

Dakota's request for approval of RCRA program revisions to its authorized hazardous waste program is voluntary and imposes no Federal mandate within the meaning of the Act. Rather, by having its hazardous waste program revision approved, the State will gain the authority to implement the program within its jurisdiction, in lieu of EPA thereby eliminating duplicative State and Federal requirements. If a State chooses not to seek authorization for administration of a hazardous waste program under RCRA Subtitle C, RCRA regulation is left to EPA.

In any event, EPA has determined that this rule does not contain a Federal mandate that may result in expenditures \$100 million or more for State, local, and tribal governments in the aggregate, or the private sector in any one year. EPA does not anticipate that the approval of South Dakota's hazardous waste program revision referenced in today's notice will result in annual costs of \$100 million or more. EPA's approval of state programs generally may reduce, not increase, compliance costs for the private sector since the State, by virtue of the approval, may now administer the program in lieu of EPA and exercise primary enforcement. Hence, owners and operators of treatment, storage, or disposal facilities (TSDFs) generally no longer face dual Federal and State compliance requirements, thereby reducing overall compliance costs. Thus, today's rule is not subject to the requirements of sections 202 and 205 of the UMRA.

EPA has determined that this rule contains no regulatory requirements that might significantly or uniquely affect small governments. The Agency recognizes that small governments may own and/or operate TSDFs or that will become subject to the requirements of an approved State hazardous waste program revision. However, such small governments which own and/or operate TSDFs are already subject to the requirements in 40 CFR parts 264, 265, and 270 and are not subject to any additional significant or unique requirements by virtue of this program approval. Once EPA authorizes a State to administer its own hazardous waste program and any revisions to that program, these same small governments will be able to own and operate their TSDFs under the approved State program, in lieu of the Federal program.

Authority: This notice is issued under the authority of Sections 2002(a), 3006 and 7004(b) of the Solid Waste Disposal Act as amended 42 U.S.C. 6912(a), 6926, 6974(b).

Dated: June 25, 1996.
Jack W. McGraw,
Acting Regional Administrator
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BILLING CODE 6560-50-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

42 CFR Part 417

[OMC-009-FC]

RIN 0938-AG92

Medicare Program; Qualified Health Maintenance Organizations

CFR Correction

In title 42 of the Code of Federal Regulations, parts 400 to 429, revised as of October 1, 1995, on pages 587 through 599, §§ 417.912 through 417.919, 417.921 through 417.926, 417.932, 417.933, 417.935, and 417.936 were inadvertently published and should be removed.

BILLING CODE 1505-01-D

42 CFR Parts 431, 433, 440, 441, 447, and 456

[MB-099-F]

RIN 0938-AH31

Medicaid Program; Medicaid Eligibility Quality Control, Progressive Reductions in Federal Financial Participation for FYs 1982-1984, Payment for Physician Billing for Clinical Laboratory Services, and Utilization Control of Skilled Nursing Facility Services: Removal of Obsolete Requirements

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

ACTION: Final rule.

SUMMARY: This final rule removes several obsolete sections of the Medicaid regulations that specify rules and procedures for disallowing Federal financial participation for erroneous medical assistance payments due to eligibility and beneficiary liability errors as detected through the Medicaid eligibility quality control program for assessment periods from 1980 through June 1990. The Medicaid regulations that contain the rules and procedures for the progressive reductions in Federal financial participation in medical assistance expenditures made to the States for fiscal years 1982 through 1984 are removed to reflect the repeal of the

statutory bases for the reductions. The Medicaid regulations that provide for physician billing for clinical laboratory services that a physician bills or pays for but did not personally perform or supervise are removed to reflect the statutory repeal of this provision. In addition, the rule removes obsolete regulations that prescribe requirements concerning utilization control of Medicaid services furnished in skilled nursing facilities.

This rule is part of the Department's initiative to reinvent health care regulations and eliminate obsolete requirements.

EFFECTIVE DATE: These regulations are effective on August 23, 1996.

