W.S. 35–11–1206 (a) and (b), concerning the placement of liens on private lands adversely affected by past coal and mineral mining practices. With the requirement that Wyoming further revise its statute, rules, and/or plan, the Director does not approve, as discussed in Finding No. 1, other revisions to W.S. 35–11–1206 (a) and (b), concerning the use of the cost of reclamation in determining the amount of liens for reclamation on private land.

With the requirement that Wyoming further revise its statute, rules, and/or plan, the Director approves, as discussed in finding No. 2(a), W.S. 35–11–1209(a), concerning contractor eligibility.

The Director approves, as discussed in finding No. (2)(b), W.S. 35–11–1209(b), concerning ownership and control relationships, and finding No. (2)(c), an April 21, 1995, policy statement for W.S. 35–11–1209, concerning subcontractors.

In accordance with 30 CFR 884.15(e), the Director is also taking this opportunity to clarify in the required amendment section at 30 CFR 950.36 that Wyoming must by the date indicated submit to OSM a reasonable timetable, which is consistent with Wyoming's established administrative or legislative procedures, for submitting an amendment to the State reclamation plan.

The Federal regulations at 30 CFR Part 950, codifying decisions concerning the Wyoming plan, are being amended to implement this decision. This final rule is being made effective immediately to expedite the State plan amendment process and to encourage States to bring their plans into conformity with the Federal standards without undue delay. Consistency of State and Federal standards is required by SMCRA.

VII. Procedural Determinations

1. Executive Order 12866

This rule is exempted from review by the Office of Management and Budget (OMB) under Executive Order 12866 (Regulatory Planning and Review).

2. Executive Order 12778

The Department of the Interior has conducted the reviews required by section 2 of Executive Order 12778 (Civil Justice Reform) and has determined that this rule meets the applicable standards of subsections (a) and (b) of that section. However, these standards are not applicable to the actual language of State AMLR plans and revisions thereof since each such plan is drafted and promulgated by a specific State, not by OSM. Decisions on proposed State AMLR plans and revisions thereof submitted by a State are based on a determination of whether the submittal meets the requirements of Title IV of SMCRA (30 U.S.C. 1231–1243) and the applicable Federal regulations at 30 CFR Parts 884 and 888.

3. National Environmental Policy Act

No environmental impact statement is required for this rule since agency decisions on proposed State AMLR plans and revisions thereof are categorically excluded from compliance with the National Environmental Policy Act (42 U.S.C. 4332) by the Manual of the Department of the Interior (516 DM 6, appendix, 8, paragraph 8.4B(29)).

4. Paperwork Reduction Act

This rule does not contain information collection requirements that require approval by OMB under the Paperwork Reduction Act (44 U.S.C. 3507 *et seq.*).

5. Regulatory Flexibility Act

The Department of the Interior has determined that this rule will not have a significant economic impact on a substantial number of small entities under the Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*). The State submittal which is the subject of this rule is based upon Federal regulations for which an economic analysis was prepared and certification made that such regulations would not have a significant economic effect upon a substantial number of small entities. Accordingly, this rule will ensure that existing requirements established by SMCRA or previously promulgated by OSM will be implemented by the State. In making the determination as to whether this rule would have a significant economic impact, the Department relied upon the data and assumptions in the analyses for the corresponding Federal regulations.

List of Subjects in 30 CFR Part 950

Abandoned mine reclamation programs, Intergovernmental relations, Surface mining, Underground mining.

Dated: February 12, 1996.

Richard J. Seibel,

Regional Director, Western Regional Coordinating Center.

For the reasons set out in the preamble, part 950 of the Code of Federal Regulations is amended as set forth below:

PART 950—WYOMING

1. The authority citation for part 950 continues to read as follows:

Authority: 30 U.S.C. 1201 *et seq.*

2. Section 950.35 is amended by adding paragraph (c) to read as follows:

§ 950.35 Approval of abandoned mine land reclamation plan amendments.

* * * * *

(c) With the exceptions of Wyoming Statute (W.S.) 35–11–1206(a) to the extent that it includes the phrases ''cost of reclamation work or the'' and '', whichever is less'' and W.S. 35–11–1206(b) to the extent that it includes the phrase '', but not exceeding the cost of the reclamation work,'' the revisions to W.S. 35–11–1206 (a) and (b), concerning lien authority on private lands, and the addition of newly created W.S. 35–11–1209 (a) and (b), including the policy statement dated April 21, 1995, concerning contractor eligibility, as submitted to OSM on April 21, 1995, and as supplemented with additional information on August 29, 1995, are approved effective February 21, 1996.

