

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs)	Total burden (in hrs)
Health Care Providers	100	5	.30	150
Total				150

2. A National Registry for Surveillance of Non-Occupational Exposures to Human Immunodeficiency Virus and Post-Exposure Antiretroviral Therapy—New—National Center for HIV, STD, and TB Prevention—To ensure the elimination of tuberculosis in the United States, key program activities such as finding tuberculosis infections in recent contacts of cases and in other persons likely to be infected, and providing preventive therapy, must be monitored. The Division of Tuberculosis Elimination (DTBE), is implementing two revised program management reports for annual submission: Aggregate report of follow-up for contacts of tuberculosis, and Aggregate report of screening and preventive therapy for tuberculosis infection. The respondents for these reports are the 68

state and local tuberculosis control programs receiving federal cooperative agreement funding through (DTBE). The revised reports phase out two twice-yearly program management reports in the Tuberculosis Statistics and Program Evaluation Activity (OMB 0920–0026): Contact Follow-up (CDC 72.16) and Completion of Preventive Therapy (CDC 72.21). The revised reports, which are being submitted for an OMB approval outside of OMB 0920–0026, have several improvements over the old reports for the respondents and for DTBE, such as the emphasis on preventive therapy outcomes, the focus on high-priority target populations vulnerable to tuberculosis, and programmed electronic report generation and submission through the Tuberculosis Information Management

System. The old reports, CDC 72.16 and CDC 72.21, which have been submitted at least in some form by the respondents since 1961, are tabulated by hand.

Three program management reports in the previous series already have been phased out. They are Bacteriologic Conversion of Sputum (CDC 72.14), Case Register (CDC 72.15), and Drug Therapy (CDC 72.20). These three reports have been superseded by integrated reporting in Tuberculosis Statistics and Program Evaluation Activity (OMB 0920–0026). The discontinuation of these reports has resulted in an estimated reduction in the annual response burden of 159 hours. The cost to the respondent is \$6,324.

Report	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden (in hrs.)
Aggregate report of follow-up for contacts of tuberculosis	68	1	2.5	170
Aggregate report of screening and preventive therapy for TB infection	68	1	2.5	170
Total				340

3. Provider Survey of Partner Notification and Partner Management Practices following Diagnosis of a Sexually-Transmitted Disease (0920–0431)—Extension—The National Center for HIV, STD, and TB prevention, Division of STD Prevention, CDC is proposing to conduct a national survey of physician’s partner management practices following the diagnosis of a sexually-transmitted disease. Partner notification, a technique for controlling the spread of sexually-transmitted diseases is one of the five key elements of a long standing public health strategy to control sexually-transmitted infections in the US. At present, there is very little knowledge about partner notification practices outside public health settings despite the fact that most STD cases are seen in private health care settings. No descriptive data currently exist that allow the Centers for Disease Control and Prevention to characterize partner notification practices among the broad range of clinical practice settings where STDs are

diagnosed, including acute or urgent care, emergency room, or primary and ambulatory care clinics. The existing literature contains descriptive studies of partner notification in public health clinics, but no baseline data exist as to the practices of different physician specialties across different practice settings.

The CDC proposes to fill that gap through a national sample survey of 7300 office managers and physicians who treat patients with STDs in a wide variety of clinical settings; a 70% completion rate is anticipated (n=5110 surveys). This survey will provide the baseline data necessary to characterize infection control practices, especially partner notification practices, for syphilis, gonorrhea, HIV, and chlamydia and the contextual factors that influence those practices. Findings from the proposed national survey of office managers and physicians will assist CDC to better focus STD control and partner notification program efforts and to allocate program resources

appropriately. Without this information, CDC will have little information about STD treatment, reporting, and partner management services provided by physicians practicing in the US. With changes underway in the manner in which medical care is delivered and the move toward managed care, clinical functions typically provided in the public health sector will now be required of private medical providers. At present, CDC does not have sufficient information to guide future STD control efforts in the private medical sector.

