

nonbanking company complies with the standards in section 4 of the BHC Act (12 U.S.C. 1843). Unless otherwise noted, nonbanking activities will be conducted throughout the United States. Additional information on all bank holding companies may be obtained from the National Information Center website at www.ffiec.gov/nic/.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than April 7, 2003.

A. Federal Reserve Bank of St. Louis (Randall C. Sumner, Vice President) 411 Locust Street, St. Louis, Missouri 63166-2034:

1. *Security First Bancshares, Inc.*, O'Fallon, Illinois; to become a bank holding company by acquiring at least 68 percent of the voting shares of Bank of O'Fallon, O'Fallon, Illinois.

Board of Governors of the Federal Reserve System, March 10, 2003.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. 03-6156 Filed 3-13-03; 8:45 am]

BILLING CODE 6210-01-S

GENERAL SERVICES ADMINISTRATION

Office of Management Services; Revision of SF 1444, Request for Authorization of Additional Classification and Rate

AGENCY: Office of Management Services, GSA.

ACTION: Notice.

SUMMARY: The General Services Administration (GSA), Office of Governmentwide Policy revised the SF 1444, Request for Authorization of Additional Classification and Rate to:

- a. Update the reporting burden statement due to a reorganization;
- b. Revise the instructions for copy distribution; and
- c. Make authorized for local reproduction. The form is now a single cutsheet instead of a 5 part set.

Since this form is now authorized for local reproduction, you can obtain the updated camera copy in two ways:

On the internet. Address: <http://www.gsa.gov/forms/>; or from Forms-CAP, Attn.: Barbara Williams, (202) 501-0581.

The Federal Acquisition Regulation will reflect this change at a later date.

FOR FURTHER INFORMATION CONTACT: Ms. Barbara Williams, General Services Administration, (202) 501-0581.

Effective March 14, 2003.

Dated: March 4, 2003.

Barbara M. Williams,

Deputy Standard and Optional Forms Management Officer, General Services Administration.

[FR Doc. 03-6125 Filed 3-13-03; 8:45 am]

BILLING CODE 6820-34-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services

[Document Identifier: CMS-368/R144, CMS-R-240, and CMS-566]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare and Medicaid Services.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare and Medicaid Services (CMS) (formerly known as the Health Care Financing Administration (HCFA)), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. 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 Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Medicaid Drug Rebate; *Form No.:* CMS-368/R144 (OMB# 0938-0582); *Use:* Section 1927 requires State Medicaid agencies to report to drug manufacturers and CMS on the drug utilization for their State and the amount of rebate to be paid by the manufacturer; *Frequency:* Quarterly; *Affected Public:* State, local, or tribal government; *Number of Respondents:* 51; *Total Annual Responses:* 204; *Total Annual Hours:* 6,125.

(2) *Type of Information Collection Request:* Extension of a currently approved collection; *Title of*

Information Collection: Prospective Payments for Hospital Outpatient Services and Supporting Regulations in 42 CFR 413.24, 413.65, and 419.42; *Form No.:* CMS-R-240 (OMB# 0938-0798); *Use:* As required by sections 4521, 4522, and 4523 of the Balanced Budget Act of 1997, HCFA-1005FC eliminates the formula driven overpayment for certain outpatient hospital services, extends reductions in payment for costs of hospital outpatient services, and establishes in regulations a prospective payment system for hospital outpatient services. The rule also establishes in regulations the requirements for designating certain entities as provider-based or as a department of a hospital; *Frequency:* Other—as needed; *Affected Public:* Business or other for-profit, and Not-for-profit institutions; *Number of Respondents:* 750; *Total Annual Responses:* 2,272; *Total Annual Hours:* 41,063.

(3) *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Medicare Managed Care Disenrollment Form; *Form No.:* CMS-566 (0938-0507); *Use:* This form provides Medicare beneficiaries the option to disenroll from their Medicare managed care plan through a neutral third party. CMS and SSA have established an agreement via a formal Memorandum of Understanding for SSA to process beneficiary disenrollments from Medicare managed care plans. Prior to 1999, the Social Security Act provided Medicare beneficiaries enrolled in Medicare managed care plans with the option of disenrolling from the plan at a Social Security Field Office; however, section 4001 of the Balanced Budget Act of 1997 amended the Social Security Act, removing this requirement from the statute; *Frequency:* On Occasion; *Affected Public:* Individuals or Households, Business or other for-profit, Not-for-profit institutions, and Federal Government; *Number of Respondents:* 85,000; *Total Annual Responses:* 85,000; *Total Annual Hours:* 2,805.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS's Web site address at <http://cms.hhs.gov/regulations/pr/default.asp>, or E-mail your request, including your address, phone number, OMB number, and CMS document identifier, 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 60 days of this notice directly to the CMS Paperwork Clearance Officer designated at the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development and Issuances, *Attention:* Dawn Willingham, Room N2-14-26, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: March 6, 2003.

