

*Total Annual Responses:* 60,000.

*Total Annual Hours:* 26,000.

To obtain copies of the supporting statement for the proposed paperwork collections referenced above, access HCFA's WEB SITE ADDRESS at <http://www.hcfa.gov/regs/prdact95.htm>, or E-mail your request, including your address and phone number, to [Paperwork@hcfa.gov](mailto: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 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: January 24, 2000.

**John P. Burke III,**

*HCFA Reports Clearance Officer, HCFA, Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Care Financing Administration

[Document Identifier: HCFA-2744]

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

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration (HCFA), Department of Health and Human Services, has submitted to the Office of Management and Budget (OMB) the following proposal for the collection of information. 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.

*Type of Information Collection Request:* Extension of a currently approved collection.

*Title of Information Collection:* End Stage Renal Disease Medical Information System ESRD Facility Survey.

*Form No.:* HCFA-2744 (0938-0447);

*Use:* The ESRD Facility Survey form is completed annually by Medicare approved providers of dialysis and transplant services. The HCFA-2744 is designed to collect information concerning treatment trends, utilization of services and patterns of practice in treating ESRD patients.

*Frequency:* Annually.

*Affected Public:* Business or other for-profit and Not-for-profit institutions.

*Number of Respondents:* 3,761.

*Total Annual Responses:* 3,761.

*Total Annual Hours Requested:* 30,088.

To obtain copies of the supporting statement for the proposed paperwork collections referenced above, access HCFA's WEB SITE ADDRESS at <http://www.hcfa.gov/regs/prdact95.htm>, or E-mail your request, including your address and phone number, to [Paperwork@hcfa.gov](mailto: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 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: January 24, 2000.

**John P. Burke III,**

*HCFA Reports Clearance Officer, HCFA, Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of Inspector General

#### Healthcare Integrity and Protection Data Bank: Announcement of Opening Date for Querying and User Fees

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

**ACTION:** Notice.

**SUMMARY:** In accordance with final regulations implementing the Healthcare Integrity and Protection Data Bank (HIPDB) published in the **Federal Register** on October 26, 1999 (64 FR 57740), the Office of Inspector General (OIG) is announcing that the data bank

will become operational for purposes of requesting information (querying) on health care practitioners, providers or suppliers, on March 6, 2000. The HIPDB had become operational for purposes of reporting information and accepting self-queries, as set forth in a **Federal Register** notice published on November 22, 1999 (64 FR 58851). In addition, the Department now is exercising its authority to impose a \$4 fee for queries submitted by authorized entities to query the HIPDB, and a \$10 fee for use of the Interactive Search Capability of the data bank that is available to authorized law enforcement agencies. In accordance with § 61.13 of the HIPDB final regulations, the HIPDB will assess a fee on all requests for information, except requests from Federal agencies.

#### SUPPLEMENTARY INFORMATION:

##### 1. Opening Date for Querying

The HIPDB will accept queries from authorized entities, including authorized law enforcement agencies, beginning March 6, 2000. To submit queries, registered entities must use the HIPDB website at [www.npdb-hipdb.com](http://www.npdb-hipdb.com). Specific guidelines for querying also can be found on this website.

##### 2. User fee amount

Section 1128E(d)(2) of the Social Security Act (the Act), as added by section 221(a) of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, specifically authorizes the establishment of fees for the costs of processing requests for disclosure and for providing such information, and the final regulations at 45 CFR part 61 set forth the criteria and procedures for information to be reported to and disclosed by the HIPDB. The Act requires that the Department recover the full costs of operating the HIPDB through user fees. In determining any changes in the amount of the user fee, the Department is employing the criteria set forth in § 61.13(b) of the HIPDB regulations.

Specifically, § 61.13(b) states that the amount of each fee will be determined based on the following criteria:

- Direct and indirect personnel costs;
- Physical overhead, consulting, and other indirect costs including rent and depreciation on land, buildings and equipment;
- Agency management and supervisory costs;
- Costs of enforcement, research and establishment of regulations and guidance;
- Use of electronic data processing equipment to collect and maintain information, *i.e.*, the actual cost of the

service, including computer search time, runs and printouts; and

- Any other direct or indirect costs related to the provision of services.

