OHIO—Continued

County	Rate per bushel	County	Rate per bushel
Tuscarawas	$2.22	Washington	$2.22
Union	2.26	Wayne	2.25
Van Wert	2.28	Williams	2.28
Vinton	2.22	Wood	2.30
Warren	2.22	Wyandot	2.28

OKLAHOMA

Adair	$2.18	Nowata	$2.15
Cherokee	2.17	Osage	2.13
Choctaw	2.16	Ottawa	2.18
Craig	2.17	Pittsburgh	2.14
Delaware	2.18	Pushmataha	2.16
Haskell	2.16	Rogers	2.15
Latimer	2.16	Sequoyah	2.18
Le Flore	2.18	Tulsa	2.14
McCurtain	2.18	Wagoner	2.15
McIntosh	2.14	Washington	2.14
Mayes	2.17	All other counties	2.12
Muskogee	2.15		

PENNSYLVANIA

All counties	$2.18

SOUTH CAROLINA

Abbeville	$2.24	Hampton	$2.28
Aiken	2.26	Horry	2.24
Allendale	2.27	Jasper	2.28
Anderson	2.24	Kershaw	2.25
Bamberg	2.27	Lancaster	2.24
Barnwell	2.26	Laurens	2.25
Beaufort	2.28	Lee	2.25
Berkeley	2.28	Lexington	2.26
Calhoun	2.27	Marion	2.24
Charleston	2.28	Marlboro	2.24
Cherokee	2.24	McCormick	2.25
Chester	2.25	Newberry	2.25
Chesterfield	2.24	Oconee	2.24
Clarendon	2.27	Orangeburg	2.27
Colleton	2.28	Pickens	2.24
Darlington	2.25	Richland	2.26
Dillon	2.24	Saluda	2.25
Dorchester	2.28	Spartanburg	2.24
Edgefield	2.25	Sumter	2.26
Fairfield	2.25	Union	2.25
Florence	2.25	Williamsburg	2.26
Georgetown	2.26	York	2.24
Greenville	2.24		
Greenwood	2.25		

SOUTH DAKOTA

Bon Homme	$2.15	Lake	$2.15
Brookings	2.17	Lincoln	2.18
Charles Mix	2.13	Marshall	2.13
Clark	2.14	McCook	2.15
Clay	2.17	Miner	2.14
Codington	2.15	Minnehaha	2.18
Davison	2.13	Moody	2.17
Day	2.13	Roberts	2.15
Deuel	2.17	Sanborn	2.13
Douglas	2.13	Turner	2.16
Grant	2.17	Union	2.18
Hamlin	2.15	Yankton	2.15
Hanson	2.14	All other counties	2.12
Hutchinson	2.15		
Kingsbury	2.14		

TENNESSEE

Carroll	$2.23	Lake	$2.28
Chester	2.23	Lauderdale	2.28
Crockett	2.26	McNairy	2.23
Dyer	2.28	Madison	2.24
Fayette	2.26	Obion	2.26
Gibson	2.26	Shelby	2.28
Hardeman	2.24	Tipton	2.28
Haywood	2.26	Weakley	2.24
Henderson	2.23	All other counties	2.22
Henry	2.23		

TEXAS

Bowie	$2.19	Hardin	$2.21
Brazoria	2.20	Harris	2.22
Calhoun	2.16	Jackson	2.16
Cass	2.19	Jasper	2.21
Chambers	2.22	Jefferson	2.22
Fort Bend	2.20	Lamar	2.17
Galveston	2.22	Liberty	2.22

TEXAS—Continued

County	Rate per bushel	County	Rate per bushel
Matagorda	$2.18	Tyler	$2.19
Montgomery	2.20	Waller	2.19
Newton	2.21	Washington	2.17
Orange	2.22	Wharton	2.18
Polk	2.19	All other counties	2.14
Red River	2.18		
San Jacinto	2.19		

