

Agency: Corporation for National and Community Service.

Title: AmeriCorps Leaders Program Leader Application and Reference Form.

OMB Number: None.

Agency Number: None.

Frequency: Annually.

Affected Public: Citizens of diverse ages and backgrounds who are committed to national service.

Number of Respondents: 500.

Estimated Time Per Respondent: Two hours.

Total Burden Hours: 1,000 hours.

total Annualized capital/startup costs: \$5,100.

Total Annual Cost (operating/maintaining systems or purchasing services): \$5,500.

Description: The AmeriCorps Leader Application form is to be used by applicants who wish to serve as Leaders in the AmeriCorps Leaders Program. The Corporation seeks approval for the AmeriCorps Leaders Program Application which will be used to recruit the next class of Leaders beginning in January 1999.

Dated: July 28, 1998.

Thomas L. Bryant,

Acting General Counsel.

[FR Doc. 98-20523 Filed 7-30-98; 8:45 am]

BILLING CODE 6050-28-P

DEPARTMENT OF DEFENSE

Office of the Secretary

Proposed Collection; Comment Request

AGENCY: Office of the Assistant Secretary of Defense Health Affairs.

ACTION: Notice.

In accordance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Assistant Secretary of Defense for Health Affairs announces the proposed public information collection and seeks public comment on the provisions thereof. Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the information collection; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the information collection on respondents, including through the use of automated collection techniques or other forms of information technology.

DATES: Consideration will be given to all comments received by September 29, 1998.

ADDRESSES: Written comments and recommendations on the information collection should be sent to TRICARE Management Activity, Medical Benefits and Reimbursement Systems, 16401 East Centretech Parkway, ATTN: David Bennett, Aurora, CO 80011-9043.

FOR FURTHER INFORMATION CONTACT: To request more information on this proposed information collection, please write to the above address or call TRICARE Management Activity, Medical Benefits and Reimbursement Systems, at (303) 676-3494.

Title: Associated Form; and *OMB Number:* Application for CHAMPUS-Provider Status: CORPORATE SERVICES PROVIDER.

Needs and Uses: The information collection will allow eligible providers to apply for Corporate Services Provider status under the TRICARE program.

Affected Public: Businesses or other for-profit; not-for-profit institutions.

Annual Burden Hours: 333.

Number of Respondents: 1,000.

Responses for Respondent: 1.

Average Burden per Response: 20 minutes.

Frequency: On occasion.

SUPPLEMENTARY INFORMATION:

Summary of Information Collection

TRICARE Management Activity (TMA), formerly known as OCHAMPUS, is in the process of submitting a final rule for publication in the **Federal Register**, creating a fourth class of CHAMPUS providers consisting of freestanding corporations and foundations that render principally professional ambulatory or in-home care and technical diagnostic procedures. The intent of the rule is not to create additional benefits that ordinarily would not be covered under CHAMPUS if provided by a more traditional health care delivery system, but rather to allow those services which would otherwise be allowed except for an individual provider's affiliation with a freestanding corporate facility. The addition of the corporate class will recognize the current range of providers within today's health care delivery structure, and give beneficiaries access to another segment of the health care delivery industry.

Corporate services providers must be approved for Medicare payment, or when Medicare approval status is not required, be accredited by a qualified accreditation organization to gain provider authorization status under CHAMPUS. Corporate services

providers must also enter into a participation agreement which will be sent out as part of the initial authorization process. The participation agreement will ensure that CHAMPUS determined allowable payments, combined with the cost-share/copayment, deductible, and other health insurance amounts, will be accepted by the provider as payment in full.

The Application for CHAMPUS-Provider Status: Corporate Services Provider, will collect the necessary information to ensure that the conditions are met for authorization as a CHAMPUS corporate services provider: *i.e.*, the provider: (1) Is a corporation or a foundation, but not a professional corporation or professional association; (2) provides services and related supplies of a type rendered by CHAMPUS individual professional providers or diagnostic technical services; (3) is approved for Medicare payment or when Medicare approval status is not required, is accredited by a qualified accreditation organization; and (4) has entered into a participation agreement approved by the Director, OCHAMPUS or a designee.

The collected information will be used by CHAMPUS contractors to process claims and verify authorized provider status. Verification involves collecting and reviewing copies of the provider's licenses, certificates, accreditation documents, etc. If the criteria are met, the provider is granted CHAMPUS-authorization status. The documentation and information are collected when: (1) A provider requests permission to become a CHAMPUS-authorized provider; (2) a claim is filed for care received from a provider who is not listed on the contractors' computer listing of authorized providers; or (3) when a former CHAMPUS-authorized provider requests reinstatement. The contractors develop the forms used to gather information based on CHAMPUS' conditions for participation listed above. Without the collection of this information, contractors cannot determine if the provider meets CHAMPUS' authorization requirements for corporate services providers. If the contractor is unable to verify that a provider meets these authorization requirements, the contractor may not reimburse either the provider or the beneficiary for the provider's health care services.

To reduce the reporting burden to a minimum, CHAMPUS has carefully selected the information requested from respondents. Only that information which has been deemed absolutely essential is being requested. If necessary, contractors may verify

credentials with Medicare, JCAHO and other national organizations by telephone. CHAMPUS is also participating with Medicare in the development of a National Provider System which will eliminate duplication of provider certification data collection among federal government agencies.

CHAMPUS contractors are required to maintain a computer listing of all providers that have submitted the appropriate authorization information and documentation. To avoid duplicate inquiries, the contractors must search the computer provider listing before requesting documentation from providers. Since the providers affected by this information collection generally have not previously been eligible to be authorized providers, CHAMPUS contractors will have no information on file. The providers will have to submit the information requested on the data collection form (Application for CHAMPUS-Provider Status: Corporate Services Provider) in order to obtain provider authorization status under CHAMPUS.

The information will usually be collected from each respondent only once. It is estimated that there will be

approximately 3,000 applicants over an initial 3 year collection period or 1,000 respondents per year. After the initial three years of collection, it is estimated that annual number of respondents will decline to less than 100. CHAMPUS will request the provider authorization documentation and information when the provider asks to become CHAMPUS-authorized or when a claim is filed for a new provider's services. If after a provider has been authorized by a contractor, no claims are filed during a two-year period of time, the provider's information will be placed in the inactive file. To reactivate a file, the provider must verify that the information is still correct, or supply new or changed information. The total first year reporting burden is estimated to be 333 $\frac{1}{3}$ hours.

Dated: July 20, 1998.

L.M. Bynum,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

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DEPARTMENT OF DEFENSE

Office of the Secretary

[Transmittal No. 98-51]

36(b)(1) Arms Sales Notification

AGENCY: Department of Defense, Defense Security Assistance Agency.

ACTION: Notice.

SUMMARY: The Department of Defense is publishing the unclassified text of a section 36(b)(1) arms sales notification. This is published to fulfill the requirements of section 155 of Pub. L. 104-164 dated 21 July 1996.

FOR FURTHER INFORMATION CONTACT: Ms. J. Hurd, DSAA/COMPT/RM, (703) 604-6575.

The following is a copy of a letter to the Speaker of the House of Representatives, Transmittal 98-51, with attached transmittal, policy justification and sensitivity of technology.

Dated: July 27, 1998.

L.M. Bynum,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

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