FOR FURTHER INFORMATION CONTACT:

Mary Linda Morgan (410) 786-2011, Medicaid Eligibility Quality Control and Reductions in FFP for FYs 1982-1984 Issues

Linda Peltz (410) 786-3399, Utilization Control of Skilled Nursing Facilities Issues

Robert Weaver (410) 786-5914, Laboratory Services Issues.

SUPPLEMENTARY INFORMATION:

I. Reinventing Regulations Effort

Last year, the Department began an initiative to assist in meeting the Administration's commitment to reinventing government regulations. As part of this effort, we began to examine the requirements contained in regulations issued by HCFA governing the Medicare and Medicaid programs to determine which requirements could be reduced or eliminated while assuring that we continually improve the quality of services to Medicaid and Medicare beneficiaries. This rule is a result of part of our efforts in this regard to eliminate obsolete and burdensome requirements.

II. Medicaid Eligibility Quality Control Program

Under the Medicaid program, States are required to operate a Medicaid eligibility quality control (MEQC) program. The program is designed to reduce erroneous expenditures in medical assistance payments by monitoring eligibility determinations. Under the MEQC program, States are required to select a sample of cases every month and review them for eligibility errors. HCFA annually calculates each States' error rate on the basis of State review findings. Federal financial participation (FFP) in State medical assistance expenditures is

disallowed to the extent that a State has a Medicaid eligibility quality control payment error rate that is above a statutorily specified target error rate or national standard. HCFA may waive all or part of the disallowance under specific circumstances.

The current statutory authority for disallowances of payments in erroneous State medical assistance expenditures and for consideration of waiver requests is contained in section 1903(u) of the Social Security Act (the Act). The authority for disallowance determinations and the specified national target error rate have changed over the years since the original legislation was enacted in 1978. The HCFA regulations that contain the conditions under which disallowances are taken for erroneous State medical assistance expenditures if errors exceed the national error rate standards are contained in 42 CFR 431.861 through 431.865. Because the legislation governing the national target error rates and how disallowances are taken has changed frequently over the years, the existing regulations contain conditions and requirements for specified periods, that is, the period prior to September 1980 (§ 431.861); interim periods of October 1, 1980 through September 30, 1982 (§ 431.862), April 1 through December 31, 1983 (§ 431.863), and January 1, 1984 through June 30, 1990 (§ 431.864); and the period effective beginning July 1, 1990 (§ 431.865). We found it was necessary in the past to retain the regulatory provisions for periods prior to July 1, 1990, because of pending reconsiderations of proposed disallowances for State medical assistance expenditures based on expenditure reports for these prior periods and the processing of waiver requests related to these prior periods. The pre-July 1, 1990 provisions are now obsolete and we are therefore deleting them from the Code of Federal Regulations (CFR). We are deleting §§ 431.861 through 431.864.

III. Progressive Reductions in FFP for Fiscal Years 1982 Through 1984

Sections 1903 (s) and (t) of the Act (as enacted by sections 2161(a) and (b) of the Medicare and Medicaid Amendments of 1981 (Pub. L. 97-35)) provided for progressive reductions in total Federal payments to the States for medical assistance expenditures to which they were entitled for fiscal years 1982 through 1984. The reductions applied only to the 49 States with Medicaid programs in operation under State plans approved by HCFA as of July 1, 1981, and to the District of Columbia. The provisions in section 1903(s) of the

Act were effective August 13, 1981, and repealed by the same enacting legislation, effective for calendar quarters beginning on or after October 1, 1984. The provisions in section 1903(t) of the Act were effective August 13, 1981, and repealed by the same enacting legislation, effective after payments for the first quarter of fiscal year 1985.

Sections 433.8 and subpart E of part 433 (§§ 433.201 through 433.217) implemented sections 1903 (s) and (t) of the Act. We are deleting these regulations to reflect the repeal of sections 1903 (s) and (t) of the Act by section 2161(c) of the Medicare and Medicaid Amendments of 1981.