VERMONT

All counties	$2.11

VIRGINIA

Accomack	$2.25	Chesterfield	$2.25
Amelia	2.24	Dinwiddie	2.26
Brunswick	2.26	Nansemond	2.28
Caroline	2.25	New Kent	2.25
Essex	2.25	Newport News City	2.25
Gloucester	2.25	Northampton	2.25
Goochland	2.24	Northumberland	2.25
Greensville	2.26	Nottoway	2.24
Hampton City	2.25	Powhatan	2.24
Hanover	2.26	Prince George	2.26
Henrico	2.25	Richmond	2.25
Isle of Wight	2.28	Southampton	2.27
James City	2.25	Surrey	2.28
King and Queen	2.25	Sussex	2.26
King George	2.25	Virginia Beach	2.28
King William	2.25	Warwick	2.25
Lancaster	2.25	Westmoreland	2.25
Lunenburg	2.24	York	2.25
Mathews	2.25	All other counties	2.23
Mecklenburg	2.24		
Middlesex	2.25		
Charles City	2.25		
Chesapeake City	2.28		

WEST VIRGINIA

All counties	$2.20

WISCONSIN

Adams	$2.19	Marquette	$2.20
Barron	2.17	Menominee	2.18
Brown	2.18	Milwaukee	2.24
Buffalo	2.18	Monroe	2.19
Burnett	2.16	Oconto	2.18
Calumet	2.19	Oneida	2.16
Chippewa	2.17	Outagamie	2.18
Clark	2.17	Ozaukee	2.23
Columbia	2.22	Pepin	2.18
Crawford	2.21	Pierce	2.18
Dane	2.23	Polk	2.17
Dodge	2.23	Portage	2.18
Door	2.17	Price	2.16
Douglas	2.16	Racine	2.25
Dunn	2.18	Richland	2.21
Eau Claire	2.18	Rock	2.25
Fond du Lac	2.21	Rusk	2.16
Grant	2.22	St. Croix	2.17
Green	2.24	Sauk	2.21
Green Lake	2.20	Sawyer	2.16
Iowa	2.22	Shawano	2.18
Jackson	2.19	Sheboygan	2.21
Jefferson	2.24	Taylor	2.16
Juneau	2.19	Trempealeau	2.18
Kenosha	2.26	Vernon	2.20
Kewaunee	2.17	Walworth	2.25
La Crosse	2.19	Washburn	2.16
Lafayette	2.23	Washington	2.23
Langlade	2.17	Waukesha	2.24
Lincoln	2.16	Waupaca	2.18
Manitowoc	2.19	Waushara	2.19
Marathon	2.17	Winnebago	2.19
Marinette	2.17	Wood	2.18

(b) *Premium—Low Moisture.*

Percent:	Cents per bushel
12.2 or less	+2
12.3 through 12.7	+1
12.8 through 13.0	0

(c) *Discounts*—(1) *Class.*

Class:	Cents per bushel
Black	−25
Brown	−25
Mixed	−25

(2) *Moisture.*

Percent:	Cents per bushel
13.1 through 13.5	−1
13.6 through 14.0	−2

(3) *Test weight per bushel.*

Pounds:	Cents per bushel
53.0 through 53.9	− ½
52.0 through 52.9	−1
51.0 through 51.9	−1½
50.0 through 50.9	−2
49.0 through 49.9	−2½

(4) *Splits.*

Percent:	Cents per bushel
20.1 thorugh 25.0	− ¼
25.1 through 30.0	− ½
30.1 through 35.0	− ¾
35.1 through 40.0	−1

(5) *Damaged kernels.*[1]

Heat (percent):	Cents per bushel
0.6 through 1.0	−1
1.1 through 1.5	−2
1.6 through 2.0	−3
2.1 through 2.5	−4
2.6 through 3.0	−5
Total (percent):	
2.1 through 3.0	− ½
3.1 through 4.0	−1
4.1 through 5.0	−1½
5.1 through 6.0	−2
6.1 through 7.0	−2½
7.1 through 8.0	−3

	Cents per bushel
(6) Materially weathered	− 5
(7) Stained	− 2
(8) Purple mottled	− 2
(9) Weed control laws. (Where required by § 1421.25)	−10

[1] Use column which yields the higher applicable discount.

(10) *Other factors.* Amounts determined by CCC to represent market discounts for quality factors not specified above which affect the value of the soybeans, such as (but not limited to) moisture, musty, sour, and heating. Such discounts will be established not later than the time delivery of soybeans to CCC begins and will thereafter be adjusted from time to time as CCC determines appropriate to reflect changes in market conditions. Producers may obtain schedules of such factors and discounts at county ASCS offices approximately 1 month prior to the loan maturity date.

Effective date: Upon publication in the FEDERAL REGISTER (5-27-72).

Signed at Washington, D.C., May 18, 1972.

CARROLL G. BRUNTHAVER,
Acting Executive Vice President, Commodity Credit Corporation.

