

whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden (including hours and cost) of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized or included in the request for OMB approval of this information collection; they also will become a matter of public record.

Dated: September 19, 1996.

Linda Engelmeier,

Acting Departmental Forms Clearance Officer, Office of Management and Organization.

[FR Doc. 96-24782 Filed 9-26-96; 8:45 am]

BILLING CODE 3510-16-P

DEPARTMENT OF DEFENSE

Office of Secretary

Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)/ TRICARE Program Overseas

AGENCY: Office of the Secretary, DoD.

ACTION: Notice of the TRICARE program to be implemented overseas.

SUMMARY: The purpose of this notice is to describe the means by which managed care activities designed to improve the delivery and financing of health care services in the Military Health Services System (MHSS) are carried out overseas.

In September, 1994 and August, 1995, (59 FR 45668 and 60 FR 43436 respectively) the Department of Defense (DoD) published a notice of a CHAMPUS demonstration project to be implemented in Europe and the exercise of the first of two option years, respectively. Under this program, active duty family members who were unable to access services in a military treatment facility (MTF) could obtain both inpatient and outpatient services through local national medical facilities. Care received under this demonstration project required neither the cost shares nor deductibles normally collected for services under standard CHAMPUS. This demonstration was proposed for the purpose of testing whether special agreements with host nation medical providers, together with the elimination of CHAMPUS deductibles and cost

shares, could enhance beneficiary access to required care. This demonstration is scheduled to conclude at the end of the current fiscal year. In October, 1995 (60 FR 52078) the TRICARE rule was published. With the publication of this rule, DoD officially embarked on a new program to improve the quality, cost, and accessibility of services for its beneficiaries.

The fundamental role of U.S. military medical assets overseas is to maximize the operational readiness of our military forces. This program honors that fundamental responsibility and acknowledges that operational readiness requires a commitment to active duty military members, their families residing with them overseas and support personnel of the Department of Defense overseas.

Unique to TRICARE overseas are several different initiatives which will be utilized to enhance beneficiary access, to ensure quality, and to facilitate efficiency of health care delivery, made more challenging, given the many different countries, significant cultural differences and languages involved. A special CHAMPUS/ TRICARE program is authorized by 32 CFR 199.17(u) for family members of active duty members who accompany the members in their assignments in foreign countries. Under this special program, a preferred provider network will be established through contracts or agreements with selected health care providers. Under the network, CHAMPUS covered services will be provided to active duty family members who enroll in TRICARE "Prime" (the Health Maintenance Organization-type program) with all CHAMPUS requirements for deductibles and copayments waived. It is expected that, by October 1, 1997, the preferred provider network will have been more completely developed and the mechanism for enrollment will have matured to the extent that those who choose to enroll in Prime and who do not obtain preauthorization for emergency care from a non-participating provider will be subject to copays and deductibles. Emergency care will be reimbursed at the TRICARE Prime rate. Until that time, active duty family members who are not enrolled in TRICARE Prime, but who obtain care from a participating provider in the network will have cost shares and deductibles waived. After October 1, 1997, those family members who choose not to enroll in TRICARE Prime will be subject to the CHAMPUS copayments and deductibles. They will, of course, retain access to the direct care system,

on a space available basis, and will be able to choose TRICARE Standard.

The Department has noted significant improvement in health care delivery services for its beneficiaries overseas. Service members and their families, particularly those in remote areas, have experienced improved access to health care services. Billing practices, once a source of major dissatisfaction among local providers, have been streamlined, resulting in far fewer payment delays. A firm foundation has now been installed for the Overseas TRICARE Preferred Provider Networks, and may host nation health care providers, of all specialties, are interested in participating. The time has come to formalize the establishment of a basic structure for the enrollment system, the benefit, and the network of preferred providers.

