

clearance requests submitted to OMB for review, call the HRSA Reports Clearance Office on (301)443-1129.

**Proposed Project: Healthcare Integrity and Protection Data Bank for Final Adverse Information on Health Care Providers, Suppliers, and Practitioners (OMB No. 0915-0239)—Revision**

Section 221(a) of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 specifically directs the Secretary to establish a national health care fraud and abuse data collection program for the reporting and disclosure of certain final adverse actions taken against health care providers, suppliers, and practitioners. A final rule was published October 26, 1999, in the **Federal Register** to implement the statutory requirements of section 1128E of the Social Security Act (The Act) as

added by section 221(a) of HIPAA. The Act requires the Secretary to implement the national healthcare fraud and abuse data collection program. This data bank is known as the Healthcare Integrity and Protection Data Bank (HIPDB). It contains the following types of information: (1) Civil judgments against a health care provider, supplier, or practitioner in Federal or State court related to the delivery of a health care item or service; (2) Federal or State criminal convictions against a health care provider, supplier, or practitioner related to the delivery of a health care item or service; (3) Actions by Federal or State agencies responsible for the licensing and certification of health care providers, suppliers, or practitioners; (4) Exclusion of a health care provider, practitioner or supplier from participation in Federal or State health

care programs; and (5) Any other adjudicated actions or decisions that the Secretary shall establish by regulations. Access to this data bank is limited to Federal and State government agencies and health plans.

This request is for a revision of reporting and querying forms previously approved on March 15, 2001. The reporting forms and the request for information forms (query forms) must be accessed, completed, and submitted to the HIPDB electronically through the HIPDB Web site at <http://www.npdb-hipdb.com>. All reporting and querying is performed through this secure Web site. Due to overlap in requirements for the HIPDB, some of the National Practitioner Data Bank's burden has been subsumed under the HIPDB.

Estimates of burden are as follows:

Regulation citation	Number of respondents	Frequency of responses	Hours per response (min.)	Total burden hours
61.6 (a), (b) Errors & Omissions .....	172	4.3	15	184.9
61.6 Revisions/Appeal Status .....	107	23.25	30	1,243.9
61.7 Reporting by State Licensure Boards .....	275	70.3	45	14,499.4
61.8 Reporting of State Criminal Convictions .....	62	8	45	372
61.9 Reporting of Civil Judgments .....	54	13	45	526.5
61.10(b) Reporting Exclusions from participating in Federal and State Health Care Programs .....	10	441.4	45	3,310.5
61.11 Reporting of adjudicated actions/decisions .....	410	12.5	45	3,843.8
61.12 Request for Information State Licensure Boards .....	1,000	67.5	5	5,622.8
61.12 Request for Information State Certification Agencies .....	16	6	5	8
61.12 Request for Information States/District Attorneys & Law Enforcement .....	2,000	25	5	4,165
61.12 Request for Information State Medicaid Fraud Units .....	47	50	5	195.8
61.12 Request for Information Health Plans .....	2,841	263.8	5	62,429.7
61.12 Request for Information Health Care Providers, Suppliers, Practitioners (self-query) .....	37,925	1	25	15,799.6
61.12(a)(4) Request by Researchers for Aggregate Data .....	1	1	30	.5
61.15 Place Report in Dispute .....	459	1	5	38.2
61.15 Add a Statement .....	238	1	45	178.5
61.15 Request for Secretarial Review .....	43	1	480	344
Entity Registration .....	2,500	1	60	2,500
Entity Registration—Update .....	451	1	5	37.6
Entity Reactivation .....	450	1	60	450
Authorized Agent Designation .....	100	1	15	25
Authorized Agent Designation—Update .....	250	1	5	20.8
Account Discrepancy .....	1,000	1	15	250
Electronic Funds Transfer Authorization .....	400	1	15	100
<b>Total .....</b>				<b>116,146.5</b>

Numbers in the table may not add up exactly due to rounding.

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Desk Officer, Health Resources and Services Administration, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: March 15, 2004.  
**Tina M. Cheatham,**  
*Director, Division of Policy Review and Coordination.*  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Agency Information Collection Activities: Submission for OMB Review; Comment Request**

Periodically, the Health Resources and Services Administration (HRSA)

publishes abstracts of information collection requests under review by the Office of Management and Budget, in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. chapter 35). To request a copy of the clearance requests submitted to OMB for review, call the HRSA Reports Clearance Office on (301) 443-1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

**Proposed Project: The Health Education Assistance Loan (HEAL) Program: Physician's Certification of Borrower's Total and Permanent Disability Form (OMB No. 0915-0204)—Revision**

The Health Education Assistance (HEAL) program provided federally-insured loans to students in schools of allopathic medicine, osteopathic medicine, dentistry, veterinary medicine, optometry, podiatric medicine, pharmacy, public health,

allied health, or chiropractic, and graduate students in health administration or clinical psychology through September 30, 1998. Eligible lenders, such as banks, savings and loan associations, credit unions, pension funds, State agencies, HEAL schools, and insurance companies, make new refinanced HEAL loans which are insured by the Federal Government against loss due to borrower's death, disability, bankruptcy, and default. The basic purpose of the program was to assure the availability of funds for loans to eligible students who needed to borrow money to pay for their educational loans. Currently, the program refinances previous HEAL loans, monitors the Federal liability, and assists in default prevention activities. The HEAL borrower, the borrower's physician, and the holder of the loan completes the Physician's Certification form to certify that the HEAL borrower meets the total and permanent disability provisions.

The Department uses this form to obtain detailed information about disability claims which includes the following: (1) The borrower's consent to release medical records to the Department of Health and Human Services and to the holder of the borrower's HEAL loans, (2) pertinent information supplied by the certifying physician, (3) the Physician's Certification that the borrower is unable to engage in any substantial gainful activity because of a medically determinable impairment that is expected to continue for a long and indefinite period of time or to result in death, and (4) information from the lender on the unpaid balance. Failure to submit the required documentation will result in disapproval of a disability claim.

The estimate of burden for the Physician's Certification form is as follows:

Type of respondent	Number of respondents	Responses per respondent	Total responses	Minutes per response	Total burden hours
Borrower* .....	94	1	94	5	8
Physician .....	94	1	94	30	47
Lender .....	23	4	94	10	16
Total .....	211		282		71

\* Includes 2 categories of borrowers requesting disability waivers: (1) whose loans have previously defaulted and (2) whose loans have not defaulted.

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Desk Officer, Health Resources and Services Administration, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: March 15, 2004.

**Tina M. Cheatham,**  
Director, Division of Policy Review and Coordination.

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**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 3507(A)(1)(D) 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 December 19, 2003 (Volume 68, Number 244, page 70821), 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:* Generic Clearance for Satisfaction Surveys of Customer and Other Partners.

*Type of Information Collection Request:* Extension (OMB Control Number: 0925-0458).

*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 customers 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