IV. Payment for Physician Billing for Clinical Laboratory Services

Section 1902(a)(32) of the Act prohibits Medicaid payments to anyone other than the provider of services, except in specified circumstances. This restriction is commonly referred to as the direct payment provision and is implemented in § 447.10. From 1980 to 1984, section 1902(a)(43) of the Act provided an exception for physician billing of laboratory services which a physician did not personally perform or supervise. Specifically, section 1902(a)(43) of the Act provided that, if the State plan provides for payment to a physician for laboratory services for which the physician (or any other physician with whom he shares his practice) did not personally perform or supervise, the plan must include a provision to ensure that payment for such laboratory services does not exceed the payment authorized for such services under Medicare. Section 2303(g)(1)(B) of the Deficit Reduction Act of 1984 (DRA '84) (Pub. L. 98-369) deleted section 1902(a)(43) of the Act.

Sections 447.10(g)(1) and 447.342 implemented section 1902(a)(43) of the Act. Section 447.10(g)(1) provides that payment may be made to a physician who bills for outside laboratory services that the physician orders and pays for, but that he or she did not personally perform or supervise, or which were not performed or supervised by another physician with whom he or she shares a practice. Section 447.342 specifies that if a State plan provides for payment to a physician who bills for clinical laboratory services performed by an outside laboratory, the State plan must provide that the agency will not pay the physician more than the amount that would be authorized under Medicare.

We are deleting §§ 447.10(g)(1) and 447.342 to reflect the deletion of section 1902(a)(43) of the Act by DRA '84.

V. Utilization Control: Skilled Nursing Facilities

Section 1902(a)(30) of the Act requires each State Medicaid agency to have methods and procedures to safeguard against unnecessary utilization of care and services. In addition to this general provision, State Medicaid agencies are required to meet a number of specific requirements for certain institutional providers. The utilization control requirements are set forth in the regulations at 42 CFR part 456.

Prior to the implementation of the Omnibus Budget and Reconciliation Act of 1987 (OBRA '87) (Pub. L. 100-203), the Medicaid statute made a distinction between skilled nursing facility (SNF) and intermediate care facility (ICF) services. The Medicaid statute contained separate certification requirements for facilities providing each type of long-term care. Section 1905(a)(4) of the Act authorized coverage of inpatient services furnished in facilities that met the SNF requirements. Section 1905(a)(15) of the Act provided for coverage of inpatient services in facilities certified to provide ICF services.

OBRA '87 significantly revised the Medicaid requirements for long-term care facility services. The legislation created a new Medicaid benefit category called "nursing facility (NF) services" that, effective October 1, 1990, replaced the Medicaid SNF and ICF benefits. NFs participating in the Medicaid program must now meet certain requirements specified in section 1919 of the Act. Among the reform provisions was an entirely new process, called preadmission screening and annual resident review (PASARR), which requires States to determine the need for admitting or retaining individuals with mental illness or mental retardation who are applicants to or residents of NFs, and to determine whether these persons require specialized services. The NF requirements are codified in the regulations at 42 CFR part 483, subparts B and D, and part 488. The PASARR requirements are codified in the regulations at 42 CFR part 483, subparts C and E.

The utilization control regulations relating to SNF services at 42 CFR part 456 are obsolete because they implement the utilization control process that was in effect before the implementation of the nursing home reform provisions in OBRA '87. Formerly, sections 1902(a) (30), (31), and (44), 1903(g)(1), and 1903(i)(4) of the Act contained requirements for monitoring and controlling utilization of SNF services. Specifically, section

1902(a)(30)(A) of the Act required each State to have methods and procedures relating to utilization of care and services and further required State procedures to include facility-based utilization review plans for SNF services as described in section 1903(i)(4) of the Act. Furthermore, section 1902(a)(30)(B) of the Act required SNFs to screen each admission and precluded certain medical and other professional personnel from establishing criteria for utilization review in SNFs. Section 1902(a)(31) (formerly in section 1902(a)(26)) of the Act required States to establish medical review programs for SNF services. State medical review programs had to (1) ensure that SNF services were furnished in accordance with a written plan of care and be periodically reviewed, and (2) provide for on-site inspections of the care being provided to Medicaid patients in each SNF by State inspection teams who would report their findings to the State Medicaid agency. Section 1902(a)(44) of the Act required the medical necessity of a Medicaid patient's initial placement and continued stay to be certified by a physician, a nurse practitioner, or clinical nurse specialist. Section 1903(g)(1) of the Act provided for a reduction in Federal matching funds for extended inpatient stays unless the State Medicaid agency could satisfactorily demonstrate that it had an effective program of medical review for SNF services. Section 1903(i)(4) of the Act precluded Federal matching payments for inpatient services provided by a SNF unless its utilization review plan met the Medicare standards.

