

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.

1. Type of Information Collection

Request: Reinstatement, without change, of a previously approved collection for which approval has expired; **Title of Information Collection:** Identification of Extension Units of Outpatient Physical Therapy and Outpatient Speech Pathology Providers; **Form No.:** HCFA-381; **Use:** The Medicare Program requires outpatient physical therapy and outpatient speech pathology (OPT/OSP) providers to be surveyed to determine compliance with Federal requirements. The HCFA-381 is the form used to identify OPT/OSP locations; **Frequency:** Annually; **Affected Public:** Business or other for profit; **Number of Respondents:** 2,300; **Total Annual Hours:** 575.

2. Type of Information Collection

Request: Reinstatement, without change, of a previously approved collection for which approval has expired; **Title of Information Collection:** Fire Safety Survey Report; **Form No.:** HCFA-2786 A, B, C, D, F, G, H, J, K, L, M, P, Q; **Use:** These forms are used by the State Agency to record data collected in order to determine compliance with individual conditions during fire safety surveys and report it to the Federal Government; **Frequency:** Annually; **Affected Public:** State, local or tribal governments; **Number of Respondents:** 53; **Total Annual Hours:** 20,637.

To obtain copies of the supporting statement for the proposed paperwork collections referenced above, access HCFA's WEB SITE ADDRESS at <http://www.ssa.gov/hcfa/hcfahp2.html>, or to obtain the supporting statement and any related forms, E-mail your request, including your address and phone number, 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 Financial and Human Resources Management Planning and Analysis Staff, Attention: John Burke, Room C2-26-17, 7500 Security

Boulevard, Baltimore, Maryland 21244-1850.

Dated: February 1, 1996.

Kathleen B. Larson,
Director, Management Planning and Analysis
Staff, Office of Financial and Human
Resources, Health Care Financing
Administration.

[FR Doc. 96-2650 Filed 2-7-96; 8:45 am]

BILLING CODE 4120-03-P

Submitted for Collection of Public Comment: Submission for OMB Review

In compliance with the Paperwork Reduction Act (44 U.S.C. 3501 et seq.), the Health Care Financing Administration (HCFA), Department of Health and Human Services, is announcing that the Information Collection Requests (ICR) abstracted below have been forwarded to the Office of Management and Budget (OMB) for review and comment. Interested persons are invited to send comments regarding the 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.

1. Type of Information Collection

Request: Reinstatement, with change, of a previously approved collection for which approval has expired; **Title of Information Collection:** Peer Review Organization (PRO) Reporting Forms; **Form Nos.:** HCFA 613-627; **Use:** PROs are authorized to review inpatient and outpatient services for quality of care provided and to eliminate unreasonable, unnecessary, and inappropriate care provided to Medicare beneficiaries. The PROs are required to report the results of the review to HCFA. **Frequency:** Monthly, quarterly; **Affected Public:** Business or other for profit; **Number of Respondents:** 53; **Total Annual Hours:** 10,759.

2. Type of Information Collection

Request: Revision of a currently approved collection; **Title of Information Collection:** Information Collection Requirements in HSQ 108-F, Assumption of Responsibilities; **Form No.:** HCFA R-71; **Use:** Rule establishes the review functions to be performed by the PRO and outlines the relationships among PROs, providers, practitioners,

beneficiaries, fiscal intermediaries, and carriers. **Frequency:** Monthly, quarterly; **Affected Public:** Business or other for profit; **Number of Respondents:** 53; **Total Annual Hours:** 46,653.

3. Type of Information Collection

Request: Extension of a currently approved collection; **Title of Information Collection:** Medical Records Review Under Prospective Payment System (PPS); **Form No.:** HCFA R-50; **Use:** PROs are authorized to conduct medical review activities under the PPS. In order to conduct medical review activities, we depend upon hospitals to make available specific records. **Frequency:** Annually; **Affected Public:** Business or other for profit; **Number of Respondents:** 6,412; **Total Annual Hours:** 22,400.

4. Type of Information Collection

Request: Reinstatement, without change, of a previously approved collection for which approval has expired; **Title of Information Collection:** Home Health Agency Survey and Deficiencies Report, Home Health Functional Assessment Instrument; **Form Nos.:** HCFA-1572, HCFA-1515; **Use:** In order to participate in the Medicare program as a home health agency (HHA) provider, the HHA must meet Federal standards. These forms are used to record information about patients' health and provider compliance with requirement and report information to the Federal Government. **Frequency:** Annually; **Affected Public:** Business or other for profit; **Number of Respondents:** 8,622; **Total Annual Hours:** 129,330.

5. Type of Information Collection

Request: Reinstatement, without change, of a previously approved collection for which approval has expired; **Title of Information Collection:** Survey Team Composition and Workload Report; **Form No.:** HCFA-670; **Use:** This form will provide information on resource utilization applicable to survey activity in the Medicare/Medicaid provider/supplier types and Clinical Laboratory Improvement Amendment (CLIA) laboratories. This information will assist HCFA in determining Federal reimbursement for surveys conducted. **Frequency:** Annually; **Affected Public:** State, local, or tribal governments; **Number of Respondents:** 53; **Total Annual Hours:** 71,667.