Data collection will involve a mail survey of practicing physicians. The questionnaire mailing will be followed by a reminder postcard after one week, a second mailing to non-respondents at three weeks, telephone follow-up with non-respondents at five weeks, and a final certified mailing of the survey to non-respondents at eight weeks. A study specific computerized tracking and reporting system will monitor all phases of the study. Receipt of the completed questionnaire or a refusal will be logged

into this computerized control system to ensure that respondents who return the survey are not contacted with reminders.

The current OMB approval for this collection covers the pilot only and expires on October 31, 1998. The pilot will vary the respondent payment to equal subsections of the sample using

amounts of \$0, \$15, and \$25. The re-submission of the full information collection package will include a report from the pilot including a detailed report of the response rates overall and break down by use of the various response rates.

Estimated cost to respondents and government based on an average pay

rate of \$25/hour, the estimated total cost burden for office managers to answer Section 1 is \$10,650. Based on an average pay rate of \$70/hour, the estimated cost burden for physicians is \$94,640. Thus the total cost burden for the data collection effort is estimated to be \$105,290.

Respondents	Sections	Number of respondents	Number of responses/respondent	Average burden/response (in hrs.)	Total burden (in hrs.)
Office Managers	1	7300	1	.08	584
Physicians	2-4	5110	3	.03	460
Physicians	5-10	5110	6	.20	6132
Total					7176

Dated: August 4, 1998.

Charles W. Gollmar,
Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention (CDC).
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 BILLING CODE CODE 4163-18-P

OMB No.: 0980-0160.

Description: This information collection is a reporting by Protection & Advisory (P&A) systems in each State. Using this reporting format, the P&A systems describe their program performance during the previous fiscal year in the pursuit of their effort under Part C of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C., 6000 et seq.) to protect the civil and human rights of persons with developmental disabilities. This program performance report (PPR) is required by Section 107(b) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C., 6000 et seq.).

The PPR is submitted by each P&A system to the Department of Health and Human Services, which will use the

data in the PPR to develop an annual report to the President, the Congress, and the National Council on Disability, as required by Section 107(c) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C., 6000 et seq.). Additionally, the data in the reports will provide the Department with an overview for good management of the program, and will enable the Department to respond to Congressional requests.

Respondents: State, Local, or Tribal Government.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Project

Title: Developmental Disabilities Protection & Advocacy Program Performance Report.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Annual Program Performance Report	56	1	44	2,464

Estimated Total Annual Burden Hours: 2,464.

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Information Services, Division of Information Resource

Management Services, 370 L'Enfant Promenade, SW, Washington, DC 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection.

The Department specifically requests comments on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the

information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Dated: August 6, 1998.

Bob Sargis,
Acting Reports Clearance Officer.
 [FR Doc. 98-21568 Filed 8-11-98; 8:45 am]
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

Privacy Act of 1974; System of Records

AGENCY: Department of Health and Human Services (HHS), Health Care Financing Administration (HCFA).

ACTION: Notice of New System of Records.

SUMMARY: In accordance with the requirements of the Privacy Act of 1974, we are proposing to establish a new system of records, called "Health Plan Management System (HPMS)," HHS/HCFA/CHPP, No. 09-70-4004. We have provided background information about the proposed new system in the **SUPPLEMENTARY INFORMATION** section below. Although the Privacy Act requires only that the "routine uses" portion of the system be published for comment, HCFA invites comments on all portions of this notice.

DATES: HCFA filed a new system report with the Chairman of the Committee on Government Reform and Oversight of the House of Representatives, the Chairman of the Committee on Governmental Affairs of the Senate, and the Administrator, Office of Information and Regulatory Affairs, Office of Management and Budget (OMB), on July 31, 1998.

To ensure that all parties have adequate time in which to comment, the new system of records, including routine uses, will become effective 40 days from the publication of this notice or from the date it was submitted to OMB and the Congress, whichever is later, unless HCFA receives comments which require alteration to this notice.

ADDRESSES: The public should address comments to Director, Division of Freedom of Information & Privacy, Health Care Financing Administration, 7500 Security Boulevard, C2-01-11, Baltimore, Maryland 21244-1850. Comments received will be available for review at this location, by appointment, Monday through Friday 9 a.m.-3 p.m., eastern time zone.