[FR Doc.72-8005 Filed 5-26-72;8:45 am]

Title 12—BANKS AND BANKING

Chapter V—Federal Home Loan Bank Board

SUBCHAPTER C—FEDERAL SAVINGS AND LOAN SYSTEM

[72-603]

PART 545—OPERATIONS

Loans on Single-Family Dwellings

MAY 23, 1972.

Resolved that the Federal Home Loan Bank Board considers it advisable to amend § 545.6–1 of the rules and regulations for the Federal Savings and Loan System (12 CFR 545.6–1) for the purpose of increasing the dollar limits on certain loans which can be made by Federal savings and loan associations on the security of single-family dwellings, as follows:

1. With respect to a loan which is in an amount in excess of 80 percent of the value of the security property, to increase the limit thereon from $30,000 to $36,000. and

2. With respect to a loan which is in an amount in excess of 90 percent of the value of the security property, to increase the limit thereon from $30,00 to $36,000.

Accordingly, on the basis of such consideration and for such purpose, the Federal Home Loan Bank Board hereby amends said § 545.6–1 by revising subparagraphs (4) (ii) and (5) (i) of paragraph (a) thereof to read as follows, effective June 1, 1972:

§ 545.6–1 Lending powers under sections 13 and 14 of Charter K.

Any Federal association which has Charter K may, under sections 13 and 14 thereof, make the following types of loans on the security of first liens on improved real estate and the use by such an association of loan plans, practices, and procedures which comply with the applicable provisions of §§ 545.6 to 545.6–13, are hereby approved by the Board:

(a) *Homes or combination of homes and business property* * * *

(4) *Loans in excess of 80 percent of value.* The limitation of 80 percent set forth in subdivision (i) of subparagraph (1) of this paragraph shall be 90 percent in the case of any loan with respect to which the following requirements are met:

* * * * *

(ii) The amount of the loan does not exceed the lesser of: (*a*) $45,000, (*b*) 90 percent of the value of the real estate securing the loan, or (*c*) 90 percent of the purchase price of such security property;

* * * * *

(5) *Loans in excess of 90 percent of value.* The limitation of 80 percent set forth in subdivision (i) of subparagraph (1) of this paragraph shall be 95 percent in the case of any loan with respect to which the requirements set forth in subdivisions (i), (iii), (iv), (v), (vi), and (viii) of subparagraph (4) of this paragraph are met and with respect to which the following additional requirements are met:

(i) The amount of the loan does not exceed the lesser of: (*a*) $36,000, (*b*) 95 percent of the value of the real estate securing the loan, or (*c*) 95 percent of the purchase price of such security property;

* * * * *

(Sec. 5, 48 Stat. 132, as amended; 12 U.S.C. 1464 Reorg. Plan No. 3 of 1947, 12 F.R. 4981, 3 CFR, 1943–48 Comp., p. 1071)

Resolved further, that, since the above amendment relieves restriction, the Board hereby finds that notice and public procedure with respect to said amendment are unnecessary under the provisions of 12 CFR 508.11 and 5 U.S.C. 553(b); and since publication of said amendment for the period specified in 12 CFR 508.14 and 5 U.S.C. 553(d) prior to the effective date of said amendment would in the opinion of the Board likewise be unnecessary for the same reason, the Board hereby provides that said amendment shall become effective as hereinbefore set forth.

By the Federal Home Loan Bank Board.

[SEAL] JACK CARTER,
Secretary.

[FR Doc.72–8091 Filed 5–26–72;8:50 am]

Title 15—COMMERCE AND FOREIGN TRADE

Chapter III—Bureau of International Commerce, Department of Commerce

SUBCHAPTER B—EXPORT REGULATIONS

[13th Gen. Rev. Export Reg., Amdt. 37]

PART 373—SPECIAL LICENSING PROCEDURES

PART 379—TECHNICAL DATA

Miscellaneous Amendments

13th Gen. Rev. of the Export Regulations (Amdt. 37), Parts 373 and 379 are amended to read as set forth below.

(Sec. 3, 63 Stat. 7; 50 U.S.C. App. 2023; E.O. 10945, 26 F.R. 4487, 3 CFR 1959–1963 Comp.; E.O. 11038, 27 F.R. 7003, 3 CFR 1959–1963 Comp.)

Effective date: June 1, 1972.

