

DEPARTMENT OF DEFENSE**Public Information Collection Requirement Submitted to the Office of Management and Budget (OMB) for Review**

The Department of Defense has submitted to OMB for clearance, the following proposal for collection of information under the provisions of the Paperwork Reduction Act (44 USC Chapter 35).

Title, Applicable Form; and OMB

Control Number: Defense Federal Acquisition Regulation Supplement, Part 225, Foreign Acquisition; Related Clauses at 252.225; DD Form 2139; OMB Control Number 0704-0229. (Supersedes OMB Control Numbers 0704-0339, 0704-0350, 0704-0355, and 0704-0361.)

Type of Request: Revision.

Number of Respondents: 55,182.

Responses per Respondent: 22.24.

Annual Responses: 1,227,227.

Annual Burden per Response: .11 hours.
Annual Burden Hours: 441,683 (140,783 response hours + 300,900 recordkeeping hours).

Needs and Uses: DFARS Part 225 concerns information collection requirements used to ensure contractor compliance with restrictions on the acquisition of foreign products imposed by statute or policy to protect the defense industrial base. Other information is required for compliance with our trade agreements and Memoranda of Understanding, which promote reciprocal trade with our allies.

Affected Public: Businesses or other for-profit; non-profit institutions; and small businesses or organizations.

Frequency: On occasion.

Respondent's Obligation: Required to obtain or retain a benefit.

OMB Desk Officer: Mr. Peter N. Weiss. Written comments and recommendations on the proposed information collection should be sent to Mr. Weiss at the Office of Management and Budget, Desk Officer for DoD, Room 10236, New Executive Office Building, Washington, DC 20503.

DOD Clearance Officer: Mr. William P. Pearce. Written requests for copies of the information collection proposal should be sent to Mr. Pearce, WHS/DIOR, 1215 Jefferson Davis Highway, Suite 1204, Arlington, Virginia 22202-4302.

Dated: April 24, 1995.

Patricia L. Toppings,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

[FR Doc. 95-10420 Filed 4-27-95; 8:45 am]

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Public Information Collection Requirement Submitted to the Office of Management and Budget (OMB) for Review

The Department of Defense has submitted to OMB for clearance, the following proposal for collection of information under the provisions of the Paperwork Reduction Act (44 U.S.C. Chapter 35).

Title, Applicable Forms, and OMB

Control Number: AMC Contractor Feedback Survey.

Type of Request: New collection.

Number of Respondents: 200.

Responses per Respondent: 1.

Annual Responses: 200.

Average Burden per Response: 30 minutes.

Annual Burden Hours: 100.

Needs and Uses: In response to acquisition Reform and the demands of the defense industry, AMC has implemented many changes designed to streamline and improve the acquisition process. The survey will provide an industry assessment as to the effectiveness of these changes.

Affected public: Businesses or other for-profit, small businesses or organizations.

Frequency: One time.

Respondent's Obligation: Voluntary.

OMB Desk Officer: Mr. Peter N. Weiss. Written comments and recommendations on the proposed information collection should be sent to Mr. Weiss at the Office of Management and Budget, Desk Officer for DoD, Room 10236, New Executive Office Building, Washington, DC 20503.

DOD Clearance Officer: Mr. William P. Pearce. Written requests for copies of the information collection proposal should be sent to Mr. Pearce, WHS/DIOR, 1215 Jefferson Davis Highway, suite 1204, Arlington, Virginia 22202-4302.

Dated: April 24, 1995.

Patricia L. Toppings,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

[FR Doc. 95-10421 Filed 4-27-95; 8:45 am]

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Office of the Secretary**Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); Establishment of National Differentials for Children's Hospitals**

AGENCY: Office of the Secretary, DoD.

ACTION: Notice.

SUMMARY: The Office of the Civilian Health and Medical Program of the Uniformed Services (OCHAMPUS) is announcing the national differential rates for children's hospitals which go into effect April 1, 1995. This notice is issued as required in 32 CFR 199.14 in which OCHAMPUS announced that a notice would be published setting forth the national differential and eliminating the hospital-specific differentials.

FOR FURTHER INFORMATION CONTACT: Marty Maxey, Program Development Branch, OCHAMPUS, telephone (303) 361-1227.

SUPPLEMENTARY INFORMATION: DoD 6010.8-R (Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)) was published in the Federal Register on July 1, 1986 (51 FR 24008). On October 1, 1987, OCHAMPUS implemented a DRG-based payment system, modeled on the Medicare Prospective Payment System. Children's Hospitals were exempted from the initial implementation until a children's hospital differential rate could be developed. This would ensure that payments to children's hospitals remained budget neutral compared to fiscal year 1988 charges. Since we included children's hospitals under the CHAMPUS diagnosis related group (DRG) payment system in 1989, we have implemented the special measures directed by Congress. When children's hospitals were included by Congress. When children's hospitals were included under the DRG-based payment systems, we implemented the pediatric-modified DRGs (PM-DRGs) for neonatal services. The PM-DRGs, which were developed by the National Association of Children's Hospitals and Related Institutions (NACHRI), replaced the six Medicare neonatal DRGs with thirty-four DRGs which account for birthweight, surgery and the presence of multiple, major and other neonatal problems.