All of the utilization control provisions mentioned above that applied to SNF services were stricken from the Medicaid statute by OBRA '87. Specifically, OBRA '87 made the following deletions to the Act:

- The utilization review requirements in sections 1902(a)(30)(B) and 1903(i)(4) of the Act were deleted by sections 4211(h)(3) and 4211(i) of OBRA '87, respectively.
- The medical review requirements in section 1902(a)(31) of the Act were deleted by section 4212(d)(2) of OBRA '87.
- The certification and recertification of need requirements in section 1902(a)(44) of the Act were deleted by section 4212(e)(1)(A) of OBRA '87.
- The reduction in Federal matching funds provision in section 1903(g) of the Act was deleted by 4212(d)(1) of OBRA '87.

We are removing all of the regulations that contain utilization control

requirements for SNFs to reflect the elimination of those provisions from the Medicaid statute made by OBRA '87.

VI. Other Technical Changes

In conjunction with the deletions discussed above in this preamble, we are making the following technical changes:

- We are deleting references to section 1902(a)(43) of the Act and §§ 447.10 and 447.342 associated with payment for physician billing for clinical laboratory services in §§ 440.1, 447.10(a), and 447.300.
- We are deleting references associated with utilization control of SNFs in parts 441 and 456 of the regulations.

VII. Waiver of Proposed Rulemaking

We ordinarily publish a notice of proposed rulemaking in the Federal Register and invite prior public comment on proposed rules. The notice of proposed rulemaking includes a reference to the legal authority under which the rule is proposed, and describes the terms and substances of the proposed rule and the subjects and issues involved. This procedure can be waived, however, if an agency finds good cause that notice-and-public-comment rulemaking is impracticable, unnecessary, or contrary to the public interest and incorporates a statement of the finding and its reasons in the rule issued.

This final rule merely removes regulations that contain obsolete provisions and regulations implementing parts of the Social Security Act that have been repealed. This final rule also makes related technical corrections. Therefore, we find good cause to waive the notice of proposed rulemaking procedures as impracticable and unnecessary and to issue this rule in final form.

VIII. Collection of Information Requirements

This document does not impose information collection and recordkeeping requirements. Consequently, it need not be reviewed by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995.

IX. Regulatory Impact Statement

Consistent with the Regulatory Flexibility Act (RFA) (5 U.S.C. 601 through 612), we prepare a regulatory flexibility analysis unless we certify that a rule will not have a significant economic impact on a substantial number of small entities. For purposes of the RFA, all health care providers and

facilities are considered to be small entities. Individuals and States are not included in the definition of a small entity.

In addition, section 1102(b) of the Act requires us to prepare a regulatory impact analysis if a rule may have a significant impact on the operations of a substantial number of small rural hospitals. Such an analysis must conform to the provisions of section 604 of the RFA. For purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside of a Metropolitan Statistical Area and has fewer than 50 beds.

In keeping with the Administration's commitment to reinvent government regulations, this final rule merely removes regulations that contain obsolete provisions and makes related technical corrections. For these reasons, we are not preparing analyses for either the RFA or section 1102(b) of the Act because we have determined, and we certify, that this final rule will not have a significant economic impact on a substantial number of small entities or a significant impact on the operations of a substantial number of small rural hospitals.

In accordance with the provisions of Executive Order 12866, this regulation was not reviewed by the Office of Management and Budget.

Under the provisions of Pub. L. 104-121, we have determined that this rule is not a major rule.

List of Subjects

42 CFR Part 431

Grant programs-health, Health facilities, Medicaid, Privacy, Reporting and recordkeeping requirements.

42 CFR Part 433

Administrative practice and procedure, Child support, Claims, Grant programs-health, Medicaid, Reporting and recordkeeping requirements.

42 CFR Part 440

Grant programs-health, Medicaid.

