

For valuation dates occurring in the month—

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May 20020590	1–25	.0425	>25	N/A	N/A

Issued in Washington, DC, on this 9th day of April 2002.

Steven A. Kandarian,

Executive Director, Pension Benefit Guaranty Corporation.

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DEPARTMENT OF DEFENSE

Office of the Secretary

32 CFR Part 199

RIN–0720–AA60

TRICARE; Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); Bonus Payments in Medically Underserved Areas

AGENCY: Office of the Secretary, DoD.

ACTION: Final rule.

SUMMARY: This final rule implements a bonus payment, in addition to the amount normally paid under the allowable charge methodology, to physicians in medically underserved areas. For purposes of this rule, medically underserved areas are the same as those determined by the Secretary of Health and Human Services for the Medicare program. Such bonus payments shall be equal to the bonus payments authorized by Medicare, except as necessary to recognize any unique or distinct characteristics or requirements of the TRICARE program, and as described in instructions issued by the Executive Director, TRICARE Management Activity. This rule promotes a reimbursement enhancement to a limited number of physicians designed to increase TRICARE beneficiary access to care.

EFFECTIVE DATE: This rule is effective August 2, 2000.

ADDRESSES: TRICARE Management Activity, Medical Benefits and Reimbursement Systems, 16401 East Centretech Parkway, Aurora, CO 80011–9043.

FOR FURTHER INFORMATION CONTACT: Stan Regensberg, Medical benefits and Reimbursement Systems, TRICARE Management Activity, telephone (303) 676–3742.

SUPPLEMENTARY INFORMATION:

I. Final Rule Provisions

A. Overview

This final rule implements a bonus payment, in addition to the amount normally paid under the allowable charge methodology, to physicians in medically underserved areas. This action is undertaken under authority of Title 10, United States Code Chapter 55, section 1079, Paragraph (h)(1). For purposes of this rule, medically underserved areas are the same as those determined by the Secretary of Health and Human Services for the Medicare program, as described below. Such bonus payments shall be equal to the bonus payments authorized by Medicare, except as necessary to recognize any unique or distinct characteristics or requirements of the TRICARE program, and as described in instructions issued by the Executive Director, TRICARE Management Activity. Bonus payments under Medicare are described below. If the Department of Health and Human Services acts to amend or remove the provision for bonus payments under Medicare, TRICARE likewise may follow Medicare in amendment or removing provision for such payments. Additionally, it provides a reimbursement enhancement that favors physicians in underserved areas, thus alleviating healthcare access problems experienced by beneficiaries residing in such areas. Finally, because Medicare previously established a bonus payment reimbursement mechanism in these areas, our emulation of this well established mechanism complies with existing statutory mandates that TRICARE follow Medicare reimbursement policy wherever practicable. This rule will not unilaterally increase payments to all physicians, but just those residing in these underserved areas. To do otherwise would prevent TRICARE Management Activity from fulfilling its duty to beneficiaries in these underserved areas.

B. Medicare Underserved Areas

For Medicare, “medically underserved areas” are those HPSAs (Health Professional Shortage Areas) designated by the Bureau of Primary Health Care (BPHC) within the Health

Resources and Services Administration (HRSA). HRSA defines the areas through a set of criteria and publishes lists which have names of the areas (sometimes by county, sometimes by census tract, or other descriptive definitions). The HPSAs are areas considered to have a shortage of primary care physicians, but Medicare pays the bonus payment for all physician services in these geographic areas. Medicare carriers are responsible for determining the boundaries of the HPSAs and qualifying physicians within these areas. Areas are to have a shortage of primary care health physicians; many are rural but that is not a criterion for inclusion; poor inter-city geographic areas are often included.

C. Medicare Bonus Payments

The Medicare program pays physicians that provide services in medically underserved areas a bonus payment equal to ten percent of their Medicare payments, and the Medicare carriers calculate and pay these bonus payments quarterly by summing the amount of government payment from claims with a special modifier (QB or QU) which indicates that the service was provided in such an area (i.e., this is not an increase in the allowed amount nor does it produce a special fee schedule for this type of service, it is simply a bonus payment). The Medicare bonus payment is based on § 1833(b) of the Social Security Act.

II. Public Comments

A 60-day comment period was provided on the interim final rule. Comments were received from only two parties. Both the American Psychiatric Association and the Veterans Health Administration comments concerned the process that would be used to implement the bonus payment reimbursement system. The process that shall be used will pay physicians that provide services in health professional shortage areas the same additional payment that Medicare would pay in these areas. TRICARE contractors that administer and pay for physician services will inform physicians of the process that will be followed in order to receive the bonus payment from TRICARE. There was some confusion that occurred between the bonus

payment provision and the proposed rule that was published in the **Federal Register** on May 20, 2000. The two publications are separate and distinct.

Regulatory Procedure

Executive Order 12866 requires certain regulatory assessments for any significant regulatory action, defined as one which would result in an annual effect on the economy of \$100 million or more, or have other substantial impacts. The Regulatory Flexibility Act (RFA) requires that each Federal agency prepare, and make available for public comment, a regulatory flexibility analysis when the agency issues a regulation which would have a significant impact on a substantial number of small entities.