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 must 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, DC 20503.

Dated: February 1, 1996.

Kathleen B. Larson,
Director, Management Planning and Analysis
Staff, Office of Financial and Human
Resources, Health Care Financing
Administration.

[FR Doc. 96-2649 Filed 2-7-96; 8:45 am]

BILLING CODE 4120-03-P

Health Resources and Services Administration

National Practitioner Data Bank: Change in User Fee

The Health Resources and Services Administration (HRSA), Department of Health and Human Services (DHHS), is announcing a discount in the fee charged to entities authorized to request information from the National Practitioner Data Bank (Data Bank) for queries which meet all requirements for fully automated processing.

The current fee structure was announced in the Federal Register of June 7, 1995 (60 FR 30090). The user fee is \$3.00 per name per query submitted via telecommunications network and paid via an electronic funds transfer or credit card, with query response sent via the telecommunications network. A \$3.00 surcharge is charged for queries submitted electronically on diskette to

pay for the extra handling and mailing costs for these queries. A \$4.00 surcharge is charged for all queries which are paid for by check or money order to cover the cost of debt management.

The Data Bank is authorized by the Health Care Quality Improvement Act of 1986 (the Act), title IV of Public Law 99-660, as amended (42 U.S.C. 11101 *et seq.*). Section 427 (b)(4) of the Act authorizes the establishment of fees for the costs of processing requests for disclosure and of providing such information.

Final regulations at 45 CFR part 60 set forth the criteria and procedures for information to be reported to and disclosed by the Data Bank. Section 60.3 of these regulations should be consulted for the definition of terms used in this announcement.

A reassessment of the full operating costs related to processing requests for disclosure of Data Bank information, as required by the DHHS Appropriations Act of 1994 (title II of Pub. L. 103-112, dated October 21, 1993), as well as an analysis of the comparative costs of the various methods for filing and paying for queries, has resulted in a decision to further reduce fees for users when they both query and receive responses via the telecommunications network as well as pay query fees by credit card, electronic funds transfer or such other electronic transfer options as may be offered in the future. The options to query and pay user fees by these means facilitate the querying process and make it less costly

to both users and the Data Bank than all other available options.

Accordingly, the Department is implementing a \$1.00 discount from the current \$3.00 per name per query fee for queries submitted both electronically and paid via the methods described above, with receipt by electronic method. The discounted fee for such queries will be \$2.00. This change is effective January 1, 1996.

The criteria set forth in § 60.12 (b) of the regulations and allowable costs required by the Appropriations Act of 1994 were used in determining the amount of this new fee. The criteria include such cost factors as: (1) Electronic data processing time, equipment, materials, computer programmers and operators or other employees; and (2) preparation of reports—materials, photocopying, postage, and administrative personnel.

When a query is for information on one or more physicians, dentists, or other health care practitioners, the appropriate total fee will be \$3.00 (less a \$1.00 discount or plus a \$3.00 and/or a \$4.00 surcharge for submission and payment as described above) multiplied by the number of individuals about whom information is being requested. For examples, see the table below.

The fee charged will be reviewed periodically, and revised as necessary, based upon experience. Any changes in the fee, and the effective date of the change, will be announced in the Federal Register.

Query method	Fee per name in query, by method of payment	Examples
Electronic query (Telecom network) with electronic payment.	\$2.00 (if paid electronically via credit card or other electronic means and response received electronically (\$3.00 fee less \$1.00 discount)).	10 names in query. 10×\$2=\$20.00.
Electronic query (Diskette) with electronic payment.	\$6.00 (if paid electronically via credit card or other electronic means and response received on paper) (\$3.00 fee plus \$3.00 surcharge).	10 names in query. 10×\$6=\$60.00.
Electronic query (Telecom network) with non-electronic payment.	\$7.00 (if not paid via credit card or other electronic means) (\$3.00 fee plus \$4.00 surcharge).	10 names in query. 10×\$7=\$70.00.
Electronic query (Diskette) with non-electronic payment.	\$10.00 (if not paid via credit card or other electronic means) (\$3.00 fee plus \$3.00 and \$4.00 surcharges).	10 names in query. 10×\$10=\$100.00

Dated: February 5, 1996.

Ciro V. Sumaya,
Administrator.

[FR Doc. 96-2687 Filed 2-7-96; 8:45 am]

BILLING CODE 4160-15-P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[OR-110-6310-04-241A]

Emergency Closure of Public Lands: Jackson County, Oregon

AGENCY: Bureau of Land Management, Medford District Office, Ashland Resource Area.

ACTION: Emergency closure of public lands and access roads in Jackson County, Oregon.

Notice is hereby given that certain public lands in Jackson County, Oregon are hereby temporarily closed to all public use, including vehicle operation and sightseeing, from January 25, 1996, until notice is rescinded. The closure is made under the authority of 43 CFR 9268.3(d)(1)(i) and 8364.1(a).

The public lands affected by this emergency closure are specifically identified as follows:

Keno Access Road (39-7E-31) and Howard Prairie Hook-Up Road (38-4E-32) T. 38 S., R. 4 E., Secs. 19, 29, 32, 33, 34, and 35,