42 CFR Part 441

Family planning, Grant programs-health, Infants and children, Medicaid, Penalties, Reporting and recordkeeping requirements.

42 CFR Part 447

Accounting, Administrative practice and procedure, Drugs, Grant programs-health, Health facilities, Health professions, Medicaid, Reporting and recordkeeping requirements, Rural areas.

42 CFR Part 456

Administrative practice and procedure, Grant programs—health, Health facilities, Medicaid, Reporting and recordkeeping requirements.

42 CFR chapter IV is amended as set forth below:

A. Part 431 is amended as follows:

PART 431—STATE ORGANIZATION AND GENERAL ADMINISTRATION

1. The authority citation for part 431 continues to read as follows:

Authority: Sec. 1102 of the Social Security Act (42 U.S.C. 1302).

§§ 431.861, 431.862, 431.863, and 431.864 [Removed and reserved]

2. Sections 431.861, 431.862, 431.863, and 431.864 are removed and reserved.

§ 431.865 [Amended]

3. In paragraph (d)(8) of § 431.865, the parenthetical phrase “(See § 431.863(d)(8) for an example of a disallowance computation)” is removed.

B. Part 433 is amended as follows:

PART 433—STATE FISCAL ADMINISTRATION

1. The authority citation for part 433 continues to read as follows:

Authority: Secs. 1102, 1137, 1902(a)(4), 1902(a)(18), 1902(a)(25), 1902(a)(45), 1902(t), 1903(a)(3), 1903(d)(2), 1903(d)(5), 1903(i), 1903(o), 1903(p), 1903(r), 1903(w), 1912, 1917, and 1919(e) of the Social Security Act (42 U.S.C. 1302, 1320b–7, 1396a(a)(4), 1396a(a)(18), 1396a(a)(25), 1396a(a)(45), 1396a(t), 1396b(a)(3), 1396b(d)(2), 1396b(d)(5), 1396b(i), 1396b(o), 1396b(p), 1396b(r), 1396b(w), 1396k and 1396(p)).

§ 433.8 [Removed and reserved]

2. Section 433.8 is removed and reserved.

§§ 433.201–433.217 (Subpart E) [Removed and reserved]

3. In part 433, subpart E consisting of §§ 433.201 through 433.217 is removed and reserved.

C. Part 440 is amended as follows:

PART 440—SERVICES: GENERAL PROVISIONS

1. The authority citation for part 440 continues to read as follows:

Authority: Sec. 1102 of the Social Security Act (42 U.S.C. 1302).

§ 440.1 [Amended]

2. In § 440.1, the reference that reads “1902(a)(43) Laboratory services. (See also §§ 447.10 and 447.342 for related provisions on laboratory services.)” is removed.

D. Part 441 is amended as follows:

PART 441—SERVICES: REQUIREMENTS AND LIMITS APPLICABLE TO SPECIFIC SERVICES

1. The authority citation for part 441 continues to read as follows:

Authority: Sec. 1102 of the Social Security Act (42 U.S.C. 1302).

§ 441.152 [Amended]

2. In § 441.152(b), the reference “456.260,” is removed.

§ 441.155 [Amended]

3. Section 441.155 is amended as follows:

a. In paragraph (a), the phrase “in accordance with §§ 456.180–456.181, and 456.280–456.281 of this subchapter,” is revised to read “in accordance with §§ 456.180 and 456.181 of this chapter,”.

b. In paragraph (d), the references “456.260(b),” and “456.280,” are removed.

E. Part 447 is amended as follows:

PART 447—PAYMENTS FOR SERVICES

1. The authority citation for part 447 continues to read as follows:

Authority: Sec. 1102 of the Social Security Act (42 U.S.C. 1302).

2. In § 447.10, paragraph (a) is revised, paragraph (g)(1) is removed, and paragraphs (g)(2) through (g)(4) are redesignated as paragraphs (g)(1) through (g)(3). The revision reads as follows:

§ 447.10 Prohibition against reassignment of provider claims.

(a) *Basis and purpose.* This section implements section 1902(a)(32) of the Act which prohibits State payments for Medicaid services to anyone other than a provider or recipient, except in specified circumstances.

