Approved: October 6, 1992.

Anthony J. Principi,

Acting Secretary of Veterans Affairs.

For the reasons set forth in the preamble, 38 CFR part 3 is amended as follows:

PART 3—ADJUDICATION

Subpart A—Pension, Compensation, Dependency and Indemnity Compensation

1. The authority citation for part 3, subpart A continues to read as follows:

Authority: 105 Stat. 386; 38 U.S.C. 501(a), unless otherwise noted.

§ 3.103 [Amended]

2. In § 3.103(b)(1), in the first sentence, after the word "Claimants" add the words "and their representatives".

3. In § 3.103(f), in the first sentence, after the word "beneficiary" add the words "and his or her representative". In the parenthetical remarks after the last sentence, remove the words "part 19, subpart B" and add, in their place, the words "part 20".

§ 3.105 [Amended]

4. In § 3.105(h)(2) introductory text, in the fifth sentence, after the word "beneficiary" add the words "and his or her representative".

[FR Doc. 92-29181 Filed 12-1-92; 8:45 am]

BILLING CODE 6320-01-M

GENERAL SERVICES ADMINISTRATION

41 CFR Part 101-2

[FPMR Amendment A-50]

Payments to GSA for Supplies and Services Furnished Government Agencies

AGENCY: Office of the Chief Financial Officer, GSA.

ACTION: Final rule.

SUMMARY: This regulation establishes the authority to accumulate small dollar non-OPAC (On-Line Payment and Collection) invoices to be released for billing on a quarterly basis to the various Federal customer agencies. These billings would be released when the total charges for a single BOAC (Billed Office Address Code, i.e., customer account number) or Reimbursable Work Authorization (RWA) reach a pre-established minimum threshold. The threshold amount will vary depending on the respective billing system. The thresholds will be determined by the appropriate GSA billing service and the Office of Finance. Any billing system electing to accumulate small dollar invoices in this manner, will notify current customers with billing flyers or by written notice to agency heads. Accounts which have not accumulated charges equal to the pre-established minimum threshold for a quarter, will defer the billing until the end of a subsequent quarter in which the threshold is attained. Recurring and open-end RWA's will bill at the end of the fiscal year for any unpaid charges regardless of amount. Non-recurring RWA's will bill upon completion of the RWA if the threshold has not been attained prior to that time.

EFFECTIVE DATE: December 2, 1992.

FOR FURTHER INFORMATION CONTACT: Ronald L. Smeltzer, (202) 501-2637.

SUPPLEMENTARY INFORMATION: A notice of proposed rulemaking was published in the **Federal Register** on June 11, 1992 (57 FR 24767) to amend 41 CFR part 101-2 to allow GSA billing offices the authority to accumulate small dollar invoices and release them for billing on a quarterly basis.

Two comments were received. One commenter indicated he could not see the value in this proposed rule as he has found that a steady monthly workload is more easily dealt with than a large quarterly billing. It was also indicated that the commenter would like to see the savings which this proposed rule would engender for GSA. A major stimulus for implementing the accumulation of small dollar invoices was the Department of the Treasury's Cash Management Review (June 26-28, 1990) of GSA's Regional Finance Division in Forth Worth, Texas. One of the recommendations from the review was that a minimum dollar amount be considered before sending a bill (GSA has a multitude of bills of small dollar amounts), and if monthly charges were below the minimum, charges could be accumulated and billings generated when the total amount reaches the threshold. Also, comments from the Department of the Treasury indicate that it costs an agency approximately $50 to process the collection of an invoice. Consequently, we feel that the accumulation of small dollar non-OPAC invoices is a most cost-effective method. The second commenter indicated that these proposed procedures would significantly increase the processing costs for GSA's OPAC customers. It was not mentioned in the proposed rule, but these procedures will only apply to non-OPAC customers. We thank the commenter for addressing the issue of OPAC/non-OPAC invoices and as a result we have clarified this point.

E.O. 12291, Federal Regulation

The General Services Administration has determined that this rule is not a major rule for the purpose of Executive Order 12291 of February 17, 1981, because it is not likely to result in an annual effect on the economy of $100 million or more; a major increase in costs to consumers or others; or significant adverse effects. The General Services Administration has based all administrative decisions underlying this rule on adequate information concerning the need for, and consequences of, this rule; has determined that the potential benefits to society from this rule outweigh the potential costs; has maximized the net benefits; and has chosen the alternative approach involving the least net cost to society.

Regulatory Flexibility Act

The General Services Administration 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.).

List of Subjects in 41 CFR Part 101-2

Accounting, Government procurement, Government property management.

For the reasons set out in the preamble, 41 CFR part 101-2 is amended as follows:

PART 101-2—PAYMENTS TO GSA FOR SUPPLIES AND SERVICES FURNISHED GOVERNMENT AGENCIES

1. The authority citation for 41 CFR part 101-2 continues to read as follows:

Authority: Sec. 205(c), 63 Stat. 390; 40 U.S.C. 486(c).

Subpart 101-2.1 Billings, Payments, and Adjustments

2. Section 101-2.102 is amended by revising paragraph (a) to read as follows:

§ 101-2.102 Billing procedures.

