

stroke/transient ischemic attack/atrial fibrillation, diabetes, and breast cancer. The PROs, in conjunction with their partners, will use standardized sets of quality indicators to identify the greatest opportunities to improve the care of Medicare beneficiaries.

Task 2 on Local Quality Improvement Projects directs each PRO to initiate local projects within its State in response to local interests, needs, and opportunities. HCFA is interested in broadening the PROs' experience in collaborating with providers, practitioners, plans, purchasers, and beneficiaries to improve the quality of care they deliver. We are also interested in the testing of quality indicators and intervention strategies that reflect care in settings other than acute-care hospitals and Medicare+Choice plans.

Task 3 on Quality Improvement Projects conducted in conjunction with Medicare+Choice Plans, requires the plans to implement quality improvement projects as part of the Quality Improvement System for Managed Care standards. Each Medicare+Choice plan must initiate two performance improvement projects annually. The Balanced Budget Act of 1997 (BBA) requires most M+C plans to have an agreement with the PRO to carry out all required review activities.

Task 4 on the Payment Error Prevention Program is a modified review activity that strives to identify opportunities for improvement in the billing process to reduce the occurrence of incorrect payments resulting from provider billing errors. Errors may include both over-billings and under-billings. The error rate would be the total dollars paid in error, either above or below the correct amount. PROs will conduct the Payment Error Prevention Program in two areas: unnecessary admissions and miscoded diagnosis-related group assignments.

While the meeting is open to the public, attendance is limited to space available. Individuals must register in advance as described below.

#### Registration

The Office of Clinical Standards and Quality will handle registration for the meeting. Individuals may register by sending a fax to the attention of Don Forgiione, Yvette Williams, or Ida Sarsitis, in the Division of Contract

Policy and Performance. Please provide your name, address, telephone number, e-mail, and fax number on your registration request.

Receipt of your fax will constitute confirmation of your registration. You will be provided with meeting materials at the time of the meeting. If there is no available seating for the Town Meeting, you will receive a notice that the meeting is at capacity.

For fax registration, the number is (410) 786-4005.

If you have questions regarding registration, please contact Don Forgiione at (410) 786-3504 or Yvette Williams at (410) 786-6844. Inquiries via e-mail should be sent to DForgione@hcfa.gov or to YWilliams@hcfa.gov.

The agency will accept written questions or other statements (not to exceed four single-spaced, typed pages), preferably before the meeting, or up to 14 days after the meeting. Written submissions must be sent to: Health Care Financing Administration, ATTN: Steven Jencks, M.D., Director, Quality Improvement Group, Office of Clinical Standards and Quality, S3-01-17, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

**Authority:** Section 1102 of the Social Security Act (42 U.S.C. 1302) (42 CFR 462.167).

Dated: June 29, 1999.

**Nancy-Ann Min DeParle,**

*Administrator, Health Care Financing Administration.*

[FR Doc. 99-17025 Filed 7-1-99; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Indian Health Service

#### Request for Public Comment: 30-Day; Proposed Collection: IHS Registered Nurses Recruitment and Retention Survey

**SUMMARY:** In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Indian Health Service (IHS) provided an opportunity for public comment on the proposed agency information collection project. A notice was previously published in the **Federal Register** on

December 24, 1998 (63 FR 71297), and 60 days were allowed for public comment. No public comment was received in response to the notice. As required by section 3507(a)(1)(D) of the Act, the proposed information collection has been submitted to the Office of Management and Budget (OMB) for review. The purpose of this notice is to allow an additional 30 days for public comment to be submitted directly to the OMB.

**PROPOSED COLLECTION:** *Title:* 09-17-0000, "IHS Registered Nurses Recruitment and Retention Survey." *Type of Information Collection Request:* New collection. *Form Number:* No reporting forms required. *Need and Use of Information Collection:* The information collected in the proposed survey will be used to determine which improvements made since 1984 have worked and what additional changes need to be made to continue to attract and retain registered nurses in the IHS, tribal, and urban (I/T/U) programs. The information collected in the survey will help to determine (1) the factors that lead to the initial decision to work in the Indian health program; (2) what aspects of the job do/did these employees like or dislike and why; (3) how environmental and personal factors, such as living on or near reservations, local or government housing, distance to shopping, schools (pre-school, elementary, and high school), social activities, child care facilities, location and size of non-Indian community, sex and race differences, etc., affect their decision to continue with or terminate IHS employment; and (4) how work-related issues and current changes, such as Indian preference, quality of other health care staff, local health care management practices, managed care, tribal self-governance and self-determination, etc., affect their decision to stay with or leave IHS employment. *Affected Public:* Individuals. *Type of Respondents:* Current I/T/U registered nurses.

