

Estimated Total Annual Burden Hours: 7,444.

*Additional Information:*

Copies of the proposed collection may be obtained by writing to The Administration for Children and Families, Office of Information Services, 370 L'Enfant Promenade, S.W., Washington, D.C. 20447, Attn: ACF Reports Clearance Officer.

*OMB Comment:* OMB is required to make a decision concerning the collection of information between 30 and 60 days after November 30, 2000. Therefore, a comment is best assured of having its full effect if OMB receives it before January 2, 2001. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office

of Management and Budget, Paperwork Reduction Project, 725 17th Street, N.W., Washington, D.C. 20503, Attn: Desk Officer for ACF.

Dated: November 22, 2000.

**Bob Sargis,**

*Reports Clearance Officer.*

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**BILLING CODE 4184-01-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Submission for OMB Review; Comment Request

*Title:* Administrative subpoena.

#### ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Administrative Subpoena .....	24,695	1	0.5	12,347

Estimated Total Annual Burden Hours: 12,347.

*Additional Information:*

Copies of the proposed collection may be obtained by writing to The Administration for Children and Families, Office of Information Services, 370 L'Enfant Promenade, S.W., Washington, D.C. 20447, Attn: ACF Reports Clearance Officer.

*OMB Comment:* OMB is required to make a decision concerning the collection of information between 30 and 60 days after November 30, 2000. Therefore, a comment is best assured of having its full effect if OMB receives it before January 2, 2001. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, 725 17th Street, N.W., Washington, D.C. 20503, Attn: Desk Officer for ACF.

Dated: November 22, 2000.

**Bob Sargis,**

*Reports Clearance Officer.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Care Financing Administration

**[Document Identifier: HCFA-R-228]**

#### Agency Information Collection Activities: Proposed Collection; Comment Request

**AGENCY:** Health Care Financing Administration, HHS.

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, 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.

*OMB No.:* 0970-0152.

*Description:* P.L. 104-193, the Personal Responsibility and Work Opportunity Act of 1996 amended section 652(a) of the Social Security Act (the Act) to require the Federal Office of Child Support Enforcement (OCSE) to promulgate an administrative subpoena to be used by the State Child Support Enforcement (CSE) programs in interstate cases. (See attachment #1) The OMB approval of the form is expiring and we are taking this opportunity to make minor revisions to the form to further assist States in gaining access to the assets of child support obligors.

*Respondents:* States.

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

*Title of Information Collection:* Adjusted Community Rate (ACR) and Supporting Regulations in 42 CFR 422.306, 422.501, and 422.510;

*Form No.:* HCFA-R-0228 (OMB# 0938-0742);

*Use:* This collection effort will be used to price the M+C plan offered to Medicare beneficiaries by an M+C organization. Organizations submitting the Adjusted Community Rate form would include all M+C organizations plus any organization intending to contract with HCFA as a M+C organization. These current M+C organization contractors will be required to submit this form no later than May 1, 1999 for the calendar year 2000;

*Frequency:* Annually;

*Affected Public:* Businesses or other for profit, Not-for-profit institutions;

*Number of Respondents:* 1,200;

*Total Annual Responses:* 1,200;

*Total Annual Hours Requested:* 114,000.

To obtain copies of the supporting statement and any related forms 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, phone number, OMB number, and HCFA 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 HCFA Paperwork Clearance Officer designated at the following address:

HCFA, Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards, Attention: Melissa Musotto, Room N2-14-26, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: November 17, 2000.

**John P. Burke III,**

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

[FR Doc. 00-30508 Filed 11-29-00; 8:45 am]

**BILLING CODE 4120-03-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Care Financing Administration

[Document Identifier: HCFA-R-204]

#### 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:* Data Collection for the Second Generation Social Health Maintenance Organization Demonstration;

*Form No.:* HCFA-R-204 (OMB# 0938-0709);

*Use:* The data collected under this effort will be used to support the

operational needs of the Congressionally-mandated Second Generation of the Social Health Maintenance Organization Demonstration. The purpose of the data collections is to collect the necessary data elements from members of the treatment group for the risk-adjusted S/HMO—payment methodology, and to gather information from members of the treatment group to enable the participating S/HMO-II site to identify high-risk beneficiaries and more appropriately target the clinical and social resources of the S/HMO model.

*Frequency:* On occasion, and Annually.

*Affected Public:* Individuals or Households.

*Number of Respondents:* 40,393.

*Total Annual Responses:* 69,717.

*Total Annual Hours:* 32,917.

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, 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: November 17, 2000.

**John P. Burke III,**

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

[FR Doc. 00-30506 Filed 11-29-00; 8:45 am]

**BILLING CODE 4120-03-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Care Financing Administration

[Document Identifier: HCFA-R-201]

#### 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:* Incentive Arrangement Disclosure Form and Supporting Regulations in 42 CFR

417.479, 417.500, 422.208, 422.210, 434.44, 434.67, 434.70, 1003.100, 1003.101, 1003.103, 1003.106.

*Form No.:* HCFA-R-201 (OMB# 0938-0700).

*Use:* Managed Care Organizations that have contracts to serve Medicare/Medicaid beneficiaries are required to disclose payment arrangements with medical groups and physicians. If any arrangement includes an incentive that places a group or physician at risk for referrals that exceeds 25% of total payments and the risk is spread over 25,000 or fewer patients, then the provider must have stop-loss insurance. This data collection will be used to determine compliance with the requirement to disclose incentives and maintain appropriate stop-loss.

*Frequency:* Annually.

*Affected Public:* Business or other for-profit, Not-for-profit institutions, Federal Government, and State, Local or Tribal 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, 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, 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.