(a) Bills are rendered biweekly, monthly, or quarterly after the fact or in advance on approved billing forms, which are GSA Form 789, Statement, Voucher, and Schedule of Withdrawals and Credits, and Treasury TFS Form 7306, Paid Billing Statement for SIBAC Transactions (illustrated at §§ 101-2.4902-789 and 101-2.4903-7306). Certification of such bills by GSA is not required. Except for those bills which are rendered in advance: bills for

shipment from stock are rendered on the basis of drop from inventory, provided that notification of warehouse refusal or other advice of nonavailability has not been received from the depot prior to the billing date; bills for services are rendered after there is evidence of actual delivery of services; and bills for stock and nonstock direct delivery shipments are rendered based upon payment to the vendor. Non-OPAC (On-Line Payment and Collection) bills, issued on GSA Form 789, comprised of the accumulation of small dollar invoices which do not reach the predetermined threshold amount, may be issued at the end of the quarter in which the threshold is reached. Exceptions are: Recurring and open-end Reimbursable Work Authorizations (RWA's) which will bill at the end of each fiscal year for any unpaid charges whether the threshold is reached or not; and non-recurring RWA's which will bill upon completion of the RWA if the threshold is not reached prior to that time.

* * * * *

Dated: November 9, 1992.

Richard G. Austin,

Administrator of General Services.

[FR Doc. 92-29205 Filed 12-1-92; 8:45 am]

BILLING CODE 6820-34-M

41 CFR PART 101-17

[FPMR Temp. Reg. D-76, Supp. 1]

Assignment and Utilization of Space

AGENCY: Public Buildings Service, General Services Administration.

ACTION: Temporary regulation.

SUMMARY: This supplement extends the expiration date of FPMR Temporary Regulation D-76 to August 26, 1993. D-76 provides procedures governing the assignment and utilization of space in Federal and leased facilities under the custody and control of the General Services Administration (GSA).

DATES: Effective date: December 2, 1992. Expiration Date: August 26, 1993.

ADDRESSES: Comments should be submitted to the General Services Administration, Office of Real Property Development, Washington, DC 20405.

FOR FURTHER INFORMATION CONTACT: Robert E. Ward, Director, Real Estate, Office of Real Property Development (202-501-4266).

SUPPLEMENTARY INFORMATION: The purpose of this regulation is to extend Temporary Regulation D-76 until such time as the Final Rule, which will supersede it, is approved for publication.

GSA has determined that this rule is not a major rule for the purposes of Executive Order 12291 of February 17, 1981, because it is not likely to result in an annual effect on the economy of $100 million or more; a major increase in costs to consumers or others; or significant adverse effects. Therefore, a Regulatory Impact Analysis has not been prepared. GSA has based all administrative decisions underlying this rule on adequate information concerning the need for, and consequences of, this rule; has determined that the potential benefits to society from this rule outweigh the potential costs; has maximized the net benefits; and has chosen the alternative approach involving the least cost to society.

List of Subjects in 41 CFR Part 101-17

Administrative practices and procedures, Federal buildings and facilities, Government real property management.

Authority: (Sec. 205(c), 63 Stat. 390 40 U.S.C. 486(c)).

In 41 CFR chapter 101, FPMR Temp. Reg. D-76, Supplement 1 is added to the appendix at the end of subchapter D to read as follows:

Federal Property Management Regulations

Temporary Regulation D-76

Supplement 1

TO: Heads of Federal Agencies.

SUBJECT: Assignment and Utilization of Space.

1. *Purpose.* This supplement extends the expiration date of FPMR Temporary Regulation D-76.

2. *Effective Date.* This regulation is effective upon publication in the **Federal Register.**

3. *Expiration of change.* This supplement expires August 26, 1993.

4. *Explanation of change.* The expiration date in Temporary Regulation D-76 is revised to August 26, 1993.

Dated: November 13, 1992.

Richard G. Austin,

Administrator of General Services.

[FR Doc. 92-29204 Filed 12-1-92; 8:45 am]

BILLING CODE 6820-23-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

42 CFR Part 62

RIN 0905-AC65

National Health Service Corps Loan Repayment Program

AGENCY: Health Resources and Services Administration, HHS

ACTION: Final rule.

SUMMARY: This final rule for the National Health Service Corps (NHSC) Loan Repayment Program (LRP) removes the payment limitation, at § 62.25, which restricts the Secretary's loan repayments to one month in advance of service. The limitation establishes a loan repayment schedule that will just meet the interest accruing on an unpaid loan balance and barely reduce the principal. The result of this restrictive payment schedule leaves the loan repayment participant with an outstanding loan balance that is slightly less at the end of obligated-service than at the beginning. Consequently, the ability to attract and retain needed health professionals to the Loan Repayment Program is lessened. The deletion of this payment limitation will allow the Department to pay lump-sum payments near the beginning of a participant's service obligation. This action will immediately reduce the loan principal, greatly reduce the amount of interest being paid on the unpaid balance, and for most obligated service contracts, completely pay off the participant's outstanding loans. It will increase the attractiveness of the program and its ability to recruit and retain health professionals, thereby increasing access to primary health services in health professional shortage areas (HPSAs) of greatest need.