In conjunction with the opening of the HIPDB for reporting and as part of its obligations under the Privacy Act, the Department had previously announced a \$10 fee for health care practitioners, providers or suppliers to authorized law enforcement agencies. The ISC permits free-form queries that are expressly designed to conform to the investigative nature of the request, and that typically contain significantly less identifying information than the standard structured queries available to non-law enforcement entities. The ISC involves far more data processing and greater cost per request. This additional cost is the result of the need to use an iterative, interactive algorithm to narrow a result to one appropriate record from an initial return of up to 100 records.

When an authorized entity query is submitted for information on one or more health care practitioners, providers or suppliers, the appropriate total fee will be \$4 multiplied by the

number of individuals or organizations about whom information is being requested. When an authorized law enforcement agency uses the ISC to obtain information on an individual or entity, the cost will be \$10 for each individual or entity that the authorized law enforcement agency enters into the ISC.

In order to minimize administrative costs, the Department will accept queries submitted by authorized entities and authorized law enforcement agencies by credit card or electronic funds transfer. This fee is effective beginning March 6, 2000. The Department will continue to accept payment for self-queries only by credit card. The HIPDB accepts Visa, MasterCard, and Discover. To submit queries, registered entities (including law enforcement agencies) must use the HIPDB website at [www.npdb-hipdb.com](http://www.npdb-hipdb.com).

The Department will continue to review the user fee periodically, and will revise it as necessary. Any changes in the fee and its effective date will be announced through notice in the **Federal Register**.

Dated: February 23, 2000.

**June Gibbs Brown,**  
*Inspector General.*

[FR Doc. 00-5169 Filed 3-2-00; 8:45 am]

**BILLING CODE 4152-01-U**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Substance Abuse and Mental Health Services Administration**

**Fiscal Year (FY) 2000 Funding Opportunities**

**AGENCY:** Substance Abuse and Mental Health Services Administration, HHS.

**ACTION:** Notice of Funding Availability.

**SUMMARY:** The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) announces the availability of FY 2000 funds for grants for the following activity. This activity is discussed in more detail under Section 4 of this notice. This notice is not a complete description of the activity; potential applicants *must* obtain a copy of Parts I and II of the Guidance for Applicants (GFA) before preparing an application. Part I is entitled *Cooperative Agreement for Centers for the Application of Prevention Technologies (CAPT)*. Part II is entitled *General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements*.

Activity	Application deadline	Estimated funds available, FY 2000	Estimated no. of awards	Project period
Centers for the Application of Prevention Technologies (CAPT).	4/26/00	\$7.5 million * .....	five .....	3 years

\* SAMHSA/CSAP is making \$7.5 million available to support approximately five awards under this GFA in FY 2000. This amount may be increased slightly using SAMHSA/CSAP funds in each future year of the project period by up to \$3 million. The average award in FY 2000 is expected to be \$1.5 million in total (direct plus indirect costs), assuming the award is funded by SAMHSA/CSAP funds exclusively. Actual funding levels for each budget period may be significantly augmented on a discretionary basis if current exploratory talks with other federal agencies sharing SAMHSA/CSAP's interest in substance abuse prevention result in interagency agreements transferring funds to use for this program's use.

The actual amount available for awards and their allocation may vary, depending on unanticipated program requirements and the number and quality of applications received. FY 2000 funds for the activity discussed in this announcement were appropriated by the Congress under Public Law No. 106-113. SAMHSA's policies and procedures for peer review and Advisory Council review of grant and cooperative agreement applications were published in the **Federal Register** (Vol. 58, No. 126) on July 2, 1993.

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a PHS-led national activity for setting priority areas. The SAMHSA Centers'

substance abuse and mental health services activities address issues related to Healthy People 2000 objectives of Mental Health and Mental Disorders; Alcohol and Other Drugs; Clinical Preventive Services; HIV Infection; and Surveillance and Data Systems. Potential applicants may obtain a copy of Healthy People 2000 (Full Report: Stock No. 017-001-00474-0) or Summary Report: Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325 (Telephone: 202-512-1800).

SAMHSA has published additional notices of available funding opportunities for FY 2000 in past issues of the **Federal Register**.

**General Instructions**

Applicants must use application form PHS 5161-1 (Rev. 6/99; OMB No. 0920-0428). The application kit contains the two-part application materials (complete programmatic guidance and instructions for preparing and submitting applications), the PHS 5161-1 which includes Standard Form 424 (Face Page), and other documentation and forms. Application kits may be obtained from the organization specified for the activity covered by this notice (see Section 4).

When requesting an application kit, the applicant must specify the particular activity for which detailed information is desired. This is to ensure receipt of all necessary forms and information,