. 42 CFR 414.40, 424.32 and 424.44 are regulations underlying the use of the form HCFA–1500 and the information captured on the form HCFA–1500, including the use of diagnostic and procedural coding systems. HCFA solicits comments on any and all aspects of the HCFA–1500, and the use of diagnostic and procedural coding systems: HCFA currently uses the most current version of the International Code of Diagnosis-Volume 9 and Common Procedural Terminology/HCFA Common Procedure Coding System;

Frequency: On occasion;

Affected Public: Business or other for-profit, Not-for-profit institutions, and State, Local or Tribal Government;

Number of Respondents: 695,168,330;

Total Annual Responses: 695,168,330;

Total Annual Hours: 44,100,662.

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, 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, within ten working days:

Health Care Financing Administration, 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 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: January 22, 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. 99–2649 Filed 2–3–99; 8:45 am]

BILLING CODE 4120–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[HCFA–0001–N]

Medicare Program; Year 2000 Readiness Letter

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

ACTION: Notice.

The Health Care Financing Administration (HCFA) recently mailed the following letter to over a million of its health care partners and provider related associations regarding the Y2K issue. The message is that HCFA will be ready to process and pay all acceptable claims by January 1, 2000 and that providers must take steps to ensure their own readiness in order to be paid promptly. Further, the Y2K problem has implications for patient care. Providers should take steps to assure that beneficiaries receive the same quality of care that is provided to them today. The letter includes a checklist that providers can use as a tool to assess their Y2K readiness.

Medicare providers were to begin submitting claims with 8-digit date formats no later than January 1, 1999. However, it was recognized that many providers needed additional time to modify and test their own billing systems and, therefore, claims without 8-digit date formats would continue to be accepted until further notice by HCFA. On January 13, 1999, we notified Medicare contractors that, beginning April 5, 1999, claims will be returned to providers if they are not submitted in the Y2K format. To assist providers with Y2K readiness efforts, Medicare contractors offer free or minimal cost Y2K compliant billing software. Changing formats and using appropriately modified billing software are just two of the important steps that providers must take to assure that they are ready for the Year 2000.

The letter to health care partners is part of an extensive outreach effort being conducted by HCFA to promote Y2K self-assessment and readiness among all providers engaged in delivering health care services to beneficiaries of Medicare, Medicaid and the Children's Health Insurance Programs. HCFA has assumed a lead role in addressing Y2K readiness in the health care sector and holds regular meetings and discussions with a variety of industry groups. HCFA has strongly encouraged health care industry associations to accelerate efforts to assess the readiness of their provider members and to foster remediation initiatives.

In addition to this letter to providers and the resource information on its web site, www.hcfa.gov, HCFA has established a Y2K Speakers Bureau and is prepared to make speakers available to health care provider organizations that wish more detailed information about Y2K readiness and the implications of the millennium change for the industry.

FOR FURTHER INFORMATION CONTACT: Joe Broseker 410–786–1950 or Anita Shalit 202–690–7179.

(Catalog of Federal Domestic Assistance Program No. 93.778, Medical Assistance Program)

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

Dated: January 28, 1999.

Nancy-Ann Min DeParle,

Administrator, Health Care Financing Administration.

January 12, 1999.

Dear Health Care Partner:

You have probably heard about the Year 2000 computer problem, or the ''Y2K bug.'' As a health care practitioner or institution, you need to be aware of how Y2K affects you and your patients. We all must do our part so that Medicare and Medicaid beneficiaries continue to receive high quality care, and you or your institution continue to be paid accurately and promptly.

The Year 2000 problem appears simple on the surface. Many computers and devices use only six digits to record dates. They may read 01–01–00 as January 1, 1900, rather than January 1, 2000. Patient care services, systems, and devices that rely on dates, the age of the patient, and other calculations could be severely affected if corrections are not made in time.

Every business and organization that relies on computer systems or devices must address Y2K. For all of us in the health care industry, it is a patient care issue as well as a business and technical problem. As Administrator of the Health Care Financing Administration (HCFA), I need to make sure you are aware of some key points:

► HCFA will be ready to process acceptable claims. We have made substantial progress in correcting our own systems in recent months and, despite earlier concerns, we will be ready on time. We are confident that all Medicare claims processes will be ready and able to function come January 1, 2000, so that you can be paid promptly.

► You must also be ready if you wish to be paid promptly. We can process your claims only if your systems are also able to function in the Year 2000. It is URGENT that you act NOW so your systems will be ready. Otherwise, you may not be able to receive prompt payment from Medicare, Medicaid, and virtually any other payer.

► Your entire practice and facility must be ready. The Y2K problem could impact quality of care and patient safety. Patient management systems, clinical information systems, defibrillators and infusion pumps and other medical devices, even elevators and security systems all must be ready.

We want to help you prepare for the Year 2000. Enclosed is a ''Sample Provider Y2K Readiness Checklist'' which you can use to assess what you need to do. You can find additional useful information at our *www.hcfa.gov/Y2K* web site. Information on medical devices is available on the Food and Drug Administration's *www.fda.gov/cdrh/yr2000/year2000.html* web site.

We are confident that HCFA will be ready, but we are also making contingency plans so we can continue operations if unexpected problems occur. For those of you that rely on computer systems, we believe the greatest risk is that your systems will not be able to bill for services.

You need to make sure you will be ready for the Year 2000. And, like us, you need to make contingency plans for your critical operations. These should focus especially on assuring safety for your patients who are reliant on equipment and devices containing embedded chips. In addition, you need to assure your ability to generate bills and manage accounts receivables, and assure essential services and supplies are maintained. Your patients and your business may depend on this.