EFFECTIVE DATE: This final rule will be effective December 2, 1992.

FOR FURTHER INFORMATION CONTACT: For further information on the LRP contact Ms. Rhoda Abrams, Acting Associate Bureau Director for Policy, Bureau of Health Care Delivery and Assistance (BHCDA), 5600 Fishers Lane, room 7-15, Rockville, Maryland 20857, or 301/443-2330.

SUPPLEMENTARY INFORMATION: On April 3, 1989, the Secretary published an interim rule, "National Health Service Corps Loan Repayment Program; Grants for State Loan Repayment Programs and Special Repayment Program; Interim Rule With Request for Comments," to implement certain requirements of the

"Public Health Service Amendments of 1987," which were enacted on December 1, 1987, as Public Law 100–177. The Department received no comments from the public on the one month limitation of payment in advance of service, Section 65.25. However, based on program experience, the interests and needs of the public and the LRP participants will be better served if the payment limitation is removed.

By increasing the attractiveness of the benefit package for health professionals, the LRP will be able to recruit more health professionals for the areas of greatest need. With this final rule the revised payment schedule will become available for use in the next LRP recruiting cycle.

The Secretary received eighteen public comments on other sections of the interim rule. However, because the National Health Service Corps Revitalization Amendments of 1990, Public Law 101–597, were enacted subsequent to the interim rule, and included a number of substantive changes, the Department will publish a Notice of Proposed Rulemaking that will take into account the public comments and the Revitalization Amendments. The NHSC Revitalization Amendments do not affect the payment issue.

Under the interim rule, § 62.25(a) provides: "Loan Repayments by the Secretary in advance of service will be limited to one month or less." This limitation is not mandated by statute and has had an adverse impact on the LRP's ability to recruit and retain health care professionals as mandated by statute.

The program currently pays quarterly installments toward participants' loans upon completion of 3-month increments of service. Some participants with high-interest rates and large loan balances at the start of service find that under this system the payments just meet the interest accruing on their unpaid balances and barely reduce the principal. This leaves participants owing only slightly less at the end of their service than when they began. Current participants with large, high-interest debts have voiced their disappointment over the small effect the program's quarterly installments have had in reducing their loan balances.

The Program is competing unsuccessfully with health care providers, such as large hospitals outside of HPSAs, that are offering final year medical residents lump-sum repayments of their educational loan obligations at the beginning of their employment.

The final rule, which removes the payment limitation, will permit the program to make lump-sum payments near the start of obligated service. This new payment system will reduce more of the participants' debt for the service given and, therefore, increase the attractiveness and competitiveness of the program. Also, administrative costs to the Government will be reduced. Maintaining the limitation in the interim rule will severely handicap the program's ability to increase the recruitment and retention of primary health care providers for the health professional shortage areas.

Paperwork Reduction Act of 1980

This final rule contains no information collection.

Regulatory Flexibility Act and Executive Order 12291

The rule affects only private individuals. Therefore, the Department of Health and Human Services has determined that this rulemaking will not significantly impact on a substantial number of small entities and does not require preparation of a regulatory flexibility analysis under the Regulatory Flexibility Act, Public Law 96–354. The availability of early lump sum payments allows the recipients to make a significant reduction in the principal of their health professions school loans, much like a prepayment on a home mortgage. Since these recipients are at the very earliest stages of the repayment schedules, the current payment method provides for little more than loan servicing without reducing the principal. By providing a mechanism to allow the recipient to quickly repay the principal, the loan repayment program becomes a more attractive option for financing a health professions education and will assist in the national goal of increasing access to health care in underserved areas.

The Department also has determined that this rule is not a "major rule" under Executive Order 12291. Thus, a regulatory impact analysis is not required because it will not: (1) Have an annual effect on the economy of costs or prices for consumers; individual industries; Federal, State or local government agencies; or geographic regions; or (3) result in significant adverse effects on competition, employment, investment, productivity, innovation, or on the ability of United States-based enterprises to compete with foreign-based enterprises in domestic or export markets.

Justification for Omitting Notice of Proposed Rulemaking

Based on LRP experience, the interests and needs of the public and the LRP participants will be better served if the final rule is published as soon as possible. By increasing the attractiveness of the LRP's benefits for health professionals, the LRP will be able to recruit more health care providers for HPSAs of greatest need.

The NHSC's extensive recruitment activity for the LRP involved advertising in medical, nursing, and physician assistant journals reaching an estimated audience of 1.5 million individuals. At the present rate, the best estimate is that the NHSC/LRP may conclude 150 agreements by the end of fiscal year 1991. However, the need for more participants in the LRP is especially acute. While several thousand practitioners are currently needed, some 530 of the over 900 current providers in high priority HPSAs are scheduled to complete their obligations this fiscal year and less than 100 NHSC Scholarship Program obligors are scheduled to begin service. While the balance of the fiscal year 1991 funds will be used for the NHSC Scholarship Program, these scholars will not be providing service to priority HPSA populations until 1995 at the earliest. Consequently, the importance of maximizing recruitment to the NHSC/LRP cannot be overstated.

