payment for these services will be made at a rate of 50 percent of the costs that are reasonable and necessary and related to the provision of such services.

Costs that may be included under these payments are as follows:

- Acquisition of telemedicine equipment for use in patients' homes (but only for patients located in medically undeserved areas);
- Curriculum development and training of health professionals in medical informatics and telemedicine;
- Payment of telecommunications costs (including salaries and maintenance of equipment), including telecommunications between patients' homes and the eligible network and between the network and other entities in the consortium; and
- Payments to practitioners and providers under the Medicare programs.

The following costs are not covered or payable under this demonstration:

- The purchase or installation of transmission equipment (other than such used by health professionals to deliver medical informatics services under the project);
- The establishment or operation of a telecommunications common carrier network; or
- The establishment, acquisition, or building of real property, except for minor renovations related to the installation of reimbursable equipment costs.

D. Limitation

The total amount of payments that may be made for this project will not exceed $30,000,000 for the 4-year period of the demonstration.

E. Limitation on Cost Sharing

The project may not impose cost sharing on a Medicare beneficiary for the receipt of services under the project in excess of 20 percent of the costs that are reasonable and related to the provision of such services.

F. Evaluation

Proposals submitted for this demonstration must contain provisions for an independent evaluation of the cost effectiveness of the services provided. The evaluation must be performed by an independent contractor competitively chosen according to bidding procedures approved by the our project officer. Proposals should address the elements to be incorporated into a request for proposal (RFP) to be used in the procurement of an evaluation contractor.

G. Length of Demonstration

This demonstration project will cover a period of 4 years.

III. Application Procedures

The application procedure is two-step process involving submission of letters of intent and formal proposals.

A. Step 1—Letters of Intent

A potential applicant is required to submit letters of intent containing brief descriptions of the applicant's ability to meet each of the provisions of this notice, including the following specific items:

- Protocols and plans related to the purpose of the project (Section II);
- Work plans describing the methods to be used in completing the project within the prescribed period of performance; minimal organizational characteristics and location requirements (Section II. B); and cost and payment guarantees (Section II. C);
- Descriptions of the use of Federal funds received under the project and the source and amount of non-Federal funds used in the project (Sections II. D and E);
- An evaluation strategy and design (Section II. F); and
- Length of the demonstration (Section II. G).

In addition, letters of intent should indicate acceptance of the payment provisions set forth in this notice, should not exceed six single spaced pages in length (including attachments), and must be signed by an appropriate official of the proposing entity.

For consideration, letters of intent must be received within 30 days from the publication of this notice and mailed to the following address: Lawrence E. Kucken, Mailstop C3–24–07, Health Care Financing Administration, Office of Health Standards and Quality, 7500 Security Boulevard, Baltimore, Maryland 21244–1850

Letters of intent will be screened against criteria based on provisions of this notice and period of performance requirements. Application kits, in turn, will be sent promptly to applicants whose letters of intent meet each these criteria.

B. Step 2—Formal Proposals

Detailed instructions for the preparation of formal proposals will be contained in application kits and will address criteria for screening proposals, evaluation criteria and associated weights, and procedural considerations. We may consider verbal presentations in lieu of written proposals. In addition, application kits will contain guidelines to be used by the applicant for preparation of the demonstration proposal cost estimate. This cost estimate will be used by the OMB in the final approval of Medicare waiver status for the project.

In accordance with the provisions of Executive Order 12866, this notice was not reviewed by the Office of Management and Budget.

AUTHORITY: Sec. 1875 of the Social Security Act (42 U.S.C. 139511); sections 402(a)(1)(B) and (a)(2) of the Social Security Amendments of 1967, as amended (42 U.S.C. 1395b–1(a)(1)(B) and (a)(2)); and Section 4207(a), (b), (c), and (d) of the Balanced Budget Act of 1997 (P.L. 105–33) (Catalog of Federal Domestic Assistance Program No 93.779 Health Financing Demonstrations, and Experiments)

Dated: February 25, 1998.

Nancy Ann-Min DeParle,

Administrator, Health Care Financing Administration.

Dated: March 10, 1998.

Donna E. Shalala,

Secretary.