RAUER H. MEYER,
Director, Office of Export Control.

1. Supplement No. 2 to Part 373 is amended by adding the destination "Hong Kong" thereto.

2. In § 379.4, paragraph (c) (3) and paragraph (e) (1) (iii) (*e*) are amended to read as follows:

§ 379.4 General License GTDR: Technical data under restriction.

* * * * *

(c) * * *

(3) Neutron generator tubes designed for operation without external vacuum system, and utilizing electrostatic acceleration to induce a tritium deuterium nuclear reaction, and equipment containing these tubes; and specially designed parts, n.e.c.; and

* * * * *

(e) * * *

(1) * * *

(iii) * * *

(*e*) Rotary drill rigs incorporating rotary tables and with drawworks designed for an input of 150 hp. and over (other than truck-mounted drill rigs incorporating rotary tables with drawworks designed for an input of 150 hp. and over (other than truck-mounted drill rigs incorporating rotary tables with drawworks designed for an input of up to 900 horsepower), drift indicators containing gyroscopes or cameras, and work-over rigs (Export Control Commodity Nos. 718 and 732);

* * * * *

[FR Doc.72–8071 Filed 5–26–72;8:47 am]

Title 20—EMPLOYEES' BENEFITS

Chapter III—Social Security Administration, Department of Health, Education, and Welfare

[Reg. 5, further amended]

PART 405—FEDERAL HEALTH INSURANCE FOR THE AGED (1965–__)

Subpart C—Exclusions, Recovery of Overpayment, and Liability of a Certifying Officer

Subpart D—Principles of Reimbursement for Provider Costs and Services by Hospital-Based Physicians

PROVIDER REVIEW PROCEDURES AND SUSPENSION OF PAYMENTS UNDER MEDICARE

On January 5, 1972, there was published in the FEDERAL REGISTER (37 F.R. 89), a notice of proposed rule making with proposed amendments to Subpart C and Subpart D of Regulations No. 5 of the Social Security Administration. The proposed amendments would: (1) Require intermediaries to institute review procedures for providers dissatisfied with intermediaries' determinations on cost reports; and (2) provide that payments to providers and suppliers of services could be suspended to recover overpayments to them only after such providers and suppliers have been afforded an opportunity to present evidence on the issue of the overpayment, and where a suspension of payments is put into effect there would be an expeditious settlement of the issues involved.

All comments submitted with respect to the proposed amendments were considered and the following changes were made as a result of the comments received: Section 405.492 specifies that at

least $1,000 of program reimbursement would have to be in issue before a provider could have a hearing on an intermediary's determination on a cost report. Section 405.499c makes it clear that the hearing officer's decision must be based on the evidence in the record. Two new sections have been added (§§ 405.499g and 405.499h) which would attach finality to a hearing officer's decision after a 3-year period before the end of which the decision could be revised by a hearing officer if he found the decision to be incorrect, or would have to be revised at the request of the Social Security Administration if it found that the decision was not in accord with the law, regulations, or general instructions. Consistent with this policy, a similar rule of finality is included for an intermediary's determinations on cost reports which are not the subject of a hearing. Section 405.499i also has been added to specify that an intermediary's determination that no payment may be made for expenses incurred for items or services furnished to an individual by reason of the provisions of Subpart C is reviewable only under the rules in Subparts G and H and not by a hearing officer appointed pursuant to § 405.495. Minor language changes were made throughout the regulations in the interest of greater clarity, to eliminate ambiguity, and to take into account the three sections that were added to the regulations.

Accordingly, the regulations are, with the aforementioned changes, hereby adopted and are set forth below.

(Secs. 1102, 1815, 1871, 49 Stat. 647 as amended, 79 Stat. 296, 322, 331 as amended; 42 U.S.C. 1302, 1395 et seq.)

Effective date. The regulations as set forth below shall be effective upon publication in the FEDERAL REGISTER (5–27–72).

Dated: May 5, 1972.

ROBERT M. BALL,
Commissioner of Social Security.

Approved: May 22, 1972.

ELLIOT L. RICHARDSON,
Secretary of Health, Education, and Welfare.

Regulation No. 5 of the Social Security Administration (20 CFR Part 405) is further amended as follows:

1. The heading to Subpart C is revised to read as follows: Subpart C—Exclusions, Recovery of Overpayment, Liability of a Certifying Officer, and Suspension of Payment.