Therefore, the Department has determined that delaying this change for additional public comment would be contrary to the public interest.

List of Subjects in 42 CFR Part 62

Health professions, Loan programs—Health, Grant programs—health, Scholarships and fellowships.

Dated: August 15, 1991.

James O. Mason,

Assistant Secretary for Health.

Approved: December 12, 1991.

Louis W. Sullivan,

Secretary.

Editorial Note: This document was received in the Office of the Federal Register on November 25, 1992.

For the reasons set out in the preamble, 42 CFR 62.25 is amended as follows.

PART 62—NATIONAL HEALTH SERVICE CORPS SCHOLARSHIP AND LOAN REPAYMENT PROGRAMS

Subpart B—National Health Service Corps Loan Repayment Program

1. The authority citation for Subpart B continues to read as follows:

Authority: Sec. 215 of the Public Health Service Act 58 Stat. 690, as amended, 63 Stat. 35 (42 U.S.C. 216); Sec. 204, Pub. L. 100–177, 101 Stat. 995.

§ 62.25 [Amended]

2. Section 62.25(a) is amended by removing the second sentence, "Loan repayments by the Secretary in advance of service will be limited to one month or less."

[FR Doc. 92–29177 Filed 12–1–92; 8:45 am]
BILLING CODE 4160–17–M

Health Care Financing Administration

42 CFR Parts 400, 401, and 405

[OBA–016–FC]

RIN 0938–

Medicare and Medicaid Programs; Approved Information Collection Requirements and HCFA's Claims Collection Authority

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

ACTION: Final rule with comment period.

SUMMARY: This final rule updates our display of control numbers assigned by the Office of Management and Budget (OMB) to approved "collection of information" requirements contained in regulations governing the Medicare and Medicaid programs. In addition, it incorporates a technical change to our regulations to reflect increased agency authority under the Federal Claims Collection Act, 31 U.S.C. 3711 et seq.

This rule is issued in accordance with OMB regulations concerning approved collections of information and to conform to changes made by Public Law 101–552.

DATES: *Effective date:* These regulations are effective December 2, 1992.

Comment date: Written comments will be considered if we receive them at the appropriate address, as provided below, no later than 5 p.m. on January 4, 1993.

ADDRESSES: Address comments in writing to: Health Care Financing Administration, Department of Health and Human Services, Attention: OBA–016–FC, P.O. Box 26676, Baltimore, Maryland 21207.

If you prefer, you may deliver your comments to one of the following locations:

Room 309–G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC, or

Room 132, East High Rise Building, 6325 Security Boulevard, Baltimore, MD 21207.

Due to staffing and resource limitations, we cannot accept facsimile transmissions. In commenting, please refer to OBA–016–FC. Comments will be available for public inspection as they are received, beginning approximately three weeks after publication, in room 309–G of the Department's office at 200 Independence Avenue, SW., Washington, DC, on Monday through Friday of each week from 8:30 a.m. to 5 p.m., (202) 690–7890.

FOR FURTHER INFORMATION CONTACT:
Shirley Raum, 410–966–1999 (For Information Collection Requirements).
Gerald M. Hankin, 410–966–5574 (For Claims Collection Authority).

SUPPLEMENTARY INFORMATION:

I. Background

A. Information Collection Requirements

Under the provisions of the Paperwork Reduction Act of 1980 (44 U.S.C. chapter 35), Federal agencies are required to obtain Office of Management and Budget (OMB) approval of "collection of information" requirements that are contained in any regulations published by the agencies. To implement provisions of this act, OMB has established regulations under part 1320 of title 5 of the Code of Federal Regulations (CFR). The OMB regulations require Federal agencies (1) to notify the public that a collection of information requirement has been approved by OMB by issuing a notice in the **Federal Register**, and (2) to display the control number assigned by OMB after approval of the requirement, as part of the agency's regulations text.

To comply with the OMB requirement that HCFA include in its regulations the OMB control numbers assigned, and as a means of notifying the public that the information collection requirements have been approved, we have established a general regulation under 42 CFR 400.310 to display valid OMB control numbers and applicable regulation sections. We update this regulation routinely to add the most recent OMB control numbers or to delete entries no longer in effect.

B. Claims Collection Authority

Under the Federal Claims Collection Act (FCCA) (31 U.S.C. 3711 et seq.) the Secretary is given the authority to collect claims in any amount and to compromise, suspend, or terminate collection action on claims under certain dollar limits. The Secretary refers claims over the relevant limits to the General Accounting Office or the Department of Justice for further collection action. Our regulations setting forth claims collection standards and procedures under the FCCA are found at 42 CFR part 401, subpart F, and part 405, subpart C. Our regulations at 42 CFR 401.601 (b) and (c), and 405.374(c) reflect the FCCA dollar limits.

On November 15, 1990, the Administrative Dispute Resolution Act (Pub. L. 101–552) was enacted. The Administrative Dispute Resolution Act increased the dollar limits relating to Federal agencies' authority under regulations for compromising and suspending or terminating collection action on claims, making it necessary to amend our regulations to reflect the new limits.