A key ingredient of most private sector health plans is enrollment of beneficiaries in their respective health care plans. The basis structure of health care enrollment for the MHSS, established in the TRICARE regulation, will also apply overseas. Under this structure, all health care beneficiaries who enroll in the TRICARE Prime option become participants in TRICARE. Beneficiaries are classified into one of five categories:

(1) Active duty members, all of whom will be automatically enrolled in TRICARE Prime;

(2) TRICARE Prime enrollees, who (except for active duty members) must be CHAMPUS-eligible;

(3) TRICARE Standard participants, which include all CHAMPUS-eligible beneficiaries who do not enroll in TRICARE Prime; and

(4) CHAMPUS-eligible retirees who will be considered for enrollment, beginning October 1, 1997; and

(5) Medicare-eligible beneficiaries, and other non-CHAMPUS-eligible DoD beneficiaries, who, although not eligible for TRICARE Prime, may participate in many features of TRICARE.

The TRICARE program overseas will employ a dual option benefit. CHAMPUS-eligible beneficiaries will be offered two options: they may (1) enroll to receive health care in the Health Maintenance Organization (HMO)-type program called "TRICARE Prime" and have cost shares and deductibles waived; or (2) choose to receive care under "TRICARE Standard" (TRICARE Standard is the same as standard CHAMPUS), and will be subject to CHAMPUS copayments after October 1, 1997. TRICARE Prime enrollees retain the freedom to obtain services from civilian providers on a point-of-service basis. In such cases, all requirements applicable to standard CHAMPUS

apply, except that there are higher deductible and cost sharing requirements. Under Prime, for care not authorized by the PCM or Health Care Finder, the deductible is \$300 per person and \$600 per family. The beneficiary cost share is fifty percent of the allowable charge for inpatient and outpatient care, after the deductible.

All beneficiaries continue to be eligible to receive care in MTFs, but active duty family members who enroll in TRICARE Prime will have priority over other non-active duty beneficiaries.

Health benefits established for the Uniform HMO Benefit option are applicable to CHAMPUS-eligible enrollees in TRICARE Prime overseas.

The Health Care Finder function will be established overseas. The Health Care Finder is an administrative office that assist beneficiaries in being referred to appropriate health care providers, especially the MTF and civilian network providers. Health Care Finder services are available to all Prime enrollees.

Physician liaisons will be utilized in TRICARE overseas. They will be qualified, bilingual, host-nation providers who will serve as liaisons to the military medical community in the local area.

Each Prime enrollee will select or be assigned a Primary Care Manager who typically will be the enrollee's health care provider for most services, and will serve as a referral agent to authorize more specialized treatment, if needed. Health Care Finder offices will also assist enrollees in obtaining referrals to appropriate providers. Referrals for care will give first priority to the local MTF; other referral priorities and practices will be specified during the enrollment process.

Enrollment will occur through completion of an enrollment application, which is processed by a TRICARE Service Center. A complete explanation of the features, rules and procedures of the program in the particular locality involved will be available at the time enrollment is offered. These features, rules and procedures may be revised over time, coincident with reenrollment opportunities.

A TRICARE Service Center will be available for each medical treatment facility. This office will serve as the enrollees' resource for health care information regarding health care appointments, referrals to military or civilian health care providers, the local preferred provider network, and patient liaison representatives.

To the extent applicable overseas, all requirements of the CHAMPUS basic program relating to quality assurance,

utilization review, and preauthorization of care apply to the CHAMPUS components. These requirements and procedures may also be made available to MTF services.

A major feature of the TRICARE Program is the civilian preferred provider network. Providers in the preferred provider network are not employees or agents of the Department of Defense or the United States Government. Rather, they are independent entities having business arrangements with the government. Although network providers must follow numerous rules and procedures of the TRICARE program, on matters of professional judgment and professional practice, the network provider is independent and not operating under jurisdiction and control of the Department of Defense. Overseas, the "any qualified provider" method will be used. Basically, each provider will be required to meet certain criteria, such as, speak English or provide interpreter services, accept CHAMPUS assignment, submit bills, and maintain credentials as required by the applicable host nation. Network providers must be approved by the cognizant MTF commander. MTF commanders will evaluate host nation providers for inclusion in the network on the basis of a good record of quality, according to guidelines and standards established and agreed upon by the Executive Steering Committee, the Lead Agent, and/or MTF commanders, as appropriate.