2. Section 405.301 is revised to read as follows:

§ 405.301 Scope of subpart.

Sections 405.310 to 405.320 describe certain exclusions from coverage applicable to hospital insurance benefits (part A of title XVIII) and supplementary medical insurance benefits (part B of title XVIII). The exclusions in this subpart are applicable in addition to any other conditions and limitations in this part 405 and in title XVIII of the Act. Sections 405.350 to 405.359 relate to the adjustment or recovery of an incorrect payment, or a payment made under section 1814(e) of the Health Insurance for the Aged Act. Sections 405.370 to 405.373 relate to the suspension of payments to a provider of services or other supplier of services where there is evidence that such provider or supplier has been or may have been overpaid.

3. New §§ 405.370–405.373 are added to read as follows:

§ 405.370 Suspension of payments to providers of services and other suppliers of services.

(a) Payments otherwise authorized to be made to providers of services and other suppliers of services in accordance with Subpart A or Subpart B of this Part 405 (but excluding payments to entitled individuals and payments under § 405.251 (a)) may be suspended, in whole or in part, by an intermediary or a carrier when:

(1) The intermediary or carrier has determined that the provider or other supplier to whom such payments are to be made has been overpaid under title XVIII of the Social Security Act, or

(2) The intermediary or carrier has reliable evidence, although additional evidence may be needed for a determination, that such overpayment exists or that the payments to be made may not be correct.

(b) A suspension shall be put into effect only after the provisions in §§ 405.371 and 405.372 have been complied with and the intermediary or carrier has determined that the suspension of payments, in whole or in part, is needed to protect the program against financial loss. The provisions of this section and §§ 405.371–405.373 shall be effective on May 27, 1972.

§ 405.371 Proceeding for suspension.

(a) *General.* Whenever the intermediary or carrier has determined that a suspension of payments under § 405.370 should be put into effect with respect to a provider of services or other supplier of services, the intermediary or carrier shall notify the provider or other supplier of its intention to suspend payments, in whole or in part, and the reasons for making such suspension. The provider or other supplier will be given the opportunity to submit any statement (including any pertinent evidence) as to why the suspension shall not be put into effect and shall have 15 days following the date of notification to submit such statement, unless the intermediary or carrier for good cause imposes a shorter period. The intermediary or carrier may, for good cause shown, extend the time within which the statement may be submitted. If no statement is received within the 15-day period or such other period as specified in the notice, the suspension shall go into effect.

(b) *Fraud or misrepresentation.* The provisions of paragraph (a) of this section shall not apply where the intermediary or carrier has reliable evidence that the circumstances giving rise to the need for a suspension of payments involves fraud or willful misrepresentation. Instead, the intermediary or carrier may suspend payments without first notifying the provider or other supplier of an intention to suspend payments. The provider or other supplier will be notified of such suspension and the reasons for taking such action.

(c) *Notice of amount of program reimbursement.* The provisions of paragraph (a) of this section shall not apply where the intermediary, after furnishing a provider a written notice of the amount of program reimbursement pursuant to § 405.491, suspends payment under paragraph (b) of such § 405.491.

(d) *Failure to furnish information requested.* The provisions of paragraph (a) of this section shall not apply where the intermediary or carrier suspends payments to a provider or other supplier of services because such provider or supplier of services has failed to submit evidence requested by such intermediary or carrier which is needed to determine the amounts due such provider or supplier under the program (sections 1815 and 1833(e) of the Act).

§ 405.372 Submission of evidence and notification of administrative determination to suspend.

When pursuant to § 405.371(a) the provider or other supplier submits a statement, the intermediary or carrier shall consider such statement (including any pertinent evidence submitted), together with any other material bearing upon the case, and make a determination as to whether the facts justify a suspension authorized by § 405.373. If the intermediary or carrier determines that a suspension should go into effect, written notice of such determination will be sent to the provider or other supplier. Such notice will contain specific findings on the conditions upon which the suspension was based, and an explanatory statement for the final decision.

§ 405.373 Subsequent action by intermediary or carrier.

(a) Where a suspension is put into effect by reason of § 405.370(a)(1), such suspension shall remain in effect until whichever of the following first occurs: (1) The overpayment is liquidated, (2) the intermediary or carrier enters into an agreement with the provider or other supplier for liquidation of the overpayment, or (3) the intermediary or carrier, on the basis of subsequently acquired evidence or otherwise, determines that there is no overpayment; except that the intermediary or carrier may at any time adjust such suspension for an appropriate period if it determines that continuation of the suspension would cause irreparable harm to the provider or other supplier.