John P. Burke, III,

Paperwork Reduction Act Team Leader, CMS Reports Clearance Officer, Office of Strategic Operations and Strategic Affairs, Division of Regulations Development and Issuances.

[FR Doc. 03-6139 Filed 3-13-03; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services

[Document Identifier: CMS-R-205, CMS-R-206, CMS-R-228, CMS-10050, CMS-R-262, and CMS-10080]

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

AGENCY: Centers for Medicare and Medicaid Services.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare and Medicaid Services (CMS) (formerly known as the Health Care Financing Administration (HCFA), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. 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 Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Information Collection Requirements Referenced in HIPAA, Title 1, for the Individual Market, Supporting regulations at 45 CFR 148.120, 148.122, 148.124, 148.126,

and 148.128, and Forms/instructions; *Form No.:* CMS-R-205 (OMB# 0938-0703); *Use:* Information collection requirements (ICRs) will ensure that issuers in the individual market comply with Title 1 of the Health Insurance Portability and Accountability Act, provide individuals with certificates of coverage necessary to demonstrate prior creditable coverage and file documentation with CMS for review in a Federal direct enforcement state. ICRs will also ensure States' flexibility to implement state alternative mechanisms; *Frequency:* On occasion; *Affected Public:* Business or other for-profit, Individuals or households, Not-for-profit institutions, Federal government, and State, local, or tribal government; *Number of Respondents:* 1,041; *Total Annual Responses:* 3,242,500; *Total Annual Hours:* 914,347.

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Information Collection Requirements Referenced in HIPAA, Title 1, for the Group Market and Supporting Regulations at 45 CFR 146.111, 146.115, 146.117, 146.150, 146.152, 146.160, and 146.180, and Forms/instructions; *Form No.:* CMS-R-206 (OMB# 0938-0702); *Use:* Information collection requirements (ICRs) will ensure that issuers in the group market comply with Title 1 of the Health Insurance Portability and Accountability Act, including providing individuals with certificates of creditable coverage, notifying individuals about their status with respect to pre-existing condition exclusions, and giving them special enrollment rights to which they are entitled and that states and the Federal government have the flexibility necessary to enforce HIPAA; *Frequency:* On occasion; *Affected Public:* Business or other for-profit, Individuals or households, Federal government, and State, local, or tribal government; *Number of Respondents:* 2,080; *Total Annual Responses:* 43,003,297; *Total Annual Hours:* 2,652,282.

3. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Adjusted Community Rate (ACR) Proposal Medicare+Choice; *Form No.:* CMS-R-228 (OMB# 0938-0742); *Use:* Under part C of the Social Security Act, a Medicare+Choice (M+C) organization is required to offer a benefit package that is approved and priced properly to all Medicare beneficiaries residing in the service area. This form is used by M+C organizations to price its benefit

packages; *Frequency:* Annually; *Affected Public:* Business or other for-profit, and Not-for-profit institutions; *Number of Respondents:* 600; *Total Annual Responses:* 600; *Total Annual Hours:* 57,000.

4. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Survey of Newly Eligible Medicare Beneficiaries; *Form No.:* CMS-10050 (OMB# 0938-0869); *Use:* It is not enough to merely mail information about the Medicare program to each beneficiary. We need to know not only that the beneficiary got the information, but that they understood the information and are able to use it in making choices about their Medicare participation. To this end, CMS must have measure(s) over time of what beneficiaries know and understand about the Medicare program now to be able to quantify and attribute any changes to their understanding or behavior to information/education initiatives. Measuring beneficiary information needs and knowledge over time will help us to evaluate the impact of information/education and other initiatives as well as to understand how the population is changing apart from such initiatives.; *Frequency:* Monthly; *Affected Public:* Individuals or Households; *Number of Respondents:* 3600; *Total Annual Responses:* 3600; *Total Annual Hours:* 1080.

5. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* The Adjusted Community Rate Proposal (ACRP) Medicare+Choice (M+C) Plan Benefit Package (PBP) and Supporting Regulations in 42 CFR 417.401, 422.1-422.10, 422.50-422.80; *Form No.:* CMS-R-262 (OMB# 0938-0763); *Use:* Under part C of the Social Security Act, a Medicare+Choice (M+C) organization is required to offer at least one plan benefit package that is approved and priced properly to all Medicare beneficiaries residing in the service area. This software is used by M+C organizations to describe their plan benefit package(s).; *Frequency:* Annually and as required by new legislation; *Affected Public:* Business or other for-profit and Not-for-profit institutions; *Number of Respondents:* 200; *Total Annual Responses:* 200; *Total Annual Hours:* 600.

6. *Type of Information Collection Request:* New Collection; *Title of Information Collection:* Publications Use Study; *Form No.:* CMS-10080 (OMB# 0938-NEW); *Use:* CMS/CBC needs to conduct this research to evaluate how CMS meets beneficiaries'