3. Section 950.36 is added to read as follows:

§ 950.36 Required abandoned mine land plan amendments.

Pursuant to 30 CFR 884.15, Wyoming is required to submit to OSM by the date specified a reasonable timetable, which is consistent with Wyoming's established administrative and legislative procedures, for submitting an amendment to the State reclamation plan.

(a) By March 22, 1996, Wyoming shall submit a schedule for revising W.S. 35–11–1206(a) to remove the phrases ''cost of reclamation or the'' and '', whichever is less'' and revising W.S. 35–11–1206(b) to remove the phrase '', but not exceeding the cost of the reclamation work,''.

(b) By March 22, 1996, Wyoming shall submit a schedule for revising W.S. 1209(a), or otherwise revise its statute, rules and/or plan, to include:

(1) Notices of violation in the criteria for determining the eligibility of construction contractors or professional services contractors awarded an abandoned mine land reclamation contract; and

(2) A requirement that a contractor's eligibility shall be confirmed using OSM's Applicant/Violator System.

[FR Doc. 96–3820 Filed 2–20–96; 8:45 am]

BILLING CODE 4310–05–M

DEPARTMENT OF DEFENSE

Office of the Secretary

32 CFR Part 220

Collection From Third Party Payers of Reasonable Costs of Healthcare Services

AGENCY: Office of the Secretary, DoD.

ACTION: Final rule.

SUMMARY: This final rule establishes a new rule under the Third Party Collection program for determining the reasonable costs of health care services provided by facilities of the uniformed services in cases in which care is provided under TRICARE Resource Sharing Agreements. For purposes of the Third Party Collection program such services will be treated the same as other services provided by facilities of the uniformed services. The final rule also lowers the high cost ancillary threshold value from $60 to $25 per 24-hour day for patients that come to the uniformed services facility for ancillary services requested by a source other than a uniformed services facility. The reasonable costs of such services will be accumulated on a daily basis. The Department of Defense is now implementing TRICARE, a major structural reform of the military health care system, featuring adoption of managed care practices in military hospitals and by special civilian contract provider networks. Consistent with TRICARE, as part of the Third Party Collection Program, DoD is transitioning to a billing and collection system in which all costs borne by DoD Medical Treatment Facilities (MTFs) will be billed by the MTF providing the care. Thus, all care performed within the facility, plus an added amount for supplemental care purchased by the facility, will be billed by the MTF. Conversely, care provided outside the MTF under other arrangements will be billed by the provider of that care.

DATES: The amendment to § 220.8(h) is effective March 15, 1996, and the amendment to § 220.8(k) is effective June 1, 1996.

FOR FURTHER INFORMATION CONTACT: LCDR Patrick Kelly, (703) 681–8910.

SUPPLEMENTARY INFORMATION: DoD published the proposed rule on August 2, 1995 (60 FR 39285–39287). We received two responses from the public during the 60 day public comment period. Both responses concerned resource sharing fee-for-service arrangements these organizations had negotiated prior to these proposed changes to 32 CFR part 220. Both comments recommended that existing resource sharing fee-for-service agreements continue to be treated as fee-for-service partnership agreements on the grounds that the proposed changes would require significant changes to their existing agreements. It is our view that the advantages of the rule overcome the temporary difficulties for TRICARE contractors. However, in response to these comments, we have decided to defer until June 1, 1996, the effective date of this change. This will give the affected contractors time to make appropriate arrangements under the new procedure.

Currently, the Third Party Collection program regulation includes a special rule for Partnership Program providers. The Partnership Program allows civilian health care providers authorized to provide care under the CHAMPUS program to provide services to CHAMPUS beneficiaries in military hospitals and to receive payment from the CHAMPUS program. Pursuant to CHAMPUS payment rules, CHAMPUS is always the secondary payer to other health insurance plans; thus, CHAMPUS may not make payment to the Partnership Program provider in cases in which the beneficiary has other health insurance. To accommodate this CHAMPUS requirement, the Third Party Collection program currently excludes Partnership Program provider services from the military hospital claims. Thus, for example, for inpatient hospital care, the Third Party Payer now receives two claims, one from the military facility for the hospital and ancillary costs, and a separate claim from the provider for the professional services.