(b) Where the suspension is put into effect by reason of § 405.370(a)(2), the intermediary or carrier will take timely action after such suspension to obtain such additional evidence it may need to make a determination as to whether an overpayment exists or the payments may be made (i.e., evidence from the records

of the provider or other supplier of services). All reasonable efforts will be made by the intermediary or carrier to expedite such determinations. As soon as such determination is made, the provider or other supplier will be informed and, where appropriate such suspension will be rescinded or adjusted to take into account such determination. If such suspension is not rescinded, it shall remain in effect as specified in paragraph (a) of this section.

(c) The provisions of this section shall not apply where the intermediary or carrier, in suspending payments pursuant to § 405.370, has reliable evidence that the circumstances giving rise to such suspension involve fraud or serious misrepresention.

4. The heading to Subpart D is amended to read as follows:

Subpart D—Principles of Reimbursement for Provider Costs and for Services by Hospital-Based Physicians; Appeals by Provider

5. New §§ 405.490–405.499i are added to read as follows:

§ 405.490 Intermediary-provider reimbursement determination hearing procedure.

Under its agreement with the Secretary of Health, Education, and Welfare, each intermediary is required to establish and maintain procedures for resolving any issue which may arise between the intermediary and a provider as to the amount of program reimbursement due the provider or due the health insurance program. These procedures shall provide for a hearing on the intermediary's reasonable cost determination contained in a notice of program reimbursement (see § 405.491) when a timely filed request for a hearing on this determination is made by the provider. Each intermediary must set forth its hearing procedure in writing and furnish written notice of the availability of the procedure to the providers it services. Except as otherwise provided in § 405.499g, the provisions of this section and §§ 405.491–405.499i shall be effective with cost reporting periods ending on or after December 31, 1971.

§ 405.491 Notice of amount of program reimbursement.

(a) Upon receipt of a provider's cost report, or amended cost report where permitted or required, the intermediary shall as expeditiously as possible analyze the report and thereafter commence any necessary audit of the report. Following receipt and analysis of any audit findings pertaining to the report, the intermediary shall furnish the provider a written notice of amount of program reimbursement. The notice shall (1) explain the intermediary's determination of total program reimbursement due the provider for the reporting period covered by the cost report or amended cost report; (2) relate this determination to the provider's claimed total reimburseable costs for this period; (3) explain the amount(s) and the reason(s) why, by appropriate reference to law, regulations, or program policy and procedure, this determination may differ from the provider's claim; and (4) inform the provider of its right to have the determination reviewed at a hearing.

(b) The intermediary's determination as contained in a notice of amount of program reimbursement shall constitute the basis for making the retroactive adjustment (required by § 405.454(f)) to any program payments made to the provider during the period to which the determination applies, including the suspending of further payments to the provider in order to recover, or to aid in the recovery of, any overpayment identified in the determination to have been made to the provider, notwithstanding any request for hearing on the determination the provider may make under § 405.492 (a). Any such suspension shall remain in effect as specified in § 405.373(a).

§ 405.492 Right to hearing on a notice of program reimbursement determination.

(a) A provider who has been furnished a notice of amount of program reimbursement may request an intermediary hearing if (1) he is dissatisfied with the intermediary's determination contained in such notice and (2) the amount of program reimbursement in issue is $1,000 or more. Such request must be in writing and be filed with the intermediary within 60 calendar days after the date of the notice of program reimbursement.

(b) Such request must (1) identify the aspect(s) of the determination with which the provider is dissatisfied, and (2) explain why the provider believes the determination on these matters is incorrect, and (3) be submitted with any documentary evidence the provider considers necessary to support its position.

(c) Following the timely filing of the request for hearing, the provider may identify in writing, prior to the onset of the hearings proceedings, additional aspects of the determination with which it is dissatisfied and furnish any documentary evidence in support thereof.

§ 405.493 Failure to timely request a hearing on a notice of program reimbursement determination.

Where a provider requests a hearing on a notice of amount of program reimbursement determination after the time limit prescribed in § 405.492(a), the designated individual(s) of the intermediary responsible for the hearing procedure shall dismiss the request and furnish the provider a written notice which explains the time limitation, except that for good cause shown the time limit prescribed in § 405.492(a) may be extended. However, no such extension shall be granted if such request is filed more than 3 years after the date of the notice of program reimbursement.