* * * * *

§ 447.300 [Amended]

3. In § 447.300, the second sentence that reads “Section 447.342 of this subpart implements section 1902(a)(43) of the Act, which permits the State plan to provide for payment to a physician for laboratory services which the physician did not personally perform or supervise.” is removed.

Subpart F—[Amended]

4. In subpart F, the undesignated center heading that reads “CLINICAL LABORATORY SERVICES” is removed.

§ 447.342 [Removed and reserved]

5. Section 447.342 is removed and reserved.

F. Part 456 is amended as follows:

PART 456—UTILIZATION CONTROL

1. The authority citation for part 456 continues to read as follows:

Authority: Sec. 1102 of the Social Security Act (42 U.S.C. 1302), unless otherwise noted.

§ 456.1 [Amended]

2. Section 456.1 is amended as follows:

a. In paragraph (b)(2), the phrase “skilled nursing facilities (SNF’s),” is removed.

b. In paragraph (b)(2)(iv), the phrase “skilled nursing and” is removed.

c. In paragraph (b)(3), the phrases “skilled nursing facilities and” and “SNF or” are removed.

d. In paragraph (b)(5), the word “SNF’s,” is removed.

e. In paragraph (b)(6), the phrase “hospital, mental hospital, or SNF services” is revised to read “hospital or mental hospital services”.

f. In Table 1, remove from the first and second columns the following:

Subpart E—Utilization Control: Skilled Nursing Facilities	
Certification of need for care.	1903(g)(1)(A)
Medical evaluation and admission review.	1902(a)(26)(A) 1903(g)(1)(C)
Plan of care	1902(a)(26)(A) 1903(g)(1)(B)
Utilization review plan	1902(a)(30) 1903(g)(1)(C) 1903(i)(4)
Discharge plan	1902(a)(30).

g. In Table 1, in column 1, subparts H and I are revised to read as follows:

Table 1

[This table relates the regulations in this part to the sections of the Act on which they are based.]

	*	*	*	*	*
Subpart H—Utilization Review Plans: FFP, Waivers, and Variances for Hospitals and Mental Hospitals.				*	*
Subpart I—Inspections of Care in Intermediate Care Facilities and Institutions for Mental Diseases.				*	*
	*	*	*	*	*

§ 456.5 [Amended]

3. Section 456.5 is amended as follows:

a. The phrase "hospitals, mental hospitals, and SNFs." is revised to read "hospitals and mental hospitals."

b. The phrase "§ 456.232 of subpart D; and § 456.332 of subpart E." is revised to read "and § 456.232 of subpart D."

§§ 456.250 through 456.348 (Subpart E)
[Removed and reserved]

4. In part 456, subpart E consisting of §§ 456.250 through 456.348 is removed and reserved.

§ 456.480 [Amended]

5. In § 456.480, the phrase "skilled nursing facilities," is removed.

§§ 456.481, 456.482, and 456.652
[Amended]

6. In part 456, remove the references "456.260," "456.270," and "456.280," wherever they appear, in the following places:

- a. Sections 456.481 (a) and (b);
- b. Section 456.482; and
- c. Sections 456.652 (a)(1), (a)(2), and (a)(4).

Subpart H—[Amended]

7. In the heading of subpart H, the phrase "Hospitals, Mental Hospitals, and Skilled Nursing Facilities" is revised to read "Hospitals and Mental Hospitals."

§ 456.500 [Amended]

8. In § 456.500, in the introductory text, the phrase "hospitals, mental hospitals and SNFs," is revised to read "hospitals and mental hospitals,"

§ 456.501 [Amended]

9. Section 456.501 is amended as follows:

- a. In paragraph (a), the phrase "hospital, mental hospital, or SNF" is revised to read "hospital or mental hospital"
- b. In paragraph (c), the phrase "in subpart C, D, or E of this part," is revised to read "in subpart C or D of this part,"

§ 456.505 [Amended]

10. Section 456.505 is amended as follows:

- a. In the introductory text, the phrase "subpart C, D, or E of this part," is revised to read "subpart C or D of this part,"
- b. In the introductory text, the phrase, "§ 456.206 of subpart D, and § 456.306 of subpart E," is revised to read "and § 456.206 of subpart D,"
- c. In paragraph (b), the phrase "under subpart C, D, or E." is revised to read "under subpart C or D of this part."