The current practice has produced some confusion in that it is a departure from the normal procedure for claims arising from care provided by military hospitals. In addition, because the Partnership Program providers function independently from the military hospital's management system, there are no DoD standards that govern the amounts claimed by various Partnership Program providers.

DoD is now proceeding with implementation of a major managed care program, called TRICARE, in its military medical treatment facilities and CHAMPUS. Under TRICARE, regional managed care support contractors will work with military treatment facilities on a wide range of managed care activities. Among the activities of the managed care contractors is the Resource Sharing Program. Under this program, the contractor makes agreements with military hospitals in the region under which the contractor will supply personnel and other resources in order to allow the facility to increase the services it can make available to DoD health care beneficiaries. The TRICARE program is the subject of a final rule published October 5, 1995 (60 Federal Register 52078–52103), with comprehensive regulations codified at 32 CFR 199.17. TRICARE Resource Sharing Agreements are similar to Partnership Program payment arrangements in that both result in civilian providers coming into the military facility and providing care in that facility. However, a significant difference exists in the method of payment. Under the Partnership Program, payment is on a fee-for-service basis under the normal operation of the CHAMPUS program. Under Resource Sharing, the method of payment may be on a salary basis or other arrangement made by the managed care support contractor. Under the Partnership Program, the CHAMPUS second payer requirement applies. Under Resource Sharing Agreements, the overall managed care contract separates the financing from the normal CHAMPUS payment rules and allows for special payment rules.

Based on this, we are establishing a special rule for Resource Sharing Agreements. Or, more accurately, we are establishing the normal rule for Resource Sharing Agreements. That is to say that care provided in whole or in part through TRICARE Resource Sharing Agreements will be handled for purposes of third party billings just like all other services provided in the military facility, and will be billed at the same rates. The special rule applicable to the Partnership Program providers, under which two claims are made to the third party payer, will not apply under TRICARE Resource Sharing Agreements. As a result, care provided in military facilities will be billed to third party payers in the same manner and same amount, regardless of whether the professional services were provided by a military physician or Resource Sharing Agreement provider.

The TRICARE program is being phased in region-by-region throughout the United States. As it takes hold, the Partnership Program is being phased out and replaced by TRICARE Resource Sharing Agreements. Thus, possibly before the end of 1997, the special Partnership Program rule will no longer be needed, and the simpler, single-claim rule for TRICARE Resource Sharing Agreements will apply. We view this as both a simplification and an improvement in the Third Party Collection program.

DoD published the proposed rule on August 2, 1995, (60 Federal Register

39285–39287). We received two responses from the public during the 60 day public comment period. Both responses concerned resource sharing fee-for-service arrangements these organizations had negotiated prior to these proposed changes to 32 CFR part 220. Both comments recommended that existing resource sharing fee-for-service agreements continue to be treated as fee-for-service partnership agreements on the grounds that the proposed changes would require significant changes to their existing agreements. It is our view that the advantages of the rule overcome the temporary difficulties for TRICARE contractors. However, in response to these comments, we have decided to defer until June 1, 1996, the effective date of this change. This will give the affected contractors time to make appropriate arrangements under the new procedure. With respect to regulatory procedures, this final rule is not a significant regulatory action under Executive Order 12866, nor does it significantly affect a substantial number of small entities under the Regulatory Flexibility Act, nor impose new information collection requirements under the Paperwork Reduction Act.

List of Subjects in 32 CFR Part 220

Claims, Health care, Health insurance.

For the reasons stated in the preamble, 32 CFR part 220 is amended as follows:

PART 220—COLLECTION FROM THIRD PARTY PAYERS OF REASONABLE COSTS OF HEALTHCARE SERVICES

1. The authority citation for 32 CFR part 220 continues to read as follows:

Authority: 5 U.S.C. 301; 10 U.S.C. 1095.

2. Section 220.8 is amended by revising paragraphs (h) and (k) to read as follows:

§ 220.8 Reasonable costs.

