

1. *Type of Request:* Revision of a currently approved collection; *Title of Information Collection:* Drug Utilization Review (DUR) (Medicaid); *Form No.:* HCFA-R-153 and HCFA-R-153a; *Use:* This is a revision of a currently approved collection of the OMB approved requirements on DUR programs that will expire on 9/30/97. The program and requirements are the same, but HCFA intends to add survey/instructions for the annual report. This framework in form HCFA-R153a would allow for reports to be more easily prepared by the states while also enhancing the usefulness of these reports for analysis and comparison by HCFA. Submission of reports has been required by Section 1927(g) of the Social Security Act; *Frequency:* Annually; *Affected Public:* State, local, or tribal government; Business or other for profit; and Not-for-profit institutions; *Number of Respondents:* 50; *Total Annual Responses:* 50; *Total Annual Hours:* 608,400.

2. *Type of Request:* Extension of a currently approved collection; *Title of Information Collection:* Systems Performance Review (SPR); *Form No.:* HCFA-R-86; *Use:* The System Performance Review (SPR) is a vehicle used to evaluate State Medicaid Management Information Systems (MMIS) to determine whether or not a State system satisfies the functional requirements and statistical levels of output relating to accuracy and timeliness. This review necessitates the documentation or maintenance of specific records; *Frequency:* Annually; *Affected Public:* State, local, or tribal government; Business or other for profit; and Federal Government; *Number of Respondents:* 17; *Total Annual Responses:* 17; *Total Annual Hours:* 22,100.

3. *Type of Request:* Revision of a currently approved collection; *Title of Information Collection:* Medicaid Posteligibility Preprint; *Form No.:* HCFA-SP0001; *Use:* To standardize the display of information on the posteligibility process in the State's Medicaid plan. The State plan is issued as a basis for Federal financial participation in the State program; *Frequency:* Annually; *Affected Public:* State, local, or tribal government; and Federal Government; *Number of Respondents:* 56; *Total Annual Responses:* 896; *Total Annual Hours:* 529.

To request copies of the proposed paperwork collection 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 should be sent 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 Analysis and Planning Staff, Attention: Linda Mansfield, Room C2-26-17, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: March 17, 1997

Edwin J. Glatzel

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

[FR Doc. 97-7466 Filed 3-24-97; 8:45 am]

BILLING CODE 4120-03-P

Submitted for Collection of Public Comment: Submission for OMB Review

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 proposals for the collection of information. Interested persons are invited to send 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 Request:* Revision of a currently approved collection; *Title of Information Collection:* Statistical Report on Medical Care: Eligibles, Recipients, Payments and Services; *Form No.:* HCFA-2082; *Use:* The data reported in the HCFA-2082 are the basis of actuarial forecasts for Medicaid service utilization and costs; of analysis and cost savings estimates required for legislative initiatives relating to Medicaid and for responding to requests for information from HCFA components, the Department, Congress and other customers; *Frequency:* Annually; *Affected Public:* State, local, or tribal government; *Number of Respondents:* 54; *Total Annual Responses:* 54; *Total Annual Hours:* 17,214.

To request copies of the proposed paperwork collection 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 should 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, D.C. 20503.

Dated: March 17, 1997.

Edwin J. Glatzel,

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

[FR Doc. 97-7467 Filed 3-24-97; 8:45 am]

BILLING CODE 4120-03-P

[HCFA-1957]

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:* SSO Report of State Buy In Problems, 42 CFR 407.40; *Form No.:* HCFA-1957; *Use:* The HCFA-1957 is issued to assist with communications between the Social Security District Offices, Medicaid State Agencies and HCFA Central Offices in the resolution of beneficiary complaints, regarding entitlement under state buy-ins. It is used when a problem arises which cannot be resolved thru normal