

(6) against which a State has taken adverse action; and

(7) that meets such other measures of performance as the Secretary may develop.

The information compiled in this report must be accompanied by information that will assist in the interpretation of the report.

Accordingly, FDA is making the list and explanatory information available through this report. This report also provides background information on quality mammography and directs consumers on how to acquire a list of FDA-certified mammography facilities.

Dated: September 27, 1996.

William B. Schultz,

*Deputy Commissioner for Policy.*

[FR Doc. 96-25197 Filed 9-27-96; 12:11 pm]

BILLING CODE 4160-01-F

## Health Care Financing Administration

[HCFA-R-117]

### 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:* Extension of a currently approved collection; *Title of Information Collection:* Information Collection Requirements contained in 42 CFR 447.253; *Form No.:* HCFA-R-117; *Use:* In order to receive HCFA approval of a Medicaid State plan amendment which changes the methods and standards used to establish payment rates for inpatient hospital or long-term care services, a Medicaid State Agency must provide a statement which assures the HHS Secretary that the resulting rates will conform to all the

requirements specified in section 1902(a)(13)(A) of the Social Security Act and implementing regulations at 42 CFR 447.253; *Frequency:* Annually; *Affected Public:* State, local, or tribal government; *Number of Respondents:* 54; *Total Annual Responses:* 54; *Total Annual Hours:* 54.

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 HCFA Paperwork Clearance 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 23, 1996.

Edwin J. Glatzel,

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

[FR Doc. 96-25060 Filed 9-30-96; 8:45 am]

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[BPD-874-N]

### Medicare Program; Update of Ambulatory Surgical Center Payment Rates Effective for Services on or After October 1, 1996

**AGENCY:** Health Care Financing Administration (HCFA), HHS.

**ACTION:** Notice.

**SUMMARY:** This notice implements section 1833(i)(2)(C) of the Social Security Act, which mandates an automatic inflation adjustment to Medicare payment amounts for ambulatory surgical center (ASC) facility services during the years when the payment amounts are not updated based on a survey of the actual audited costs incurred by ASCs.

**EFFECTIVE DATE:** The payment rates contained in this notice are effective for services furnished on or after October 1, 1996.

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#### SUPPLEMENTARY INFORMATION:

I. Background and Legislative Authority

Section 1832(a)(2)(F)(i) of the Social Security Act (the Act) provides that benefits under the Medicare Supplementary Medical Insurance program (Part B) include services furnished in connection with those surgical procedures that, under section 1833(i)(1)(A) of the Act, are specified by the Secretary and are performed on an inpatient basis in a hospital but that also can be performed safely on an ambulatory basis in an ambulatory surgical center (ASC), in a rural primary care hospital, or in a hospital outpatient department. To participate in the Medicare program as an ASC, a facility must meet the standards specified under section 1832(a)(2)(F)(i) of the Act and 42 CFR 416.25, which set forth basic requirements for ASCs.

Generally, there are two elements in the total charge for a surgical procedure: A charge for the physician's professional services for performing the procedure, and a charge for the facility's