II. Provisions of These Regulations

A. Information Collection Requirements

As noted earlier, under 5 CFR 1320.14, we submit for OMB approval information collection requirements that we identify in existing regulations either because they have not been previously approved or because a prior approval has expired. After the approval is obtained, we publish in the **Federal Register** the control numbers for the sections approved or reapproved. In this manner, we publish control numbers for all our regulation sections that have OMB approved information collection requirements, and also to update reapproved items. Section 400.310 was last updated May 16, 1989, (See 54 FR 21066). We are revising our table at § 400.310 to bring it into conformance with currently applicable OMB approval numbers.

B. Claims Collection Authority

Our current regulation at 42 CFR 401.601(b), reflects that the Administrator of HCFA has FCCA authority, with respect to functions delegated to HCFA by the Secretary of HHS, to recover claims in any amount, and to compromise, suspend, and terminate collection action on all claims for money or property that do not exceed $20,000, excluding interest. In addition, current § 405.374, which contains requirements and procedures for the Administrator to follow for the compromise, suspension or termination of collection action on claims for overpayments against a provider, physician or other supplier of services under the Medicare program, repeats the $20,000 FCCA amount. This was the applicable limitation on agency authority under the FCCA prior to November 15, 1990.

On November 15, 1990, section 8(b) of Public Law 101–552 amended 31 U.S.C. 3711 to increase Federal agencies' authority under regulations to compromise, suspend, or terminate collection action on claims to $100,000 (exclusive of interest) or such higher

amount as the Attorney General may from time to time prescribe. We are revising our regulations at 42 CFR 401.601 and 405.374 to reflect the "$100,000 or higher amount as the Attorney General may from time to time prescribe" in 31 U.S.C. 3711, as amended.

III. Waiver of Proposed Rulemaking and Delay in Effective Date

We usually publish a general notice of proposed rulemaking in the **Federal Register** and afford prior public comments on proposed rules. Such notice must include a statement of the time, place, and nature of rulemaking proceedings, reference to the legal authority under which the rule is proposed, and the terms of substance of the proposed rule or a description of the subjects and issues involved. In addition, section 1871 of the Social Security Act generally requires a 60 day public comment period. However, these requirements do not apply when an agency finds good cause that such a notice and comment procedure is impracticable, unnecessary, or contrary to the public interest and incorporates a statement of the finding and its reason in the rules issued.

This regulation and technical change update our display of OMB control numbers for approved collection of information requirements contained in HCFA regulations text. The Department routinely publishes a notice in the **Federal Register** when an information collection requirements clearance request identified in a rule or notice is submitted to OMB, and the public is offered an opportunity to comment. It would be duplicative and provide an unnecessary delay to solicit comments on this display of approved numbers.

With respect to increasing the limit for compromising and suspending or terminating collection action on claims, as noted earlier, this rule merely conforms our rules to properly reflect explicit statutory provisions which are clear on their face and which we are not interpreting in any way. The changes of Public Law 101–552 were effective November 15, 1990. Without these changes, our regulation limitations would appear to conflict with the FCCA, possibly confusing those who rely on our regulations. Moreover, these changes are procedural rather than substantive, in that they merely update the dollar limits up to which HCFA is authorized to resolve claims.

For all of the above reasons, we find good cause to waive both notice and comment rulemaking procedure and a delay in the effective date as impracticable, unnecessary and contrary to the public interest. Under these circumstances publication of the correct up-to-date rules without further delay best serves those governed by these regulations.

IV. Impact Analysis

As noted above, this regulation is technical in nature and merely updates the display of OMB control numbers of approved collection of information requirements contained in HCFA regulations and increases the authority of the Administrator to compromise, suspend or terminate collection action on claims for money or property from $20,000 to $100,000 or such higher amount as the Attorney General may from time to time prescribe, exclusive of interest. Therefore, the Secretary has determined that this document does not meet criteria for a major rule as defined in section 1(b) of Executive Order 12291. The Secretary also certifies, consistent with the Regulatory Flexibility Act, that this document would not have a significant economic impact on a substantial number of small entities. In addition, we are not preparing a rural impact analysis as required by section 1102(b) of the Act since we have determined, and the Secretary certifies, that this rule will not have a significant economic impact on the operations of a substantial number of small rural hospitals.

V. Response to Public Comments

Because of the large volume of public comments that we usually receive on rules, we cannot acknowledge or respond to them individually. However, we will address all public comments on this document received by the date and time specified in the **DATES** section of this preamble in any subsequent final regulations.

List of Subjects

42 CFR Part 400

Grant program-health, Health facilities, Health maintenance organizations (HMO), Medicaid, Medicare, Reporting and recordkeeping requirements.

42 CFR Part 401

Claims, Freedom of information, Health facilities, Medicare, Privacy.

42 CFR Part 405

Administrative practice and procedure, Health facilities, Health professions, Kidney diseases, Laboratories, Medicare, Nursing homes, Reporting and recordkeeping, Rural areas, X-rays.

