

Prescribers in Military Treatment Facilities (MTFs) and TRICARE Contracts.

**Needs and Uses:** A confidential survey will be completed at two points in time, before and after the implementation of the new uniform formulary program by DoD, by prescribers working for MTFs and TRICARE Contractors. The two surveys will collect information which will be used to assess their experiences prescribing formulary and non-formulary medications. This information will inform future implementation and enforcement of the uniform formulary system within the Military Health System (MHS) as mandated by Congress.

**Affected Public:** Individuals—MTSs and TRICARE contract providers.

**Annual Burden Hours:** 330.

**Number of Respondents:** 1000 per survey; 2000 total.

**Respondents per Respondent:** 1 per person.

**Average Burden Per Response:** 20 minutes per survey.

**Frequency:** Two times; before and after the implementation of the uniform formulary.

#### **SUPPLEMENTARY INFORMATION:**

#### **Summary of Information Collection**

National Defense Research Institute (NDRI), an OSD-sponsored federally funded research and development center at RAND, will undertake an evaluation of the DoD's Uniform Formulary Program for TMA, focusing on the issues identified in the legislation and which address the interests of Congress in MHS formulary management, and producing the two required reports in Congress. NDRI will collect the information and generate the analyses necessary to meet the requirements outlined in Section 701 of the National Defense Authorization Act for FY2000.

Activities include the collection and analysis of information obtained confidentially at two points in time from prescribers (physicians, physician assistants, and nurse practitioners) within the MTF and TRICARE contract providers: prior to and following complete implementation of a uniform formulary. Information will be collected on the extent to which the prescribing activities and behaviors of current prescribers within TRICARE and the MTFs are affected by the implementation of a uniform formulary. Furthermore, the survey will ask prescribers their thoughts about the impact of a uniform formulary on the aggregate cost, quality and accessibility of health care provided to covered

beneficiaries. Finally, this effort will also gather information on the prescribers' beliefs and attitudes regarding the rationale behind implementing an integrated formulary system within the Military Health System (MHS).

The evaluation reports will address all the legislative requirements, which include providing information about the opinions of prescribers about formulary development (*i.e.* its use and its usefulness) the impact of formulary restrictions on prescribers' clinical decision-making, and the prescribers' view of the impact of formulary restrictions on the cost, quality and accessibility of healthcare provided to MHS beneficiaries.

Dated: December 11, 2000.

**Patricia L. Toppings,**

*Alternate OSD Federal Register Liaison Officer, Department of Defense.*

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#### **DEPARTMENT OF DEFENSE**

##### **Office of the Secretary**

##### **Submission for OMB Review; Comment Request**

**ACTION:** Notice.

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

**Title, Form, and OMB Number:** Air Force Academy Candidate Personal Data Record; USAF Form 146; OMB Number 0701-0064.

**Type of Request:** Extension.

**Number of Respondents:** 7,233.

**Responses per Respondent:** 1.

**Annual Responses:** 7,233.

**Average Burden per Response:** 30 minutes.

**Annual Burden Hours:** 3,617.

**Needs and Uses:** The information collected on this form is required by 10 U.S.C. 9346. The respondents are students who are applying for admission to the United States Air Force Academy. Each student's background and aptitude is reviewed to determine eligibility. If the information on this form is not collected, the individual cannot be considered for admittance to the Air Force Academy.

**Affected Public:** Individuals or Households.

**Frequency:** On Occasion.

**Respondent's Obligation:** Required to obtain or retain benefits

**OMB Desk Officer:** Mr. Edward C. Springer.

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

**DOD Clearance Officer:** Mr. Robert Cushing.

Written requests for copies of the information collection proposal should be sent to Mr. Cushing, WHS/DIOR, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302.

Dated: December 11, 2000.

**Patricia L. Toppings,**

*Alternate OSD Federal Register Liaison Officer, Department of Defense.*

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#### **DEPARTMENT OF DEFENSE**

##### **Office of the Secretary**

##### **Submission for OMB Review; Comment Request**

**ACTION:** Notice.

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

**Title, Form, and OMB Number:** Air Force Academy Request for Secondary School Transcript; USAF Form 148; OMB Number 0701-0066.

**Type of Request:** Reinstatement.

**Number of Respondents:** 6,954.

**Responses per Respondent:** 1.

**Annual Responses:** 6,954.

**Average Burden per Response:** 30 minutes.

**Annual Burden Hours:** 3,477.

**Needs and Uses:** The information collection requirement is necessary to obtain data on a candidate's background and aptitude in determining eligibility and selection to the Air Force Academy. The information is required by 10 U.S.C. 9346. Respondents are students who are applying for admission to the Air Force Academy. If the information on this form is not collected, the individual cannot be considered for admittance to the Air Force Academy.

**Affected Public:** Individuals or households.

**Frequency:** On occasion.

**Respondent's Obligation:** Required to Obtain or Retain Benefits.

**OMB Desk Officer:** Mr. Edward C. Springer.

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

*DOD Clearance Officer:* Mr. Robert Cushing.