* * * * *

(h) *Special rule for certain ancillary services ordered by outside providers and provided by a facility of the Uniformed Services.* If a Uniformed Services facility provides certain ancillary services, prescription drugs or other procedures requested by a source other than a Uniformed Services facility and are not incident to any outpatient visit or inpatient services, the reasonable cost will not be based on the usual Diagnostic Related Group (DRG) or per visit rate. Rather, a separate standard rate shall be established based on the accumulated cost of the particular service, drugs, or procedures provided during a twenty-four hour period ending at midnight. Effective March 15, 1996, this special rule applies only to services, drugs or procedures having a cost of at least $25. The reasonable cost for the services, drugs or procedures to which this special rule applies shall be calculated and made available to the public annually.

* * * * *

(k) *Special rules for TRICARE Resource Sharing Agreements and Partnership Program providers.*

(1) *In general.* Paragraph (k) establishes special Third Party Collection program rules for TRICARE Resource Sharing Agreements and Partnership Program providers.

(i) TRICARE Resource Sharing Agreements are agreements under the authority of 10 U.S.C. 1096 and 1097 between uniformed services treatment facilities and TRICARE managed care support contractors under which the TRICARE managed care support contractor provides personnel and other resources to the uniformed services treatment facility concerned in order to help the facility increase the availability of health care services for beneficiaries. TRICARE is the managed care program authorized by 10 U.S.C. 1097 (and several other statutory provisions) and established by regulation at 32 CFR 199.17.

(ii) Partnership Program providers provide services in facilities of the uniformed services under the authority of 10 U.S.C. 1096 and the CHAMPUS program. They are similar to providers providing services under TRICARE Resource Sharing Agreements, except that payment arrangements are different. Those functioning under TRICARE Resource Sharing Agreements are under special payment arrangements with the TRICARE managed care contractor; those under the Partnership Program file claims under the standard CHAMPUS program on a fee-for-service basis.

(2) *Special rule for TRICARE Resource Sharing Agreements.* Services provided in facilities of the uniformed services in whole or in part through personnel or other resources supplied under a TRICARE Resource Sharing Agreement are considered for purposes of this part as services provided by the facility of the uniformed services. Thus, third party payers will receive a claim for such services in the same manner and for the same costs as any similar services provided by a facility of the uniformed services. This paragraph (k)(2) becomes effective June 1, 1996.

(3) *Special rule for Partnership Program providers.* For inpatient services for which the professional provider services were provided by a Partnership Program participant, the professional charges component of the bill will be deleted from the claim from the facility of the uniformed services. In these cases, the uniformed service facility's claim shall not be considered solely a ''facility charge.'' As an all-inclusive bill, room and board, nursing services and all ancillary services (radiology, pharmaceuticals, respiratory therapy, etc.) are factored into the bill. The third party payer will receive a separate claim for professional services directly from the individual health care provider. The same is true for the professional services provided on an outpatient basis under the Partnership Program. Claims from Partnership Program providers are not covered by 10 U.S.C. 1095 or this part, but are governed by statutory and regulatory requirements of the CHAMPUS program.

* * * * *

Dated: February 12, 1996.

L.M. Bynum,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

[FR Doc. 96–3518 Filed 2–20–96; 8:45 am]

BILLING CODE 5000–04–M

DEPARTMENT OF TRANSPORTATION

Coast Guard

33 CFR Part 1

[CGD 95–055]

RIN 2115–AF18

Recreational Vessel Fees

AGENCY: Coast Guard, DOT.

ACTION: Final rule.

SUMMARY: As part of the President's Regulatory Reinvention Initiative review, the Coast Guard is removing obsolete regulations requiring payment of recreational vessel fees (RVF). The High Seas Driftnet Fisheries Enforcement Act of 1992 repealed the authority for RVF beginning with fiscal year 1995. The Coast Guard stopped collecting the fees on October 1, 1994. The RVF regulations are no longer valid and are being removed from the Code of Federal Regulations.

EFFECTIVE DATE: February 21, 1996.

ADDRESSES: Unless otherwise indicated, documents referred to in this preamble are available for inspection or copying at the office of the Executive Secretary, Marine Safety Council (G–LRA/3406), U.S. Coast Guard Headquarters, 2100 Second Street SW., room 3406, Washington, DC 20593–0001 between 8 a.m. and 3 p.m., Monday through