

The six month start up period, beginning January 1, 1998 will enable plans to accomplish the requirements of the BBA by the end of the start-up period, or June 30, 1998. Special procedures have been identified to ensure that hospital encounter data are submitted for discharges occurring on or after July 1, 1997 and before June 30, 1998. The special procedures for the start up period include the following:

1. In order to provide plans with an estimate of their Average Payment Rate (APR) by March, 1999, HCFA must receive data on hospital discharges that occurred on or after July 1, 1997 and before December 31, 1997, as well as encounter data on discharges that occur during the start up period, or January 1, 1998 through June 30, 1998. Currently, most plans do not have the capacity to submit data electronically to a fiscal intermediary (FI), and the FIs are not capable of receiving these data.

Therefore, during this period only, unless an alternative approach is approved by HCFA, hospitals must submit completed UB-92s for the Plan's enrollees. These pseudo-claims must be submitted to the hospital's regular fiscal intermediary. This is a current requirement for hospitals, and they are expected to comply with this requirement throughout this period. Plans must provide hospitals with the Medicare identification number of all enrollees admitted who have Medicare coverage.

If hospitals are unable to submit these data on behalf of the plan during the start-up period, an alternate method of submitting the data may be developed by HCFA. If such a method is developed, it would require the plans to submit a subset of data elements that are found on the UB-92. Possible data elements include the following: Plan Contract Number; HIC (or Medicare Identification Number); enrollee's name; enrollee's state and county of residence; enrollee's birthdate and gender; Medicare Provider Number for the Hospital; claim from and thru date; admission date; and principal and secondary diagnoses codes. HCFA will specify the data elements, submission route, and format for these data.

2. During the start up period, the plan is expected to establish an electronic data linkage to a FI to be determined by HCFA. By June 30, 1998, the Plan is expected to have completed this linkage, including testing of the linkage, and to be capable of transmitting

hospital encounter data to a FI. All data submitted after July 1, 1998 will be transmitted using this linkage. (See Attachment 1 for additional information on the transmission of data to HCFA.) Each plan and/or contract will use a single FI.

HCFA will establish a series of interim deadlines to ensure that plans are making sufficient progress toward accomplishing this linkage no later than June 30, 1998. HCFA will assist plans in initiating discussions with their FI.

After plans have established linkages to a FI, hospitals will submit HCFA-1450 (UB-92) forms to the managed care plan. The HCFA-1450 (UB92) form is identical to the one used by hospitals in billing for Medicare fee-for-service claims. After receiving the pseudo claim from the hospital, the plan attaches the plan identifier, which is the HCFA assigned managed care organization (MCO) Contract Number, and submits the pseudo-claim electronically to the fiscal intermediary (FI). The data processing flow by the FI is very similar to current claims processing for the fee-for-service system, except that no payment is authorized to the plan. Pseudo claims will flow through the FI to our Common Working File (CWF) and will be retained by HCFA;

*Frequency:* On occasion;

*Affected Public:* Business or other for-profit, not-for-profit institutions, and Federal government;

*Number of Respondents:* 6,700;

*Total Annual Responses:* 1.9 million;

*Total Annual Hours:* 32,833.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, E-mail your request, including your address, phone number, and HCFA form number(s) referenced above, 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 designee referenced below, by 12/29/97:

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: December 16, 1997.

**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. 97-33556 Filed 12-23-97; 8:45 am]

BILLING CODE 4120-03-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Care Financing Administration

#### Announcement of Office of Management and Budget (OMB) Control Numbers for Agency Information Collections Approved Under the Paperwork Reduction Act of 1995

**AGENCY:** Health Care Financing Administration.

This notice announces and displays OMB control numbers for Health Care Financing Administration (HCFA) information collections that have been approved by OMB.

Under OMB's regulations implementing the Paperwork Reduction Act (PRA), 44 U.S.C. 3501, each agency that proposes to collect information must submit its proposal for OMB review and approval in accordance with 5 C.F.R. Part 1320. Once OMB has approved an agency's proposed collection of information and issues a control number, the agency must display the control number.

OMB regulations provide for alternative methods of displaying OMB control numbers. In the case of collections of information published in regulations, display is to be "provided in a manner that is reasonably calculated to inform the public." To meet this requirement an agency may display such information in the **Federal Register** by publishing such information in the preamble or the regulatory text, or in a technical amendment to the regulation, or in a separate notice announcing OMB approval of the collection of information.

To comply with this requirement HCFA has chosen to publish this notice announcing OMB approval of the collections of information published in regulations. As stated above, this notice announces and displays the assigned OMB control numbers for HCFA's information collections that have been approved by OMB.

