

approved collection; *Title of Information Collection:* Managed Care Organization, Incentive Arrangement Disclosure Form and Supporting Regulations 42 CFR 417.479, 417.500, 434.44, 434.67, 434.70, 1003.100, 1003.101, 1003.103, 1003.106; *Form No.:* HCFA-R-201 (OMB # 0938-0700); *Use:* These forms were created in an extensive cooperative effort with the American Association of Health Plans, State Medicaid Agency representatives, and the Medicaid Managed Care Technical Advisory group to monitor compliance with federal statute and supporting regulations, governing physician incentives under Medicare and Medicaid managed care organizations. The currently approved forms and the revised forms being submitted to OMB for approval are available for inspection on the HCFA web site, on the Internet, at <http://www.hcfa.gov>; *Frequency:* Annually; *Affected Public:* Business or other for profit, not for profit institutions, state, local or tribal government, and federal government; *Number of Respondents:* 450; *Total Annual Responses:* 450; *Total Annual Hours:* 45,000.

To obtain copies of the supporting statement for the proposed paperwork collections referenced above, 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 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: September 10, 1997.

John P. Burke III,

HCFA Reports Clearance Officer, HCFA, Office of Information Services, Information Technology Investment Management Group, Division of HCFA Enterprise Standards.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[HCFA-685, and HCFA-684 A-J]

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.

1. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* End Stage Renal Disease (ESRD) Network Semi-Annual Cost Report Forms and Supporting Regulations 42 CFR 405.2110 and 405.2112; *Form No.:* HCFA-685 OMB # 0938-0657; *Use:* The Semi-annual cost report enables HCFA to review specific Network costs, compare costs between Networks, and project future Network costs. The reports are also used as an early warning system to determine if a Network is in danger of exceeding the total cost of its contract. *Frequency:* Semi-annually; *Affected Public:* Not-for-profit institutions; *Number of Respondents:* 18; *Total Annual Responses:* 36; *Total Annual Hours:* 108.

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* End Stage Renal Disease Network (ESRD) Business Proposal Forms and Supporting Regulations 42 CFR 405.2110 and 405.2112; *Form No.:* HCFA-684 through 684 A-J OMB # 0938-0658; *Use:* Current End Stage Renal Disease (ESRD) Networks and other bidders are required to submit contract proposals to

participate as a HCFA sanctioned ESRD Network. The business proposal forms are used to satisfy HCFA's need for consistent, meaningful, and verifiable data to evaluate contract proposals. *Frequency:* Every three years; *Affected Public:* Not-for-profit institutions; *Number of Respondents:* 18; *Total Annual Responses:* 36; *Total Annual Hours:* 1,080.

To obtain copies of the supporting statement for the proposed paperwork collections referenced above, 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 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.

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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: