

Heinz Walz GmbH, Germany. *Intended Use:* See notice at 60 FR 24838, May 10, 1995.

Comments: None received. *Decision:* Approved. No instrument or apparatus of equivalent scientific value to the foreign instrument, for such purposes as it is intended to be used, could have been made available to the applicant without excessive delay within the meaning of Subsection 301.5(d)(4) of the regulations at the time the foreign article was ordered (February 8, 1995).

Reasons: Subsection 301.5 (d)(4), of the regulations provides as follows: "Excessive delivery time. Duty-free entry of the instrument shall be considered justified without regard to whether there is being manufactured in the United States an instrument of equivalent scientific value for the intended purposes if excessive delivery time for the domestic instrument would seriously impair the accomplishment of the applicant's intended purposes. ... In determining whether the difference in delivery times cited by the applicant justifies duty-free entry on the basis of excessive delivery time, the Director shall take into account (A) the normal commercial practice applicable to the production of the general category of instrument involved; (B) the efforts made by the applicant to secure delivery of the instruments (both foreign and domestic) in the shortest possible time; and (C) such other factors as the Director finds relevant under the circumstances of a particular case."

In response to a purchase order dated November 16, 1993, a domestic manufacturer quoted an instrument with a July 15, 1994 delivery schedule. The foreign manufacturer quoted delivery within 6 weeks of initial order. At the time of order (February 8, 1995), the foreign article was a standard catalog instrument, several of which had already been constructed, tested, and delivered. The instrument proposed by the domestic manufacturer was to be a standard catalog instrument requiring modification to accommodate the applicant's needs.

Problems on the part of the domestic manufacturer delayed the delivery schedule, first to January 1995, then to July 1995. As a result, the applicant declined purchase of the domestic instrument. The applicant identified important funding constraints (requiring purchase of the instrument by April 1995) which precluded purchase of the domestic instrument. Subsequently, the applicant claims that the domestic company had gone out of business.

The National Institutes of Health in its memorandum dated July 11, 1995, advised that although an acceptable domestic source had been identified, it was in the process of developing the instrument and to date had

manufactured no instrument for delivery.

Accordingly, we find that the domestic manufacturer's inability to deliver a comparable instrument within the time required by the applicant's project funding requirements amounts to "excessive delivery" within the meaning of 301.5(d)(4). A delay of 6 months or more would have seriously impaired the accomplishment of the applicant's purposes.

Frank W. Creel,
Director, Statutory Import Programs Staff.
[FR Doc. 95-24600 Filed 10-2-95; 8:45 am]
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DEPARTMENT OF DEFENSE

Public Information Collection Requirement Submitted to the Office of Management and Budget (OMB) for Review

ACTION: Notice.

The Department of Defense has submitted to OMB for clearance, the following proposal for collection of information under the provisions of the Paperwork Reduction Act (44 U.S.C. Chapter 35).

Title, Applicable Form, and OMB Control Number: Air Force Academy Precandidate Questionnaire; USAFA Form 149; OMB Control Number 0701-0087.

Type of Request: Expedited Processing—Approval date requested: Not later than 30 days following publication in the Federal Register.

Number of Respondents: 11,250.
Responses per Respondent: 1.
Annual Responses: 11,250.
Average Burden per Response: 24 minutes.

Annual Burden Hours: 4,500.
Needs and Uses: The information collected hereby, is utilized in the screening process to conduct a preliminary assessment of a candidate's eligibility status, qualifications, and prospects for formal application and selection for entry into the United States Air Force Academy.

Affected Public: Individuals or households.

Frequency: One time.
Respondent's Obligation: Required to obtain or retain benefits.
OMB Desk Officer: Mr. Edward C. Springer.

Written comments and recommendations on the proposed information collection should be sent to Mr. Springer at the Office of Management and Budget, Desk Officer

for DoD, Room 10236, New Executive Office Building, Washington, DC 20503.
DOD Clearance Officer: Mr. William Pearce.

Written requests for copies of the information collection proposal should be sent to Mr. Pearce, WHS/DIOR, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302.

Dated: September 27, 1995.
Patricia L. Toppings,
Alternate OSD Federal Register Liaison Officer, Department of Defense.
[FR Doc. 95-24465 Filed 10-2-95; 8:45 am]
BILLING CODE 5000-04-P

Public Information Collection Requirement Submitted to the Office of Management and Budget (OMB) for Review

ACTION: Notice.

The Department of Defense has submitted to OMB for clearance, the following proposal for collection of information under the provisions of the Paperwork Reduction Act (44 U.S.C. Chapter 35).

Title, Applicable Form, and OMB Control Number: Unescorted Entry Authorization Certificate; Air Force Form 2586; OMB Control Number 0701-0042.

Type of Request: Expedited Processing—Approval date requested: Not later than 30 days following publication in the Federal Register.

Number of Respondents: 20,000.
Responses per Respondent: 1.
Annual Responses: 20,000.
Average Burden per Response: 3 minutes.

Annual Burden Hours: 1,000.
Needs and Uses: The information collected hereby, is utilized to administer the physical security program on military installations worldwide. It enables commanders to make informed decisions in allowing unescorted entry of personnel into controlled and restricted areas.

Affected Public: Business or other for-profit; State, local, or tribal government.
Frequency: On occasion.

Respondent's Obligation: Required to obtain or retain benefits.
OMB Desk Officer: Mr. Edward C. Springer.

Written comments and recommendations on the proposed information collection should be sent to Mr. Springer at the Office of Management and Budget, Desk Officer for DoD, Room 10236, New Executive Office Building, Washington, DC 20503.
DOD Clearance Officer: Mr. William Pearce.

Written requests for copies of the information collection proposal should be sent to Mr. Pearce, WHS/DIOR, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302.

Dated: September 27, 1995.

Patricia L. Toppings,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

[FR Doc. 95-24466 Filed 10-2-95; 8:45 am]

BILLING CODE 5000-04-P

Office of the Secretary

Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); FY96 DRG Updates

AGENCY: Office of the Secretary, DoD.

ACTION: Notice of DRG revised rates.

SUMMARY: This notice provides the updated adjusted standardized amounts, DRG relative weights, outlier thresholds, and beneficiary cost-share per diem rates to be used for FY 1996 under the CHAMPUS DRG-based payment system. It also describes the changes made to the CHAMPUS DRG-based payment system in order to conform to changes made to the Medicare Prospective Payment System (PPS).

EFFECTIVE DATES: The rates and weights and Medicare PPS changes which affect the CHAMPUS DRG-based payment system contained in this notice are effective for admissions occurring on or after October 1, 1995.

ADDRESSES: Office of the Civilian Health and Medical Program of the Uniformed Services (OCHAMPUS), Program Development Branch, Aurora, CO 80045-6900.

For copies of the Federal Register containing this notice, contact the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402, (202) 783-3238. The charge for the Federal Register is \$1.50 for each issue payable by check or money order to the Superintendent of Documents.

FOR FURTHER INFORMATION CONTACT: Marty Maxey, Program Development Branch, OCHAMPUS, telephone (303) 361-1227.

To obtain copies of this document, see the **ADDRESSES** section above. Questions regarding payment of specific claims under the CHAMPUS DRG-based payment system should be addressed to the appropriate CHAMPUS contractor.

SUPPLEMENTARY INFORMATION: The final rule published on September 1, 1987 (52 FR 32992) set forth the basic procedures used under the CHAMPUS DRG-based payment system. This was subsequently

amended by final rules published August 31, 1988 (53 FR 33461), October 21, 1988 (53 FR 41331), December 16, 1988 (53 FR 50515), May 30, 1990 (55 FR 21863), and October 22, 1990 (55 FR 42560).

An explicit tenet of these final rules, and one based on the statute authorizing use of DRGs by CHAMPUS, is that the CHAMPUS DRG-based payment system is modeled on the Medicare PPS, and that, whenever practicable, the CHAMPUS system will follow the same rules that apply to the Medicare PPS. HCFA publishes these changes annually in the Federal Register and discusses in detail the impact of the changes.

In addition, this notice updates the rates and weights in accordance with our previous final rules. The actual changes we are making, along with a description of their relationship to the Medicare PPS, are detailed below.

I. Medicare PPS Changes Which Affect the CHAMPUS DRG-Based Payment System

Following is a discussion of the changes the Health Care Financing Administration (HCFA) has made to the Medicare PPS which affect the CHAMPUS DRG-based payment system.

A. DRG Classifications

Under both the Medicare PPS and the CHAMPUS DRG-based payment system, cases are classified into the appropriate DRG by a Grouper program. The Grouper classifies each case into a DRG on the basis of the diagnosis and procedure codes and demographic information (that is, sex, age, and discharge status). The Grouper used for the CHAMPUS DRG-based payment system is the same as the current Medicare Grouper with two modifications. The CHAMPUS system has replaced Medicare DRG 435 with two age-based DRGs (900 and 901), and we have implemented thirty-four (34) neonatal DRGs in place of Medicare DRGs 385 through 390. For admissions occurring on or after October 1, 1995 the CHAMPUS grouper hierarchy logic has been changed so the age split (age <29 days) and assignments to MDC 15 occur before assignment of the PreMDC DRGs. This will result in all neonate tracheostomies and organ transplants to be grouped to MDC 15 DRGs and not to DRGs 480-483 or 495. Grouping for all other DRGs under the CHAMPUS system is identical to the Medicare PPS.

For FY 1995, HCFA will implement a number of classification changes, including surgical hierarchy changes, revisions to the Major Problem Diagnosis List, and refinements to the Complications and Comorbidities (CC)

List. The CHAMPUS Grouper will incorporate all changes made to the Medicare Grouper.

B. Wage Index and Medicare Geographic Classification Review Board Guidelines

CHAMPUS will continue to use the same wage index amounts used for the Medicare PPS. In addition, CHAMPUS will duplicate all changes with regard to the wage index for specific hospitals which are redesignated by the Medicare Geographic Classification Review Board.

C. Hospital Market Basket

We will update the adjusted standardized amounts according to the final updated hospital market basket used for the Medicare PPS according to HCFA's September 1 final rule.

D. Outlier Payments

CHAMPUS is adopting the HCFA outlier thresholds for FY96. The long-stay threshold shall equal the lesser of 3.0 standard deviations or 23 days above the DRG's geometric LOS. Long-stay outliers will be reimbursed the DRG-based amount plus 44 percent of the per diem rate for the DRG for each covered day of care beyond the long-stay outlier threshold. The cost outlier will be reimbursed the DRG-based amount plus 80 percent of the standardized costs exceeding the threshold. The cost outlier threshold shall be the DRG payment (wage-adjusted but prior to adjustment for indirect medical education) plus a flat rate of \$13,800.

E. Capital-Related Costs

Effective for discharges occurring on or after October 1, 1995, HCFA will increase its inpatient capital-related prospective payment rate. The major factor contributing to the increase is the expiration of the budget-neutrality requirement that mandated estimated payments for capital costs equal 90% of the amount that would have been payable each year from FY 1992 through FY 1995 on a reasonable cost basis. Since CHAMPUS pays for capital-related costs on a retrospective basis based on actual costs instead of prospectively like Medicare, we will reimburse 100% of capital-related costs for CHAMPUS days occurring on or after October 1, 1995.

F. Determination of Number of Beds for Purposes of Calculating the Indirect Medical Education Adjustment

We will clarify our bed counting policy. We will specify that beds or bassinets in a healthy, or regular, baby nursery are excluded from the bed count