42 CFR	OMB control Nos.
403.210 .....	0938-0640

42 CFR	OMB control Nos.
405.262 .....	0938-0267
405.374 .....	0938-0270
405.427 .....	0938-0155
405.711 .....	0938-0045
405.807 .....	0938-0033
405.821 .....	0938-0034
405.1632 .....	0938-0454
405.1701-1726 .....	0938-0273
405.2100-2171 .....	0938-0386
405.2110, 405.2112 .....	0938-00657 & 0658
405.2133 .....	0938-0046 & 0447 & 0448
405.2135-2171 .....	0938-0360
405.2401 .....	0938-0685
406.13 .....	0938-0080
406.15 .....	0938-0501
406.28, 407.27 .....	0938-0025
407.10, .11 .....	0938-0245
407.18 .....	0938-0679
407.40 .....	0938-0035
408.6 .....	0938-0041
409.40-50, 410.36 .....	0938-0357
410.1 .....	0938-0679
410.38 .....	0938-0534
410.40 .....	0938-0042 & 0685
410.69 .....	0938-0685
410.170 .....	0938-0357
411.4-15 .....	0938-0357
411.15 .....	0938-0224 & 0357
411.20-411.206 .....	0938-0565
411.404, 411.406 .....	0938-0465
411.408 .....	0938-0566
412.20-32 .....	0938-0358
412.40-62 .....	0938-0359
412.44, 412.46 .....	0938-0445
412.92 .....	0938-0477
412.105 .....	0938-0456
412.106 .....	0938-0691
412.116 .....	0938-0269
412.256 .....	0938-0573
413.13 .....	0938-0463
413.16 .....	0938-0583
413.17, 413.20 .....	0938-0202
413.20, 413.24 .....	0938-0022 & 0037 & 0050 & 0102 & 0107 & 0301 & 0463 & 0511
413.56 .....	0938-0463
413.64 .....	0938-0269
413.157 .....	0938-0463
413.170 .....	0938-0296
414.40 .....	0938-0008
414.330 .....	0938-0372
414.451, 414.452, 414.456, 414.460 .....	0938-0685
416.43 .....	0938-0506
416.47 .....	0938-0266 & 0506
417.1-106 .....	0938-0469
417.124 .....	0938-0472
417.126 .....	0938-0701
417.143, 417.408 .....	0938-0470
417.436 .....	0938-0610
417.470 .....	0938-0701
417.479, 417.500 .....	0938-0700
417.801 .....	0938-0610
418.22, 418.24, 418.28, 418.30, 418.56, 418.58, 418.70, 418.74, 418.80, 418.83, 418.96, 418.100 .....	0938-0302
420.200-206 .....	0938-0086
421.100 .....	0938-0357
422.430 .....	0938-0390
424.5 .....	0938-0534
424.20 .....	0938-0454
424.22 .....	0938-0357 & 0589
424.32 .....	0938-0008
424.57 .....	0938-0685
424.73 .....	0938-0685
424.123 .....	0938-0484
424.124 .....	0938-0042

42 CFR	OMB control Nos.
430.10-.20 .....	0938-0193
430.12 .....	0938-0610 & 0673
431.20 .....	0938-0610
431.1-431.865 .....	0938-0062
431.8 .....	0938-0300
431.17 .....	0938-0467
431.110 .....	0938-0390
431.107 .....	0938-0610
431.306 .....	0938-0502
431.630 .....	0938-0445
431.800 .....	0938-0094
431.802-.822 .....	0938-0246
431.814 .....	0938-0146 & 0147
431.820 .....	0938-0144
431.865 .....	0938-0094 & 0246
431.940-431.965 .....	0938-0467
433.68, 433.74 .....	0938-0618
433.110-.131 .....	0938-0487
433.110, 433.112-433.114, 433.116, 433.117, 433.119, 433.121, 433.122, 433.127, 433.130, 433.131 .....	0938-0247
433.138 .....	0938-0502
433.139 .....	0938-0502
434.27 .....	0938-0572
434.28 .....	0938-0610
434.44, 434.67, 434.70 .....	0938-0700
435.1-435.1011 .....	0938-0062
435.217, 435.726, 435.735 .....	0938-0449
435.940-.965 .....	0938-0467
440.1-.270 .....	0938-0062
440.10 .....	0938-0449
440.30 .....	0938-0685
441.250-.300 .....	0938-0481
441.302 .....	0938-0449
441.303 .....	0938-0272
442.1-.119 .....	0938-0062 & 0379
442.10-.119 .....	0938-0355
442.30 .....	0938-0678
447.31 .....	0938-0287
447.53 .....	0938-0429
447.253 .....	0938-0523
447.255 .....	0938-0193
447.272 .....	0938-0618
447.280 .....	0938-0624
447.299 .....	0938-0618
455.100-.106 .....	0938-0086
456.650-.657 .....	0938-0061
456.654 .....	0938-0445
456.700, 456.705, 456.709, 456.711, 456.712 .....	0938-0659
466.71, 466.73, 466.74, 466.78, 466.80, 466.94 .....	0938-0445
473.18, 473.34, 473.36, 473.42 .....	0938-0443
476.104, 476.105, 476.116, 476.134 .....	0938-0426
482.1-.66 .....	0938-0380
482.2-.57 .....	0938-0382
482.12, 482.22 .....	0938-0328
482.27 .....	0938-0328 & 0698
482.41 .....	0938-0242
482.30, 482.41, 482.43, 482.53, 482.56, 482.57, 482.60-.62 .....	0938-0328 & 0378
482.66 .....	0938-0328 & 0624
483.10 .....	0938-0610
483.70 .....	0938-0242
483.400-.480 .....	0938-0062 & 0678
483.440, 483.450, 483.460 .....	0938-0366
483.470 .....	0938-0242
484.1-.52 .....	0938-0365
484.10 .....	0938-0610
484.18 .....	0938-0357
484.48 .....	0938-0519
484.52 .....	0938-0687
485.56, 485.58, 485.60, 485.64, 485.66 .....	0938-0267
485.701-.729 .....	0938-0273 & 0065
485.709, 485.711, 485.717, 485.719, 485.721, 485.723, 485.725, 485.727, 485.729 .....	0938-0336
486.100-.110 .....	0938-0338
486.150-.163 .....	0938-0258 & 0071
486.155, 486.161, 486.163 .....	0938-0336
486.301-.325 .....	0938-0391, 0512 & 0688