[FR Doc. 98–6940 Filed 3–17–98; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Warren Grant Magnuson Clinical Center; Submission for OMB review; Comment Request; Customer and Other Partners Satisfaction Surveys

SUMMARY: In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for the opportunity for public comment on the proposed data collection projects, the Warren Grant Magnuson Clinical Center (CC), the National Institutes of Health, (NIH) has submitted to the Office of Management and Budget (OMB) a request to review and approve the information collection listed below. This proposed information collection was previously published in the **Federal Register** on (Volume 62, Number 79, page 20012) and allowed 60 days for public comments. No public comments were received. The purpose of this notice is to provide an additional 30 days for public comment.

5 CFR 1320.5

Respondents to this request for information collection should not respond unless the request displays a currently valid OMB control number.

Proposed Collection

Title: Customer and Other Partners Satisfaction Surveys. *Type of Information Collection Request:* New request. *Need and Use of Information Collection:* The information collected in

these surveys will be used by Clinical Center personnel: (1) To evaluate the satisfaction of various Clinical Center customers and other partners with Clinical Center services; (2) to assist with the design of modifications of these services, based on customer input; (3) to develop new services, based on customer need; and (4) to evaluate the satisfaction of various Clinical Center customers and other partners with implemented service modifications. These surveys will almost certainly lead to quality improvement activities that will enhance and/or streamline the Clinical Center's operations. The major mechanisms by which the Clinical Center will request customer input is through surveys and focus groups. The surveys will be tailored specifically to each class of customer and to that class of customer's needs. Surveys will either be collected as written documents, as faxed documents, mailed electronically or collected by telephone from customers. Information gathered from these surveys of Clinical Center customers and other partners will be presented to, and used directly by, Clinical Center management to enhance the services and operations of our organization. *Frequency of Response:* The participants will respond yearly. *Affected public:* Individuals and households; businesses and other for profit, small businesses and organizations. *Types of respondents:* These surveys are designed to assess the satisfaction of the Clinical Center's major internal and external customers with the services provided. These customers include, but are not limited to, the following groups of individuals: Clinical Center patients, family members of Clinical Center patients, visitors to the Clinical Center, National Institutes of Health investigators, NIH intramural collaborators, private physicians or organizations who refer patients to the Clinical Center, volunteers, vendors and collaborating commercial enterprises, small businesses, regulators, and other organizations. The annual reporting burden is as follows:

TABLE 1.—BURDEN ESTIMATE

Customer	Type of survey	Estimated number to be surveyed	Expected response rate (percent)	Time to complete survey (minutes)	Estimated burden hours
Clinical Center Patients	Questionnaire/Telephone	11,100	66	20	2,436.6
Family Members of Patients	Questionnaire/Post-Card	8,500	38	10	533.3
Visitors to the Clinical Center	Questionnaire/Post-Card	3,500	15	10	87.5
Former physician employees and trainees.	Electronic	650	35	10	38.2
Guest workers/Guest researchers	Electronic	950	60	22	210
Extramural collaborators	Electronic	600	30	15	45
Vendors and Collaborating Commercial Enterprises.	Questionnaire/Fax-Back	9,500	17	18	475
Professionals and Organizations Referring Patients.	Fax Back	9,000	30	28	1,250
Regulators	Fax Back	85	82	19	22
Volunteers	Questionnaire	850	58	28	230
Total			n = 16,812		5,327.6

Estimated costs to the respondents consists of their time; time is estimated using a rate of $10.00 per hour for patients and the public; $30.00 for vendors, regulators, organizations and $55.00 for health care professionals. The estimated annual costs to respondents for each year for which the generic clearance is requested is $72,894 for 1998, $30,276 to 1999, and $24,531 for 2000. There are no capital costs, operating costs and/or maintenance costs to report.

Requests for comments

Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the functions of the Clinical Center and the agency, including whether the information shall have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Direct Comments to OMB

Written comments and/or suggestions regarding the proposed information collections contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, D.C. 20503, Attention Desk Officer for NIH.

FOR FURTHER INFORMATION: To request more information on the proposed project, or to obtain a copy of the data collection plans and instruments, contact: Dr. David K. Henderson, Deputy Director for Clinical Care, Warren G. Magnuson Clinical Center, National Institutes of Health, Building 10, Room 2C 146, 9000 Rockville Pike, Bethesda, Maryland 20892, or call non-toll free: (301) 496–3515, or e-mail you request or comments, including your address to: dhenderson@cc.nih.gov.

Comments Due Date

Comments regarding this information collection are best assured of having their full effect if received on or before April 17, 1998.

Dated: March 12, 1998.

David K. Henderson,

Deputy Director for Clinical Care, CC.

[FR Doc. 98–7031 Filed 3–17–98; 8:45 am]

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