TRICARE Prime overseas will meet the same access standards as TRICARE CONUS. Included within these standards are maximum waiting times for primary care appointments of one day for acute care, one week for routine care and four weeks for a well visit. Maximum wait times for specialty care appointments are one day for urgent care and four weeks for a routine visit (or as specified by the primary care manager). Travel time for primary care should not exceed thirty minutes. Travel time for specialty care is subject to local conditions and reliance on aeromedical evacuation. Emergency and urgent care services must be available 24 hours a day, seven days a week.

The network shall include a sufficient number and mix of qualified specialists to meet reasonably the anticipated needs of enrollees. Travel time for specialty care shall not exceed one hour under normal circumstances, unless a longer time is necessary because of the absence of providers (including providers not part of the network) in the area.

Enrollees who require services while visiting in CONUS will be required to

call a designated toll-free number for assistance with authorization, referrals, and claims and will be subject to the normal fees required of TRICARE Prime enrollees in CONUS, generally \$6 or \$12 per visit and \$30 for emergency room services.

The MTF commander (or other authorized official) may establish a preferred provider network by following the "any qualified provider" method set forth in the following section.

The "any qualified provider" method may be used to establish a civilian preferred provider network. Under this method, any CHAMPUS-authorized provider within the geographic area involved who meets the qualification standards established by the MTF commander (or other authorized official) may become a part of the preferred provider network.

Qualifications include:

(1) The provider must be approved by the appropriate military authority.

(2) The provider must be a Participating Provider under CHAMPUS for all claims.

(3) The provider must meet all other qualification requirements, and agree to all other rules and procedures that are established, publicly announced, and uniformly applied by the commander (or other authorized official) in a specific geographic location.

(4) The provider must enter into a formal preferred provider network agreement covering all applicable requirements. Such agreements will be for a duration of one year, are renewable, and may be canceled by the provider or the MTF commander (or other authorized official) upon appropriate notice to the other party. The Deputy Assistant Secretary (Health Services Financing) shall establish an agreement model or other guidelines to promote uniformity in the agreements.

All fraud, abuse, and conflict of interest requirements for the basic CHAMPUS program are applicable to the TRICARE program overseas.

Some portions of the TRICARE program overseas may be implemented separately; for example, a program covering a subset of health care services, such as mental health services. In addition, a partial implementation of TRICARE may include offering TRICARE Prime to limited groups of beneficiaries in remote sites; some of the normal requirements of TRICARE Prime may be waived in this regard.

The Assistant Secretary of Defense (Health Affairs), the Director, TRICARE Support Office, and MTF commanders (or other authorized officials) are authorized to establish administrative requirements and procedures, consistent

with this section, this part, and other applicable DoD Directives or Instructions, for the implementation and operation of the TRICARE program overseas.

The benefit referred to in this Notice for TRICARE Prime enrollees is the HMO Benefit option, outlined in the TRICARE regulation, which incorporates the existing CHAMPUS benefit package, with potential additions of preventive services and a case management program to approve coverage of usually noncovered health care services (such as home health services) in special situations.

EFFECTIVE DATE: October 1, 1996.

POINT OF CONTACT: Carol Ortega, Chief, Special Projects and Policy Formulation, OASD(HA)(HSF Policy), (703) 697-8975.

Dated: September 24, 1996.

L. M. Bynum,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

[FR Doc. 96-24815 Filed 9-26-96; 8:45 am]

BILLING CODE 5000-04-M

Department of the Navy

Chief Of Naval Operations (CNO) Executive Panel; Closed Meeting

SUMMARY: Pursuant to the provisions of the Federal Advisory Committee Act (5 U.S.C. App.2), notice is hereby given that the Chief of Naval Operations (CNO) Executive Panel will meet October 11, 1996 from 1:45 p.m. to 2:45 p.m. in room 4E630, Pentagon, Washington, DC. This session will be closed to the public.

The purpose of this meeting is to conduct discussions on the Planning, Programming and Budgeting Process, Navy modernization strategies, resource allocation, and manpower issues. These matters constitute classified information that is specifically authorized by Executive Order to be kept secret in the interest of national defense and are, in fact, properly, classified pursuant to such Executive Order. Accordingly, the Secretary of the Navy has determined in writing that the public interest requires that all sessions of the meeting be closed to the public because they will be concerned with matters listed in section 552b(c)(1) of title 5, United States Code.