42 CFR	OMB control Nos.
488.1-28 .....	0938-0355
488.4 .....	0938-0690
488.18 .....	0938-0667
488.26 .....	0938-0379
488.60 .....	0938-0360
489.20 .....	0938-0667
489.21 .....	0938-0357
489.24 .....	0938-0667
489.27 .....	0938-0692
489.40-41 .....	0938-0383
489.102 .....	0938-0610
491.1-11 .....	0938-0074
491.2 .....	0938-0685
491.9 .....	0938-0334
493.1-2001 .....	0938-0151, 0170, 0544, 0581, 0612 & 0653
493.501, 493.506, 493.513, 493.515 .....	0938-0686
493.1840 .....	0938-0655
498.40-95 .....	0938-0486 & 0567
1003.100, 1003.101, 1003.103 .....	0938-0700
1004.40, 1004.50, 1004.60, 1004.70 .....	0938-0444
45 CFR	OMB control Nos.
146.111, .115, .117, .150, .152, .160, .180 .....	0938-0702
148.120, .122, .124, .128 .....	0938-0703

Dated: December 17, 1997.

**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. 97-33555 Filed 12-23-97; 8:45 am]

BILLING CODE 4120-03-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of Inspector General

#### Criteria for Implementing Permissive Exclusion Authority Under Section 1128(b)(7) of the Social Security Act

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

**ACTION:** Notice.

**SUMMARY:** This notice sets forth the non-binding guidelines, to be used by the OIG in assessing whether to impose a permissive exclusion in accordance with section 1128(b)(7) of the Social Security Act. These guidelines identify specific factors with regard to whether an individual's or entity's continued participation in the Medicare, Medicaid and other Federal health care programs will pose a risk to the programs or program beneficiaries, and explain how these factors would be used by the OIG to assess a permissive exclusion decision.

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

#### SUPPLEMENTARY INFORMATION:

##### I. Background

##### *Purpose and Rationale*

Section 1128(b)(7) of the Social Security Act (the Act) authorizes the Secretary, and by delegation the Inspector General, to exclude a provider from Medicare, Medicaid and the other Federal health care programs for engaging in conduct described in sections 1128A and 1128B of the Act. These latter provisions establish administrative and criminal sanctions, respectively, against individuals and entities that (1) submit, or cause to be submitted, false or fraudulent claims to Medicare and the Federal and State health care programs; or (2) offer, pay, solicit or receive remuneration in return for the referral of business reimbursed by Medicare or Medicaid, a violation of the Medicare and Medicaid anti-kickback statute. Exclusions in accordance with section 1128(b)(7) of the Act, based on such conduct, are permissive in nature, that is, the Secretary has the discretion whether to exclude or not to exclude. Respondents in these administrative exclusion proceedings have the right to a hearing before a Department of Health and Human Services administrative law judge prior to the imposition of an exclusion.

On October 24, 1997, the OIG published a proposed policy statement in the **Federal Register** (62 FR 55410) in the form of non-binding guidelines to be used by the OIG in assessing whether to

impose a permissive exclusion in accordance with section 1128(b)(7) of the Act. We indicated that these draft criteria were designed to allow for the more effective development of OIG investigations and investigative plans; establish an objective basis for the OIG's permissive exclusion decisions; evaluate a provider's trustworthiness to continue to conduct business with the Medicare, Medicaid and other Federal health care programs; and positively influence providers' future behavior through the development of corporate integrity programs and other conduct contemplated by the exclusion criteria.

The factors listed in these proposed guidelines were derived from two principal sources—the regulations governing exclusions under sections 1128(b)(7) and 1128A of the Act (42 CFR parts 1001 and 1003), and the decisions of the Departmental Appeals Board (DAB) in exclusion matters. The factors derived from DAB decisions reflected the analysis of the remedial purpose of program exclusion that is, to protect Federal health care programs by determining whether the respondent is sufficiently trustworthy to participate.

##### *Structure of Permissive Exclusion Criteria*

The proposed exclusion criteria were organized into four general categories of factors bearing on the trustworthiness of a provider that has allegedly engaged in health care fraud and abuse—

- The first category addressed the circumstances and seriousness of the