FOR FURTHER INFORMATION CONTACT: Ms. Lori Robinson, Health Care Financing Administration, Center for Health Plans and Providers, 7500 Security Boulevard, N3-09-16, Baltimore, Maryland 21244-1850. Her telephone number is (410) 786-1826.

SUPPLEMENTARY INFORMATION: The Health Plan Management System is a data file containing rates for selected performance measures for each Medicare health plan. The data are

compiled by HIC number, member month contribution, and a flag to indicate if the member was counted in the rate's numerator. The system will collect rate information on categories such as the following:

- "Use of Services" measures such as the frequency of selected procedures (e.g., percutaneous transluminal coronary artery angioplasty, prostatectomy, coronary artery bypass with graft, hysterectomy, cholecystectomy, cardiac catheterization, reduction of fracture of the femur, total hip and knee replacement, partial excision of the large intestine, carotid endarterectomy); percentage of members receiving inpatient, day/night and ambulatory mental health and chemical dependency services; readmission for chemical dependency, and specified mental health disorders.

- "Effectiveness of Care" measures such as breast cancer screening, beta blocker treatment after a heart attack, eye exams for people with diabetes, and follow-up after hospitalization for mental illness.

- "Member Satisfaction" measures related to quality, access, and general satisfaction.

- "Functional Status" measures which are patient centered and track actual outcomes or results of care, addressing both physical and mental well-being over time.

The information from HPMS will be augmented by being linked to other HCFA data and other administrative data to provide validation and greater analytic capacity. The HPMS will be used to:

- Develop and disseminate summary information required by the Balanced Budget Act of 1997 that will inform beneficiaries and the public of indicators of health plan performance to help beneficiaries choose among health plans. The information will include plan-to-plan comparisons of benefits and co-payments supplemented with consumer satisfaction information and plan performance data.

- Support quality improvement activities. Summary data will be useful for health plans' internal quality improvement, as well as to HCFA and Peer Review Organizations in monitoring and evaluating the care provided by health plans.

- Conduct research and demonstrations addressing managed care quality, access, and satisfaction issues.

- Provide guidance for program management and policy development.

HPMS is derived from population-based tools such as Health Plan

Employer Data and Information Set (HEDIS) and the Consumer Assessment of Health Plans Study (CAHPS). The system will contain information on recipients of Medicare Part A and Part B services who are enrolled in health plans. The total number of current enrollees is approximately 5 million. We expect this number to grow over time as beneficiaries move from the original Medicare fee-for-service program.

HEDIS reflects a joint effort of public and private purchasers, consumers, labor unions, health plans, and measurement experts to develop a comprehensive set of performance measures for Medicare, Medicaid, and commercial populations enrolled in managed care plans. HEDIS measures eight aspects of health care: effectiveness of care; access/availability of care, satisfaction with the experience of care, health plan stability, use of services, cost of care, informed health care choices, and health plan descriptive information. In 1997, HCFA is requiring reporting of a number of performance measures from HEDIS relevant to the Medicare managed care population. The HEDIS data is subject to audit, to ensure that plans submit accurate and complete data. Another aspect of the audit is to assess the reasonableness of the HEDIS measures. For example, if all or most health plans have problems with a particular measure, the problem could be with the measure, not the plans.

Included in HEDIS is a functional status measure which tracks both physical health and mental health status over a 2-year period through a self-administered instrument in which the beneficiary indicates whether his/her health status has improved, stayed the same, or deteriorated. The measure is risk adjusted for co-morbid conditions, income, race, education, social support, age, and gender. It will be used to compare how well plans care for seniors. It reflects the belief that high quality health care can either improve or at least slow the rate of decline in senior members' ability to lead active and independent lives.

In concert with the Agency for Health Care Policy and Research, HCFA sponsored the development of a Medicare specific version of the CAHPS consumer satisfaction survey. The survey will collect information about Medicare enrollees' satisfaction, access, and quality of care within managed care plans. Beginning in 1997, HCFA is requiring all Medicare contracting plans to participate in an independent third party administration of an annual member satisfaction survey.