FOR FURTHER INFORMATION: Contact Janice Graham, Assistant for CNO Executive Panel Management, 4401 Ford Avenue, Suite 601, Alexandria, Virginia 22302-0268, telephone number (703) 681-6205.

Dated: September 18, 1996.

Donald E. Koenig,

LCDR, JAGC, USN, Federal Register Liaison Officer.

[FR Doc. 96-24762 Filed 9-26-96; 8:45 am]

BILLING CODE 3810-FF-P

DEPARTMENT OF ENERGY

Public Meetings on Electricity Restructuring

AGENCY: Office of Policy, U.S. Department of Energy.

ACTION: Notice of public meetings.

SUMMARY: The U.S. Department of Energy is announcing two public meetings to solicit input from affected constituencies before formulating the Department's recommendation respecting electric industry restructuring. Two additional meetings in proximity to the scheduled dates will be announced at a later date. Each meeting will focus on specific issue areas, however, participants will be allowed to address other topics pertaining to electric industry restructuring.

DATES: October 10, 1996: Sayreville, New Jersey; October 22, 1996: Santa Fe, New Mexico.

INFORMATION HOTLINE: (423) 576-3610.

Issued in Washington, D.C. September 23, 1996.

Marc Chupka,

Acting Assistant Secretary for Policy and International Affairs.

[FR Doc. 96-24734 Filed 9-25-96; 8:45 am]

BILLING CODE 6450-01-P

Bonneville Power Administration

Policy on Excess Federal Power

AGENCY: Bonneville Power Administration (Bonneville), Department of Energy (DOE).

ACTION: Notice.

SUMMARY: On March 29, 1996, BPA initiated a public process to develop a policy to implement the excess federal power marketing provisions of the Energy and Water Development Act of 1996, Pub. L. No. 104-46, § 508(a) and (b), 109 Stat. 402, (1995) (codified at 16 U.S.C. § 832m) (hereinafter "P.L. 104-46"). BPA published a proposed policy in the Federal Register for public review and received comment during a 60-day public comment period. BPA has considered all comments received and has finalized its policy to implement this new power marketing authority. The policy is published below.

A Record of Decision (ROD) regarding this policy has been prepared and explains the public process; the distinction between BPA's surplus power marketing under prior legislation and excess federal power marketing activities under P.L. 104-46; provides an overview and delineates BPA's final policy on excess federal power; responds to public comment; explains this action's compliance with the National Environmental Policy Act; and adopts a final policy on excess federal power.

The publication of this policy and execution of the ROD is a final action of the BPA Administrator under section 9(e) of the Pacific Northwest Electric Power Planning and Conservation Act (Northwest Power Act), 16 U.S.C. § 839(e).

ADDRESSES: Copies of the ROD may be obtained by calling BPA's toll-free document request line: 1-800-622-4520.

FOR FURTHER INFORMATION, CONTACT: David J. Armstrong—MPF, Bonneville Power Administration, P.O. Box 3621, Portland, Oregon, 97208-3621, phone number (503) 230-3658, fax number (503) 230-7568.

Policy on Excess Federal Power

I. Definitions

A. *Firm Contractual Obligations:* are those Bonneville sales or other dispositions of power entered into under and governed by sections 5(b) and 5(d) of the Pacific Northwest Electric Power Planning and Conservation Act (Northwest Power Act), 16 U.S.C. 839c(b) and 839c(d). Such sales include the firm requirements power sales in the Pacific Northwest region to Bonneville's actual and planned computed requirements customers, metered requirements customers, direct-service industrial customers and investor-owned utility customers.

B. *Delayed-Delivery Contracts:* are contracts by Bonneville for the sale or disposition of power which provide for actual delivery of power to begin at some time after the effective date of the contract.

C. *Surplus Power:* shall have the same meaning as electric power which is surplus under section 5(f) of the Northwest Power Act. 16 U.S.C. 839c(f).

II. Determination of Excess Federal Power

A. *Reductions in Contractual Obligations under Sections 5(b) and 5(d) of the Northwest Power Act:*

1. As of January 1, 1995, BPA's Firm Contractual Obligations equaled 8298 average megawatts (aMW). This number