42 CFR Chapter IV, Subchapter A is amended as set forth below.

PART 400—INTRODUCTION; DEFINITIONS

Subpart C—OMB Control Numbers for Approved Collections of Information

A. Part 400, Subpart C is amended as follows:

1. The authority citation for part 400 continues to read as follows:

Authority: Sections 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh) and 44 U.S.C. Chapter 35.

2. Section 400.310 is revised to read as follows:

§ 400.310 Display of currently valid OMB control numbers.

Sections in 42 CFR that contain collections of information	Current OMB control numbers
405.481	0938–0285
405.552	0938–0285
405.1221, 405.1229	0938–0365
405.1716, 405.1717, 405.1720, 405.1721, 405.1722, 405.1724, 405.1725, 405.1726, 405.1733, 405.1736, 405.1737	0938–0366
405.2112, 405.2123, 405.2134, 405.2136, 405.2137, 405.2138, 405.2139, 405.2140, 405.2171	0938–0386
410.105	0938–0267
411.25, 411.32	0938–0564
411.54	0938–0558
411.65	0938–0564
411.404, 411.406	0938–0465
411.408	0938–0566
412.230, 412.232, 412.234, 412.236, 412.254, 412.260, 412.266, 412.278	0938–0573
416.47	0938–0266
417.107	0938–0472
418.22, 418.24, 418.28, 418.56, 418.58, 418.70, 418.74	0938–0302
418.83	0938–0475
418.96, 418.100	0938–0302
421.117	0938–0542
424.22	0938–0489
424.5, 424.7, 424.20	0938–0454
431.17, 431.306	0938–0467
431.50, 431.52, 431.55, 431.625, 431.800	0938–0247
432.50	0938–0459
433.36, 433.37, 433.135	0938–0247
433.139	0938–0459, 0938–0554, and 0938–0555
435.1, 435.910, 435.919, 435.920, 435.940, 435.945, 435.948, 435.952, 435.953, 435.955, 435.960, 435.965, 435.1003, 441.11, 441.15, 441.20	0938–0247
441.56, 441.58, 441.60, 441.61	0938–0354
441.303	0938–0272
447.31	0938–0267
447.45, 447.50, 447.51, 447.52	0938–0247
447.53	0938–0429
447.55	0938–0247
447.253	0938–0556
447.255	0938–0193
447.302, 447.331, 447.332, 447.333, 456.80	0938–0247
462.102, 462.103	0938–0526
473.18, 473.34, 473.36, 473.42	0938–0443
476.104, 476.105, 476.116, 476.134	0938–0426
482.12, 482.22, 482.27, 482.30, 482.41, 482.53 482.56, 482.57, 482.60, 482.62	0938–0328

Sections in 42 CFR that contain collections of information	Current OMB control numbers
484.1, 484.2, 484.10, 484.12, 484.16–484.34, 484.48, 484.52	0938–0365
489.20	0938–0564
491.9, 491.10	0938–0334
493.35–493.63	0938–0612
493.801–493.1285	0938–0612
493.1425	0938–0612
493.1701–493.1721	0938–0612
493.1775–493.1780	0938–0612
493.2001	0938–0612

PART 401—GENERAL ADMINISTRATIVE REQUIREMENTS

Subpart F—Claims Collection and Compromise

B. Part 401, subpart F, is amended as follows:

1. The authority citation for part 401, subpart F continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh) and 31 U.S.C. 3711.

2. In § 401.601, paragraphs (b) and (c) are revised to read as follows:

§ 401.601 Basis and scope.

* * * * *

(b) *Scope.* Except as provided in paragraphs (c) through (f) of this section, the regulations in this subpart describe HCFA's procedures and standards for the collection of claims in any amount, and the compromise of, or the suspension or termination of collection action on, all claims for money or property that do not exceed $100,000 or such higher amount as the Attorney General may from time to time prescribe, exclusive of interest, arising under any functions delegated to HCFA by the Secretary.

(c) *Amount of claim.* HCFA refers all claims that exceed $100,000 or such higher amount as the Attorney General may from time to time prescribe, exclusive of interest, to the Department of Justice or the General Accounting Office for the compromise of claims, or the suspension or termination of collection action.

* * * * *

PART 405—FEDERAL HEALTH INSURANCE FOR THE AGED AND DISABLED

Subpart C—Recovery of Overpayments, and Suspension of Payment

C. Part 405, subpart C is amended as follows:

1. The authority citation for part 405, subpart C continues to read as follows:

Authority: Secs. 1102, 1815, 1833, 1842, 1866, 1870, 1871, and 1879 of the Social Security Act; 42 U.S.C. 1302, 1395g, 1395l 1395u, 1395cc, 1395gg, 1395hh, and 1395pp, and 31 U.S.C. 3711.

2. In § 405.374, paragraph (c) is revised to read as follows:

§ 405.374 Collection and compromise of claims for overpayments.

* * * * *

(c) *Basic conditions.* A claim for recovery of Medicare overpayments against a debtor may be compromised, or collection action on it may be suspended or terminated, by the Health Care Financing Administration (HCFA) if:

(1) The claim does not exceed $100,000, or such higher amount as the Attorney General may from time to time prescribe, exclusive of interest; and

(2) There is no indication of fraud, the filing of a false claim, or misrepresentation on the part of the debtor or any director, partner, manager, or other party having an interest in the claim.

