

outstanding PFPWD benefit authorizations for services or items being rendered by the provider.

(2) *ECHO provider categories*—(i) *ECHO inpatient care provider*. A provider of residential institutional care, which is otherwise an ECHO benefit, shall be:

(A) A not-for-profit entity or a public facility; and

(B) Located within a state; and

(C) Be certified as eligible for Medicaid payment in accordance with a state plan for medical assistance under Title XIX of the Social Security Act (Medicaid) as a Medicaid Nursing Facility, or Intermediate Care Facility for the Mentally Retarded, or be a TRICARE-authorized institutional provider as defined in paragraph (b) of this section, or be approved by a state educational agency as a training institution.

(ii) *ECHO outpatient care provider*. A provider of ECHO outpatient, ambulatory, or in-home services shall be:

(A) A TRICARE-authorized provider of services as defined in this section; or

(B) An individual, corporation, foundation, or public entity that predominantly renders services of a type uniquely allowable as an ECHO benefit and not otherwise allowable as a benefit of § 199.4, that meets all applicable licensing or other regulatory requirements of the state, county, municipality, or other political jurisdiction in which the ECHO service is rendered, or in the absence of such licensing or regulatory requirements, as determined by the Director, TRICARE Management Activity or designee.

(iii) *ECHO vendor*. A provider of an allowable ECHO item, such as supplies or equipment, shall be deemed to be a TRICARE-authorized vendor for the provision of the specific item, supply or equipment when the vendor supplies such information as the Director, TRICARE Management Activity or designee determines necessary to adjudicate a specific claim.

(3) *ECHO provider exclusion or suspension*. A provider of ECHO services or items may be excluded or suspended for a pattern of discrimination on the basis of disability. Such exclusion or suspension shall be accomplished according to the provisions of § 199.9.

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■ 8. Section 199.7 is corrected by revising paragraph (a)(2) and (b)(2)(xii) to read as follows:

§ 199.7 Claims submission, review, and payment.

(a) *General*. * * *

(2) *Claim required*. No benefit may be extended under the Basic Program or Extended Care Health Option (ECHO) without submission of an appropriate, complete and properly executed claim form.

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(b) *Information required to adjudicate a CHAMPUS claim*. * * *

(2) *Patient treatment information*.

* * *

(xii) *Other authorized providers*. For items from other authorized providers (such as medical supplies), an explanation as to the medical need must be attached to the appropriate claim form. For purchases of durable equipment under the ECHO it is necessary also to attach a copy of the authorization.

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■ 9. Section 199.8 is corrected by revising paragraphs (d)(4) and (d)(5) to read as follows:

§ 199.8 Double coverage.

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(d) *Special considerations*. * * *

(4) *Extended Care Health Option (ECHO)*. For those services or supplies that require use of public facilities, an ECHO eligible beneficiary (or sponsor or guardian acting on behalf of the beneficiary) does not have the option of waiving the full use of public facilities which are determined by the Director, TRICARE Management Activity or designee to be available and adequate to meet a disability related need for which an ECHO benefit was requested. Benefits eligible for payment under a state plan for medical assistance under Title XIX of the Social Security Act (Medicaid) are never considered to be available in the adjudication of ECHO benefits.

(5) *Primary payer*. The requirements of paragraph (d)(4) of this section notwithstanding, TRICARE is primary payer for services and items that are provided in accordance with the Individualized Family Service Plan as required by Part C of the Individuals with Disabilities Education Act and that are medically or psychologically necessary and otherwise allowable under the TRICARE Basic Program or the Extended Care Health Option.

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■ 10. Section 199.20 is corrected by revising paragraph (p)(2)(i) to read as follows:

§ 199.20 Continued Health Care Benefits Program (CHCBP)

* * * * *

(p) *Special program not applicable*.

* * *

(2) *Examples*.

(i) The Extended Care Health Option (ECHO) under § 199.5.

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■ 11. Appendix A to part 199 is corrected by adding the term “ECHO” in alphabetical order to read as follows:

Appendix A to Part 199—Acronyms

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ECHO—Extended Care Health Option

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Dated: August 10, 2004.

L.M. Bynum,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

[FR Doc. 04–18600 Filed 8–19–04; 8:45 am]

BILLING CODE 5001–06–M

DEPARTMENT OF DEFENSE

Department of the Army

32 CFR Part 519

RIN 070–AA40–U

Publication of Rules Affecting the Public; Correction

AGENCY: Department of the Army, DoD.

ACTION: Final rule; correction.

SUMMARY: The Department of the Army is correcting a final rule that appeared in the **Federal Register** of August 6, 2004 (69 FR 47766). The document issued guidance on publication of rules affecting the public in incorporate requirements and policies required by various acts of Congress and Executive Orders. It also incorporates changes to program pronency and policies within the Department of the Army.

DATES: Effective September 7, 2004.

FOR FURTHER INFORMATION CONTACT: Ms. Brenda Bowen, Army Federal Register Liaison Officer, Alexandria, VA at (703) 428–6422 or Mrs. Brenda Kopitzke, Alternate Army Federal Register Liaison Officer, Alexandria, VA at (703) 428–6437.

SUPPLEMENTARY INFORMATION: In the FR Doc. 04–17998 appearing on page 47766 in the **Federal Register** of Friday, August 6, 2004, the following correction is made:

§ 519.1 [Corrected]

■ On page 47766, in the third column, in § 519.1 the phrase “as implemented by 32 CFR Part 335;” is corrected to read “as implemented by 32 CFR Part 336;”

Brenda S. Bowen,

Army Federal Register Liaison Officer.

[FR Doc. 04–19115 Filed 8–19–04; 8:45 am]

BILLING CODE 3710–08–M