§ 456.506 [Amended]

11. Section 456.506 is amended as follows:

a. In paragraph (b), the phrase "hospital, mental hospital, or SNF" is revised to read "hospital or mental hospital"

b. In paragraph (b), the phrase "under subpart C, D, or E of this part." is revised to read "under subpart C or D of this part."

§ 456.508 [Amended]

12. Section 456.508 is amended as follows:

a. In paragraph (a), the phrase "under subpart C, D, or E." and, in paragraph (b), the phrase "under subpart C, D, or E of this part." are revised to read "under subpart C or D of this part."

b. In paragraph (b), the phrase "hospital, mental hospital, or SNF" is revised to read "hospital or mental hospital."

§ 456.520 [Amended]

13. Section 456.520 is amended as follows:

a. In paragraph (b), the phrase "§ 456.207 of subpart D; or § 456.307 of subpart E;" is revised to read "or § 456.207 of subpart D;"

b. In paragraph (c), in the definition of *Remote facility*, the phrase "under subpart C, D, or E of this part," is revised to read "under subparts C or D of this part,"

c. In paragraph (c), in the definition of *Variance*, the phrase "§ 456.238 of subpart D; and §§ 456.333, 456.334, and 456.336 of subpart E." is revised to read "and § 456.238 of subpart D."

§ 456.522 [Amended]

14. Section 456.522 is amended as follows:

a. In paragraph (d), the word "SNF," is removed.

b. In paragraph (i), the phrase "subpart C, D, or E of this part;" and, in paragraph (j), the phrase "subpart C, D, or E of this part;" are revised to read "subpart C or D of this part;"

15. In the heading of subpart I, the phrase "Skilled Nursing and" is removed.

§ 456.600 [Amended]

16. In § 456.600, the phrase "in skilled nursing facilities (SNF's)," is removed.

§ 456.601 [Amended]

17. Section 456.601 is amended as follows:

a. In the definition of *Facility*, the phrase "a skilled nursing facility," is removed.

b. In the definition of *Institution for mental diseases*, the phrase "skilled nursing or" is removed.

§ 456.603 [Amended]

18. In § 456.603, paragraph (a)(1) is removed and reserved.

§ 456.608 [Amended]

19. In § 456.608(a) introductory text, remove the words "SNFs and."

§ 456.610 [Amended]

20. In § 456.610(b)(1), remove the word "SNFs,".

§ 456.651 [Amended]

21. In § 456.651, in the definition of *Level of care*, the phrase "skilled nursing facility," is removed.

§ 456.654 [Amended]

22. Section 456.654 is amended as follows:

- a. In paragraph (a)(2), the phrase "skilled nursing facilities," is removed.
- b. In paragraph (a)(7), the phrase "skilled nursing or" is removed.
- c. In paragraph (a)(8), the phrase "or skilled nursing facility" is removed.

(Catalog of Federal Domestic Assistance Program No. 93.778, Medical Assistance Program)

Dated: May 28, 1996.

Bruce C. Vladeck,
Administrator, Health Care Financing Administration.

Dated: July 11, 1996.

Donna E. Shalala,
Secretary.

[FR Doc. 96-18537 Filed 7-23-96; 8:45 am]

BILLING CODE 4120-01-P

FEDERAL COMMUNICATIONS COMMISSION

47 CFR Parts 20 and 22

[CC Docket No. 94-54; FCC 96-263]

Interconnection and Resale Obligations

AGENCY: Federal Communications Commission.

ACTION: Final rule.

SUMMARY: The Commission, on an interim basis, extends to cellular, broadband personal communications services (PCS) and certain specialized mobile radio (SMR) providers its rule under which cellular licensees are currently prohibited from restricting resale of their service. The Commission also eliminates an exception to the current rule under which cellular licensees are permitted to restrict resale by competing fully operational cellular licensees in the same geographic market. The action is needed to promote the development of competition in these services.