* * * * *

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare Hospital Insurance and No. 93.774, Supplementary Medical Insurance.)

Dated: September 8, 1992.

William Toby, Jr.

Acting Deputy Administrator, Health Care Financing Administration.

Approved: November 2, 1992.

Louis W. Sullivan,

Secretary.

[FR Doc. 92–29098 Filed 12–1–92; 8:45 am]

BILLING CODE 4120–01–M

FEDERAL COMMUNICATIONS COMMISSION

47 CFR Part 69

[CC Docket No. 86–10; FCC 92–521]

Provision of Access for 800 Service

AGENCY: Federal Communications Commission.

ACTION: Final rule.

SUMMARY: The Commission adopted an Order that delayed until May 1, 1993 the March 1993 deadline for mandatory 800 data base access, and ordered the local exchange carriers to defer until January 1993 further switch conversions that would route 800 traffic to the data base for a six-digit NXX screening. The Commission found that such action would be prudent in light of the strict schedule required to meet the March 1993 deadline, and parties' concerns about possible disruption of 800 service during the fourth quarter of 1992.

EFFECTIVE DATE: Decisions in this Order were effective November 23, 1992.

FOR FURTHER INFORMATION CONTACT: Gary Phillips, (202) 632–4048, or Suzanne Tetreault, (202) 632–6374.

SUPPLEMENTARY INFORMATION:

This is a summary of the Commission's Order, FCC 92–521, adopted and released November 20, 1992. The full text of this Commission decision is available for inspection and copying during normal business hours in the FCC Reference Center (room 239), 1919 M Street, NW., Washington, DC 20554. The complete text of this decision may also be purchased from the Commission's copy contractors, Downtown Copy Center, 1990 M Street, NW., suite 640, Washington, DC 20036, (202) 452–1422.

Summary of the Order

1. 800 service is an interexchange service in which subscribers agree in advance to pay for all calls made to them using a predesignated 800 number. Local exchange carriers (LECs) must handle originating 800 access differently from originating access for ordinary interexchange calls because they must route 800 calls to the interchange carrier (IXC) selected by the 800 service subscriber (the called party), rather than the IXC presubscribed to the originating line or chosen by the calling party. LECs currently provide originating 800 access service through the "NXX" screening methodology, which identifies the IXC by reading the three digits (the NXX digits) that immediately follow the 800 prefix. Because the NXX system identifies the 800 carrier by the NXX digits, this system requires that each NXX be assigned to a particular carrier, and subscribers cannot change carriers without changing their 800 number. LECs are currently implementing a new "data base" system of 800 access. This data base system will allow the LECs to use the entire 800 number, rather than just the NXX digits, to identify the 800 carrier. This system, therefore, provides for "number portability," allowing an 800 subscriber to use any carrier with any 800 number.

2. In August 1991, the Commission established revised access time standards for the implementation of the 800 data base system, and required the Bell Operating Companies and GTE to meet those standards by March 4, 1993.[1]

[1] See Provision of Access for 800 Service, Memorandum Opinion and Order on

In preparation for implementation of mandatory data base access, the LECs plan to test their data base systems by using them for six-digit NXX screening of 800 traffic.[2]

3. On September 2, 1992, the Ad Hoc Telecommunications Users Committee filed a Petition for Expedited Declaratory Ruling, requesting that the Commission rule that LECs may not use the 800 data base for six-digit NXX screening in order to route 800 traffic to IXCs during the transition to mandatory data base access if access times would exceed the standards set forth in the Reconsideration Order. Ad Hoc also argued that the public would be best served if the use of 800 data base technology to route traffic did not begin until the first quarter of 1993

4. On September 24, 1992, the Financial Services Providers, representing the California Bankers Clearing House Association, New York Clearing House Association, VISA U.S.A., Inc. and MasterCard International, Incorporated, filed a Petition for Expedited Action requesting a three-month delay in the March 4, 1993, deadline for implementation of mandatory data base access.

5. The Commission noted that in the fourteen months since the Reconsideration Order was released, substantial progress had been made toward implementing the 800 data base access system, but that SS7 interconnection activity in a few LEC regions was somewhat behind schedule. The Commission found that those LECs would have to proceed under extremely tight deadlines, with little or no tolerance for error or delay, in order to effect a seamless transition to 800 data base service by March 1993. The Commission concluded that under the circumstances, a brief extension of the deadline for mandatory data base access, from March 4, 1993, to May 1, 1993, was prudent. The Commission also ordered the local exchange carriers to defer further conversions to six-digit data base screening until January 1993.

6. The Commission also denied the request of Ad Hoc, endorsed by the Financial Services Providers, that the LECs be prohibited from undertaking any 800 data base routing during the implementation period if the access time standards established in the Access Time Waiver Orders would be exceeded.