When we implemented the PM-DRGs, we promised an early review of the weights to ensure that they were adequate. The original weights had been derived from a database provided by NACHRI which was believed to be representative of CHAMPUS. However, the case mix and the charges apparently were very different and in December

1989, we published revised relative weights based on CHAMPUS claims data. As a result, the weights, and therefore, the payments, nearly doubled on average. At that time OCHAMPUS retroactively adjusted all claims which had been processed using the previous lower weights. We have continued to refine the PM-DRG weights and classifications involving complications during subsequent annual updates.

In addition, at the time we adopted the PM-DRGs, we examined the possible application of additional DRGs to children who are older than newborns. We contracted with the RAND Corporation to investigate the use of PM-DRGs for this pediatric population. RAND's results showed that almost no difference in payments would occur, so we elected not to make any changes for the pediatric age groups.

To recognize the higher costs of pediatric patients and hospitals with more than their share of high-cost patients, CHAMPUS included a generous provision for calculating the cost outlier for children's hospitals and for neonatal services. Any discharge for services in a children's hospital or for neonatal services which has standardized costs that exceed a threshold of the greater of two times the DRG-based amount or \$13,500 qualifies as a cost outlier, resulting in reimbursement of the DRG-based amount plus the differential, plus a percentage of all costs exceeding the threshold. Since the threshold is so low, a considerable number of cases receive this additional payment consideration.

As an added safeguard, CHAMPUS will continue for an interim period to exempt certain high-cost conditions from payment under the DRG-based payment system to protect acute care and children's hospitals from incurring unexpectedly high costs for care related to children under 18 years of age who are HIV seropositive, for all services related to pediatric bone marrow transplants and for all services related to pediatric cystic fibrosis.

In 1990, New York adopted some very minor classification changes to their neonatal DRGs which resulted in some reductions in payments; CHAMPUS reviewed the classification changes but elected not to make similar changes. We have continually consulted with NACHRI.

Since we have implemented all of the special measures Congress identified and since the Congressional intent was that the hospital-specific differential be used only "for a transitional period of 3 years," it is appropriate that a national differential for children's hospitals be implemented at this time. During the

three-year transition, children's hospitals were held harmless via a reconciliation calculation that ensured payments that recognized hospital-specific costs for high-volume hospitals. The transition period for using the "hold harmless" hospital-specific and low-volume differentials ended March 31, 1992. Reconciliations after the "hold harmless" period will be calculated applying the national differential rate in accordance with Congressional direction. Under the national differential, eighteen hospitals will receive a higher differential, and fifteen hospitals will receive a lower differential. Although a small number of high-volume hospitals will experience a reduction in CHAMPUS payments, we remain convinced that our payments, especially in light of the differential and other special considerations outlined above, will fairly compensate children's hospitals for their services. Even with a national differential, our payments will be significantly higher for all children's hospitals than for all other hospitals subject to DRG-based payments. The national differential is expected to encourage efficiency, and comply with Congressional intent and direction in controlling future CHAMPUS costs.

CHAMPUS recognizes that on average, children's hospitals have a more costly mix of pediatric patients than nonexempt hospitals. CHAMPUS is also aware that pediatric patients in general may be more expensive than adults because of the requirement for more nursing care and specialized services. Because of these higher costs, CHAMPUS has proceeded slowly and built in safeguards to protect children's hospitals against untoward financial repercussions. We believe all of these safeguards, as well as the numerous refinements we have outlined, will result in a fair and equitable payment to the children's hospitals. We feel confident that sufficient time has been allotted to identify and implement any classification changes which were found necessary. Of course, CHAMPUS will continue to refine PM-DRGs on an ongoing basis, just as we currently do for adult DRGs.

Following are the national differentials:

Area	All hospitals
Large Urban:	
Labor	\$1,945.99
Non-labor	689.42
	2,635.41
Other Urban:	
Labor	1,483.21

Area	All hospitals
Non-labor	525.47
	2,008.68

Dated: April 24, 1995.
 L.M. Bynum,
Alternate OSD Federal Register Liaison Officer, Department of Defense.
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Record of Decision for the Final Programmatic Environmental Impact Statement (FPEIS) for the Ballistic Missile Defense (BMD) Program

AGENCY: Ballistic Missile Defense Organization (BMDO).

SUMMARY: On April 23, 1995, the Ballistic Missile Defense Organization (BMDO) signed the Record of Decision (ROD) on research, development, and testing of Ballistic Missile Defense (BMD) capability. The decision included in this ROD has been made in consideration of, but not limited to, the information contained in the *Ballistic Missile Defense Final Programmatic Environmental Impact Statement* (Final PEIS) filed with the U.S. Environmental Protection Agency on November 18, 1994. Other factors considered in this decision include the present and projected threat, cost, and administrative and congressional directives.

The BMD programmatic alternatives arose from existing and potential national security needs. The need for further research and development of BMD capability comes from the threat posed by the global proliferation of missile technology, and the accompanying production and development of weapons of mass destruction. This threat is compounded by improvements to missile performance and weapon design by other nations, as well as increases in the number of missile-armed nations. The ROD documents the BMDO decision between the programmatic alternatives.

The BMD program includes both National Missile Defense (NMD) and Theater Missile Defense (TMD) segments under the direction of BMDO. The NMD segment of the program considers developing ground and space-based elements, including Ground-Based Sensor (GBS), Ground-Based Interceptor (GBI), Space-Based Sensor (SBS), and Battle Management/Command, Control, and Communications (BM/C3) elements, to defend the United States against long-range missiles. The TMD segment