This rule has been designated as significant and has been reviewed by the Office of Management and Budget as required under the provisions of E.O. 12866.

The changes set forth in the final rule are minor revisions to the existing regulation. The final rule will not impose additional information collection requirements on the public under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501–3511).

List of Subjects in 32 CFR Part 199

Claims, Handicapped, Health insurance, Military personnel.

Accordingly, 32 CFR part 199 is amended as follows:

PART 199—[AMENDED]

1. The authority citation for Part 199 continues to read as follows:

Authority: 5 U.S.C. 301; and 10 U.S.C. Chapter 55.

2. Section 199.14 is amended by revising paragraph (h)(2) to read as follows:

§ 199.14 Provider reimbursement methods.

* * * * *

(h) * * *

(2) *Bonus payments in medically underserved areas.* A bonus payment, in addition to the amount normally paid under the allowable charge methodology, may be made to physicians in medically underserved areas. For purposes of this paragraph, medically underserved areas are the same as those determined by the Secretary of Health and Human Services for the Medicare program. Such bonus payments shall be equal to the bonus payments authorized by Medicare, except as necessary to recognize any unique or distinct characteristics or requirements of the TRICARE program,

and as described in instructions issued by the Executive Director, TRICARE Management Activity. If the Department of Health and Human Services acts to amend or remove the provision for bonus payments under Medicare, TRICARE likewise may follow Medicare in amending or removing provision for such payments.

* * * * *

Dated: April 14, 2002.

L.M. Bynum,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

[FR Doc. 02–8586 Filed 4–12–02; 8:45 am]

BILLING CODE 5001–08–M

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 52

[IL207–1a; FRL–7159–9]

Approval and Promulgation of Implementation Plans; Illinois

AGENCY: Environmental Protection Agency (EPA).

ACTION: Direct final rule.

SUMMARY: EPA is approving new emissions tests averaging provisions for the state of Illinois. The Illinois Environmental Protection Agency (IEPA) submitted the provisions on October 9, 2001 as a requested revision to the Illinois State Implementation Plan (SIP). The new provisions provide that when conducting a compliance test, a source is considered in compliance with the relevant standard if the average of 3 emissions test runs is at or below the level specified in the emissions standard.

DATES: This rule is effective on June 14, 2002, unless EPA receives relevant adverse written comments by May 15, 2002. If adverse comment is received, EPA will publish a timely withdrawal of the rule in the **Federal Register** and inform the public that the rule will not take effect.

ADDRESSES: You should send written comments to: J. Elmer Bortzer, Chief, Regulation Development Section, Air Programs Branch (AR–18J), U.S. Environmental Protection Agency, Region 5, 77 West Jackson Boulevard, Chicago, Illinois 60604.

You may inspect copies of the State submittal and EPA's analysis of it at:

Regulation Development Section, Air Programs Branch (AR–18J), U.S. Environmental Protection Agency, Region 5, 77 West Jackson Boulevard, Chicago, Illinois 60604.

FOR FURTHER INFORMATION CONTACT:

David Pohlman, Environmental Scientist, Regulation Development Section, Air Programs Branch (AR–18J), U.S. Environmental Protection Agency, Region 5, 77 West Jackson Boulevard, Chicago, Illinois 60604, (312) 886–3299.

SUPPLEMENTARY INFORMATION:

Throughout this document wherever “we,” “us,” or “our” are used we mean EPA.

Table of Contents

- I. What is the EPA approving?
 - a. What sources may or may not use the emissions tests averaging provisions?
 - b. What are the criteria for emissions tests averaging?
 - c. Test plans.
 - d. Changes to test plans.
- II. Analysis of the requested SIP revision.
- III. What are the environmental effects of this action?
- IV. EPA rulemaking action.
- V. Administrative requirements.

I. What Is the EPA Approving?

EPA is approving new emissions tests averaging provisions for the state of Illinois. The new provisions provide that when conducting a compliance test, a source is considered in compliance with the relevant standard if the average of 3 emissions test runs is at or below the level specified in the emissions standard.

a. What Sources May or May Not Use the Emissions Tests Averaging Provisions?

The emissions tests averaging provisions only apply to continuous steady-state units, cyclic steady-state units, or other units that during normal operating conditions produce a consistent pattern of emissions.

Also, the emissions tests averaging provisions may not be used for determining the compliance status of emissions units that are subject to Sections 111 (Standards of Performance for New Stationary Sources) and 112 (Hazardous Air Pollutants) of the Clean Air Act or for units that are being tested for emissions generated by hazardous waste or municipal waste.

b. What Are the Criteria for Emissions Tests Averaging?

For emissions tests averaging to be used, the provisions require at least 3 valid test runs to be conducted. However, compliance may be determined with only 2 valid test runs “in the event that a sample is accidentally lost or conditions occur in which one of the test runs must be discontinued because of forced shutdown, failure of an irreplaceable portion of the sample train, extreme