Ordering Clauses

7. Accordingly, pursuant to the authority contained in 47 U.S C. 151, 154 (i) and (j), 201–205, and 218, *it is ordered* that the Petition for Expedited Declaratory Ruling filed September 1, 1992 by the Ad Hoc Telecommunications Committee and the Petition for Expedited Action filed September 24, 1992, by the Financial Service Providers *are hereby granted* to the extent described in this order and are otherwise *denied*

8. *It is further ordered* that the provisions in this Order will be effective November 23, 1992.[3]

List of Subjects in 47 CFR Part 69

Communications common carriers; Telephone.

Federal Communications Commission.

William F. Canton,

Acting Secretary.

[FR Doc. 92–29159 Filed 12–1–92, 8:45 am]

BILLING CODE 6712–01–M

---

47 CFR Part 73

[MM Docket No. 89–172; RM–6894]

Radio Broadcasting Services; Castle Rock, Colorado Springs, Frisco, and Salida, Colorado, and Raton, NM

AGENCY: Federal Communications Commission.

ACTION: Final rule.

SUMMARY: This document grants a counterproposal filed in response to the Notice of Proposed Rule Making in this proceeding to upgrade FM channels at Castle Rock and Salida, CO, and Raton, NM, and to modify existing facilities as set forth *infra* (see **SUPPLEMENTARY INFORMATION**). See 54 FR 28077, July 5, 1989. With this action, this proceeding is terminated.

EFFECTIVE DATE: January 8, 1993.

FOR FURTHER INFORMATION CONTACT: Andrew J. Rhodes, Mass Media Bureau, (202) 632–5414.

SUPPLEMENTARY INFORMATION: This is a synopsis of the Commission's Report and Order, MM Docket No. 89–172, adopted October 30, 1992, and released November 25, 1992. The full text of this Commission decision is available for inspection and copying during normal business hours in the FCC Dockets Branch (room 230), 1919 M Street, NW., Washington, DC. The complete text of this decision may also be purchased from the Commission's copy contractors, Downtown Copy Center, (202) 452–1422, 1990 M Street, NW., suite 640, Washington, DC 20036.

The Commission, at the request of Century Broadcasting Corporation, licensee of Station KYBG–FM, Castle Rock, CO, substitutes Channel 221C2 for Channel 221A at Castle Rock and modifies the license for Station KYBG–FM accordingly. To accommodate this upgrade, the Commission substituted Channel 230A for Channel 221A at Frisco, CO; Channel 222C3 for Channel 221A at Salida, CO; Channel 232C for Channel 230C at Colorado Springs, CO; and Channel 229C2 for Channel 232A at Raton, NM. The licenses for Station KYSL(FM), Frisco, Station KVRH–FM, Salida, Station KILO–FM, Colorado Springs, and Station KRTN–FM, Raton, were modified to specify operation on the substituted channels. The Commission also denied the objections of Stations KYSL(FM) and KILO–FM and required that they change channels. The coordinates for Channel 221C2 at Castle Rock are 39–24–57 and 105–10–02. The coordinates for Channel 222C3 at Salida are 38–30–26 and 106–01–22. The coordinates for Channel 229C2 at Raton are 36–41–01 and 104–24–49. The coordinates for Channel 230A at Frisco are 39–33–22 and 106–06–53. The coordinates for Channel 232C at Colorado Springs are 38–44–44 and 104–51–43.

List of Subjects in 47 CFR Part 73

Radio broadcasting.

PART 73—[AMENDED]

1. The authority citation for part 73 continues to read as follows:

Authority: 47 U.S.C. 154, 303

§73.202 [Amended]

2. Section 73.202(b), the Table of FM Allotments under Colorado, is amended

---

Reconsideration and Second Supplemental Notice of Proposed Rulemaking, 6 FCC Rcd 5421 (1991) 56 FR 51666 October 1991 (Reconsideration Order) "Access time" as defined in the Reconsideration Order is the time that begins when the caller completes dialing an 800 call and ends when the call is delivered by the originating local exchange carrier (LEC) to an interexchange carrier (IXC).

Subsequently, the Common Carrier Bureau granted limited waivers of the March 1993 access time standard to each BOC and GTE. Those waivers, however, did not affect the March 1993 deadline. See Provision of Access for 800 Service, CC Docket No. 86–10, 7 FCC Rcd 4969 (Ameritech); 7 FCC Rcd 4973 (Bell Atlantic); 7 FCC Rcd 5014 (NYNEX); 7 FCC Rcd 5019 (Southwestern Bell); 7 FCC Rcd 5035 (BellSouth); 7 FCC Rcd 5039 (GTE); 7 FCC Rcd 5042 (Pacific); 7 FCC Rcd 5046 (United); 7 FCC Rcd 5050 (US West) (1992) (the "Access Time Waiver Orders").

[2] Such six-digit NXX screening would not allow for number portability, which will be possible only after the conversion to data base access is completed. Rather, it will simply conduct NXX screening at the data base instead of at the LEC switches.

[3] The effective date of a rule may be made less than 30 days from publication in the **Federal Register** where good cause exists. See 5 U.S.C. 553(d)(3). In order to implement expeditiously our requirement that the LECs defer until 1993 any further switch conversions that would route 800 traffic to the data base for six-digit NXX screening, we find good cause to make this order effective three days after its release.