Table 1 below provides the following information: types of data collection instruments, estimated number of respondents, number of responses per respondent, average burden hour per response, and total annual burden hour.

TABLE 1

Data collection instrument	Estimated number of respondents	Responses per respondent	Annual number of responses	Average burden hour per response*	Total annual burden hours
Nursing Survey .....	600	1	600	1.00 (60 min)	600

\* For ease of understanding, burden hours are also provided in actual minutes.

There are no capital costs, operating costs, or maintenance costs to report.

**REQUEST FOR COMMENTS:** Your written comments and/or suggestions are invited on one or more of the following points: (1) Whether the information collection activity is necessary to carry out an agency function; (2) whether the agency processes the information collected in a useful and timely fashion; (3) the accuracy of the public burden estimate (the estimated amount of time needed for individual respondents to provide the requested information); (4) whether the methodology and assumptions used to determine the estimate are logical; (5) ways to enhance the quality, utility, and clarity of the information being collected; and (6) ways to minimize the public burden through the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

**DIRECT COMMENTS TO OMB:** Send your written comments and suggestions regarding the proposed information collection contained in this notice, especially regarding the estimated public burden and associated response time, to: Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, DC 20503, Attention: Desk Officer for IHS.

To request information on the proposed collection or to obtain a copy of the data collection instrument(s) and/or instruction(s), contact: Mr. Lance Hodahkwon, Sr., M.P.H., IHS Reports Clearance Officer, 12300 Twinbrook Parkway, Suite 450, Rockville, MD 20852-1601, call non-toll free (301) 443-5938 or send via fax to (301) 443-2316, or send your e-mail requests, comments, and return address to: ihodahkw@hqe.ihs.gov.

**COMMENT DUE DATE:** Comments regarding this information collection are best assured of having their full effect if received on or before August 2, 1999.

Dated: June 22, 1999.

**Michel E. Lincoln,**  
Acting Director.

[FR Doc. 99-16838 Filed 7-1-99; 8:45 am]

BILLING CODE 4160-16-M

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**National Cancer Institute; Notice of Closed Meeting**

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* National Cancer Institute Special Emphasis Panel, Transdisciplinary Tobacco Use Research Centers.

*Date:* July 27-29, 1999.

*Time:* 7:30 pm to 5:00 pm.

*Agenda:* To review and evaluate grant applications.

*Place:* Embassy Suites, Chevy Chase Pavilion, 4300 Military Rd., Wisconsin at Western Ave., Washington, DC 20015.

*Contact Person:* Gerald G. Lovinger, PhD, Scientific Review Administrator, Grants Review Branch, Division of Extramural Activities, National Cancer Institute, National Institutes of Health, 6130 Executive Boulevard/EPN—Room 630D, Rockville, MD 20892-7405, 301/496-7987.

(Catalogue of Federal Domestic Assistance Program Nos. 93.392, Cancer Construction; 93.393, Cancer Cause and Prevention Research; 93.394, Cancer Detection and Diagnosis Research; 93.395, Cancer Treatment Research; 93.396, Cancer Biology Research; 93.397, Cancer Centers Support; 93.398, Cancer Research Manpower; 93.339, Cancer Control, National Institutes of Health, HHS)

Dated: June 25, 1999.

**Anna Snouffer,**

Acting Committee Management Officer, NIH.

[FR Doc. 99-16881 Filed 7-1-99; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**National Cancer Institute; Notice of Closed Meeting**

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* National Cancer Institute Special Emphasis Panel, Quick-Trails for Prostate Cancer Therapy.

*Date:* July 15, 1999.

*Time:* 7:30 am to 7:00 pm.

*Agenda:* To review and evaluate grant applications.

*Place:* Double Tree Hotel, 7801 Leesburg Pike, Falls Church, VA 22043.

*Contact Person:* Judy A. Mietz, PhD, Executive Secretary, Office of Advisory Activities, Division of Extramural Activities, National Cancer Institute, National Institute of Health, 6130 Executive Boulevard/EPN—Room 609, Rockville, MD 20892-7410, 301/496-2378.

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

(Catalogue of Federal Domestic Assistance Program Nos. 93.392, Cancer Construction; 93.393, Cancer Cause and Prevention Research; 93.394, Cancer Detection and Diagnosis Research; 93.395, Cancer Treatment Research; 93.396, Cancer Biology Research; 93.397, Cancer Centers Support; 93.398, Cancer Research Manpower; 93.399, Cancer Control, National Institutes of Health, HHS)

Dated: June 28, 1999.

**LaVerne Y. Stringfield,**

Committee Management Officer, NIH.

[FR Doc. 99-16890 Filed 7-1-99; 8:45 am]

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