Written requests for copies of the information collection proposal should be sent to Mr. Cushing, WHS/DIOR, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302.

Dated: December 11, 2000.

**Patricia L. Toppings,**

*Alternate OSD Federal Register Liaison Officer, Department of Defense.*

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## DEPARTMENT OF DEFENSE

### Office of the Secretary

#### Medical and Dental Services for Fiscal Year 2001

**SUMMARY:** Notice is hereby given that on September 30, 2000, the Deputy Chief Financial Officer approved the following reimbursement rates for inpatient and outpatient medical care to be provided in FY 2001. These rates were effective October 1, 2000.

The FY 2001 Department of Defense (DoD) reimbursement rates for inpatient, outpatient, and other services are provided in accordance with Title 10, United States Code, section 1095. Due to size, the sections containing the Drug Reimbursement Rates (section IV.C) and

the rates for Ancillary Services Requested by Outside Providers (section IV.D.) are not included in this package. Those rates are available from the TRICARE Management Activity's Uniform Business Office website: [http://www.tricare.osd.mil/ebc/rm/rm\\_home.html](http://www.tricare.osd.mil/ebc/rm/rm_home.html). The medical and dental service rates in this package (including the rates for ancillary services and other procedures requested by outside providers) were effective October 1, 2000. Pharmacy rates are updated on an as needed basis.

### Inpatient, Outpatient and Other Rates and Charges

#### I. Inpatient Rates<sup>1 2</sup>

| Per inpatient day   | International military education & training (IMET) | Interagency & other Federal agency sponsored patients | Other (full/third party) |
|---|--|---|--------------------------|
| A. Burn Center .....  | \$4,144.00   | \$5,694.00  | \$6,016.00               |
| B. Surgical Care Services (Cosmetic Surgery) .....                                      | 1,895.00   | 2,604.00  | 2,752.00                 |
| C. All Other Inpatient Services (Based on Diagnosis Related Groups (DRG)). <sup>3</sup> |  |   |                          |

#### 1. Average FY 2001 Direct Care Inpatient Reimbursement Rates

| Adjusted standard amount | IMET       | Interagency | Other (full/third party) |
|--------------------------|------------|-------------|--------------------------|
| Large Urban .....        | \$2,986.00 | \$5,712.00  | \$6,002.00               |
| Other Urban/Rural .....  | 3,468.00   | 6,633.00    | 7,004.00                 |
| Overseas .....           | 3,872.00   | 9,045.00    | 9,489.00                 |

#### 2. Overview

The FY 2001 inpatient rates are based on the cost per Diagnosis Related Group (DRG), which is the inpatient full reimbursement rate per hospital discharge weighted to reflect the intensity of the principal diagnosis, secondary diagnoses, procedures, patient age, etc. involved. The average cost per Relative Weighted Product (RWP) for large urban, other urban/rural, and overseas facilities will be published annually as an inpatient adjusted standardized amount (ASA) (see paragraph I.C.1., above). The ASA will be applied to the RWP for each inpatient case, determined from the DRG weights, outlier thresholds, and payment rules published annually for hospital reimbursement rates under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) pursuant to 32 CFR 199.14(a)(1), including adjustments for length of stay (LOS) outliers. Each large urban or other

urban/rural Military Treatment Facility (MTF) providing inpatient care has their own ASA rate. The MTF-specific ASA rate is the published ASA rate adjusted for area wage differences and indirect medical education (IME) for the discharging hospital (see Attachment 1). The MTF-specific ASA rate submitted on the claim is the rate that payers will use for reimbursement purposes. Overseas MTFs use the rates specified in paragraph I.C.1. For providers performing inpatient care at a civilian facility for a DoD beneficiary, see note 3. For a more complete description of the development of MTF-specific ASAs and how they are applied refer to the ASA Primer at: [http://www.tricare.osd.mil/org/pae/asa\\_primer/asa\\_primer1.html](http://www.tricare.osd.mil/org/pae/asa_primer/asa_primer1.html).

An example of how to apply DoD costs to a DRG standardized weight to arrive at DoD costs is contained in paragraph I.C.3., below.

#### 3. Example of Adjusted Standardized Amounts for Inpatient Stays

Figure 1 shows examples for a nonteaching hospital (Reynolds Army Community Hospital) in Other Urban/Rural areas.

a. The cost to be recovered is the MTF cost for medical services provided. Billings will be at the third party rate.

b. DRG 020: Nervous System Infection Except Viral Meningitis. The RWP for an inlier case is the CHAMPUS weight of 2.2244. (DRG statistics shown are from FY 1999.)

c. The MTF-applied ASA rate is \$6,831 (Reynolds Army Community Hospital's third party rate as shown in Attachment 1).

d. The MTF cost to be recovered is the RWP factor (2.2244) in subparagraph 3.b., above, multiplied by the amount (\$6,831) in subparagraph 3.c., above.

e. Cost to be recovered is \$15,195.