§ 405.494 Parties to the hearing.

The parties to the hearing shall be the provider and any other person who makes a showing that his rights may be prejudiced by the hearing officer's decision. Neither the intermediary nor the Social Security Administration may be made a party.

§ 405.495 Hearing officer or panel of hearing officers.

The hearing provided for in § 405.492 shall be conducted by a hearing officer or panel of hearing officers designated by the intermediary. Such hearing officer or officers shall be persons knowledgeable in the field of health care reimbursement. The hearing officer or officers shall not have had any direct responsibility for the program reimbursement determination with respect to which a request for hearing is filed.

§ 405.496 Conduct of hearing.

The hearing shall be open to the provider, its representatives, intermediary representatives, and representatives of the Bureau of Health Insurance. The hearing officer(s) shall inquire fully into all of the matters at issue and shall receive into evidence the testimony and any documents which are relevant and material to such matters. If the hearing officer(s) believe that there is relevant and material evidence available which has not been presented at the hearing, he (they) may at any time prior to the mailing of notice of the decision, reopen the hearing for the receipt of such evidence. The order in which the evidence and the allegations shall be presented and the conduct of the hearing shall be at the discretion of the hearing officer(s).

§ 405.497 Prehearing discovery and other prehearing proceedings.

(a) Prehearing discovery, including inspection of audit workpapers, shall be permitted upon timely request of the provider or his representative. To be timely a request for discovery and inspection shall be made before the beginning of the hearing. A reasonable time for inspection and reproduction of documents shall be provided by order of the hearing officer(s).

(b) If, in the discretion of the hearing officer(s), the purpose of defining the issues more clearly would be served, the hearing officer(s) may schedule a prehearing conference.

§ 405.498 Evidence.

Evidence may be received at the hearing even though inadmissible under the rules of evidence applicable to court procedure. The hearing officer(s) shall rule on the admissibility of evidence.

§ 405.499 Witnesses.

The hearing officer(s) may examine the witnesses and shall allow the parties or their representatives to do so. Parties to the proceedings may also cross-examine witnesses.

§ 405.499a Record of hearing.

A complete record of the proceedings at the hearing shall be made and transcribed in all cases. It shall be made available to the provider upon request. The record will not be closed until a decision (see § 405.499c) has been issued.

§ 405.499b Authority of hearing officer(s).

The hearing officer(s) in exercising their authority must comply with all the provisions of title XVIII of the Act and regulations issued thereunder as well as with general instructions issued by the Social Security Administration in accordance with the Secretary's agreement with the intermediary. (See § 405.499g(c).)

§ 405.499c Hearing decision and notice.

The hearing officer(s) shall render a decision in writing based on the evidence in the record. In such decision he will cite applicable law, regulations, and Social Security Administration general instructions as well as findings on all the matters in issue at the hearing. A copy of the decision will be provided all parties to the hearing.

§ 405.499d Effect of hearing decision.

The hearing decision provided for in § 405.499c shall be final and binding upon all parties to the hearing unless it is reopened and corrected in accordance with § 405.499g.

§ 405.499e Appointment of representative.

A provider may appoint as its representative any person to act as representative at the proceedings conducted in accordance with § 405.490ff.

§ 405.499f Authority of representative.

A representative appointed by a provider may accept or give on behalf of the party he represents any request or notice relative to any proceeding before the intermediary. A representative shall be entitled to present evidence and allegations as to facts and law in any proceeding affecting the party he represents and to obtain information with respect to a request for hearing made in accordance with § 405.492(a) to the same extent as the party he represents. Notice to a provider of any action, determination, or decision, or a request for the production of evidence by the intermediary sent to the representative of the provider shall have the same force and effect as if it had been sent to the provider.

§ 405.499g Reopening of an intermediary's determination on the amount of program reimbursement and a decision of a hearing officer.

(a) *Reopening a determination.* A determination on the amount of program reimbursement contained in a notice of program reimbursement may be reopened by the intermediary, either on its own motion or at the request of the provider, at any time within 3 years of the date of such notice to correct the amount of program reimbursement due the provider or due the health insurance program. No such determination may be reopened after such 3-year period except as provided in paragraph (d) of this section.

(b) *Reopening a decision.* A decision of a hearing officer or panel of hearing officers may be reopened with respect to findings on matters in issue at the hearing, by such officer or such panel, as the case may be, either on the motion of such officer or panel or on the motion of a party to the hearing, at any time within 3 years of the date of the notice of hearing decision, to correct any matter in issue at the hearing. No such decision may be reopened after such 3-year period except as provided in paragraph (d) of this section. If the hearing officer or a majority of such panel is unavailable for reasons including death, termination of employment, illness, or leave of absence, the intermediary may select another hearing officer or, where a panel is involved, such number of hearing officers as may be necessary so that a majority of such panel is constituted.

(c) *Reopening by the intermediary.* A determination, as specified in paragraph (a) of this section, and a decision, as specified in paragraph (b) of this section, shall be reopened and corrected by an intermediary if, within 3 years of the date specified in paragraph (a) or (b) of this section, as the case may be, the Social Security Administration notifies the intermediary that such determination or such decision is inconsistent with the applicable law, regulations, or general instructions issued by the Social Security Administration in accordance with the Secretary's agreement with the intermediary.

(d) *Reopening because of fraud.* Notwithstanding the provisions of paragraphs (a), (b), or (c) of this section, a determination or a decision shall be reopened and corrected by the intermediary at any time if it is found that such determination or decision was procured by fraud or similar fault by the provider or any other person.

(e) *Applicability.* The provisions of this section shall apply to cost reporting periods ending on or after December 31, 1971. The provisions of this section shall also be applicable to any cost reporting period ending before December 31, 1971, and for any such period the 3-year period referred to in this section shall commence on the date of the intermediary's final determination on the cost report filed for such cost reporting period.

§ 405.499h Notice of reopening and correction.

(a) *Notice.* When any determination or decision is reopened as provided in § 405.499g, notice of such reopening shall be mailed to the provider or, in case of a decision, to the parties to such decision at their last known addresses. When a correction is made following the reopening, a notice of correction shall likewise be mailed and shall state the basis for the correction.

(b) *Effect of a correction.* Where a correction is made in a determination on the amount of program reimbursement after such determination has been reopened as provided in § 405.499g, such correction shall be considered a separate and distinct determination to which the provisions of §§ 405.492–405.499f are applicable.

§ 405.499i Nonreviewable issues.

The initial determination of an intermediary that no payment may be made for any expenses incurred for items or services furnished to an individual by reason of the provisions of Subpart C of this part shall not be reviewed by a hearing officer(s) appointed pursuant to § 405.495. Such determination shall be reviewed only in accordance with the provisions of Subparts G and H of this part.

[FR Doc.72-8060 Filed 5-26-72;8:49 am]

Title 29—LABOR

Chapter V—Wage and Hour Division, Department of Labor

PART 690—FABRICATED PLASTIC PRODUCTS INDUSTRY IN PUERTO RICO

Wage Order; Correction

In F.R. Doc. 72-6634, published May 2, 1972 (37 F.R. 8872), insert "applies without reference" between "Act" and "to the Fair Labor Standards Amendments of 1961." in § 690.2(a).

HORACE E. MENASCO,
Administrator, Wage and Hour Division, U.S. Department of Labor.

[FR Doc.72-8066 Filed 5-26-72;8:48 am]

Title 41—PUBLIC CONTRACTS AND PROPERTY MANAGEMENT

Chapter 5A—Federal Supply Service, General Services Administration

CONSUMER PRODUCT INFORMATION PROGRAM

Action prescribed to acquire consumer-type information on Federal specification items procured by Federal Supply Service for dissemination to the public.

PART 5A-1—GENERAL

Part 5A-1 is amended by the addition of new Subpart 5A-1.70, as follows:

Subpart 5A-1.70—Consumer Product Information

Sec.
5A-1.7001 Scope of subpart.
5A-1.7002 Applicability.
5A-1.7003 Policy.
5A-1.7004 Method of soliciting information.

AUTHORITY: The provisions of this Subpart 5A-1.70 issued under sec. 205(c), 63 Stat. 390; 40 U.S.C. 486(c); 41 CFR 5-1.101(c).

Subpart 5A-1.70—Consumer Product Information

§ 5A-1.7001 Scope of subpart.

(a) Executive Order 11566, October 26, 1970, outlines the policies and responsibilities for making consumer product information available to the public through the Consumer Product Information Coordinating Center (CPICC), General Services Administration.

(b) This subpart prescribes procedures for solicitation of information by FSS buying activities in support of the