assignment of the PreMDC DRGs. This resulted in all neonate tracheostomies and organ transplants to be grouped to MDC 15 and not to DRGs 480–483 or 495. For admissions occurring on or after October 1, 1998, the CHAMPUS grouper hierarchy logic was changed to move DRG 103 to the PreMDC DRGs and to assign patients to PreMDC DRGs 480, 103 and 495 before assignment to MDC 15 DRGs and the neonatal DRGs. For admissions occurring on or after October 1, 2001, DRGs 512 and 513 were added to the PreMDC DRGs, between DRGs 480 and 103 in the TRICARE grouper hierarchy logic. For admissions occurring on or after October 1, 2004, DRG 483 was deleted and replaced with DRGs 541 and 542, splitting the assignment of cases on the basis of the performance of a major operating room procedure. The description for DRG 480 was changed to “Liver Transplant and/or Intestinal Transplant”, and the description for DRG 103 was changed to “Heart/Heart Lung Transplant or Implant of Heart Assist System”. For FY 2006, CMS will implement classification changes, including surgical hierarchy changes. The TRICARE Grouper will incorporate all changes made to the Medicare Grouper.

B. Wage Index and Medicare Geographic Classification Review Board Guidelines

TRICARE will continue to use the same wage index amounts used for the Medicare PPS. TRICARE will also duplicate all changes with regard to the wage index for specific hospitals that are redesignated by the Medicare Geographic Classification Review Board. In addition, TRICARE will continue to utilize the out commuting wage index adjustment.

C. Revision of the Labor-Related Share of the Wage Index

TRICARE is adopting CMS’ percentage of labor related share of the standardized amount. For wage index values greater than 1.0, the labor-related portion of the ASA shall equal 69.7 percent. For wage index values less than or equal to 1.0 the labor-related portion of the ASA shall continue to equal 62 percent.

D. Hospital Market Basket

TRICARE will update the adjusted standardized amounts according to the final updated hospital market basket used for the Medicare PPS for all hospitals subject to the TRICARE DRG-based payment system according to CMS’s August 12, 2005, final rule.

E. Outlier Payments

Since TRICARE does not include capital payments in our DRG-based payments (TRICARE reimburses hospitals for their capital costs as reported annually to the contractor on a pass through basis), we will use the fixed loss cost outlier threshold calculated by CMS for paying cost outliers in the absence of capital prospective payments. For FY 2006, the fixed loss cost outlier threshold is based on the sum of the applicable DRG-based payment rate plus any amounts payable for IDME plus a fixed dollar amount. Thus, for FY 2006, in order for a case to qualify for cost outlier payments, the costs must exceed the TRICARE DRG base payment rate (wage adjusted) for the DRG plus the IDME payment plus $21,783 (wage adjusted). The marginal cost factor for cost outliers continues to be 80 percent.

F. National Operating Standard Cost as a Share of Total Costs

The FY 2006 TRICARE National Operating Standard Cost as a Share of Total Costs (NOSCASTC) used in calculating the cost outlier threshold is 0.923. TRICARE uses the same methodology as CMS for calculating the NOSCASTC, however, the variables are different because TRICARE uses national cost to charge ratios while CMS uses hospital specific cost to charge ratios.

G. Indirect Medical Education (IDME) Adjustment

Passage of the MMA of 2003 modified the formula multipliers to be used in the calculation of the indirect medical education IDME adjustment factor. Since the IDME formula used by TRICARE does not include disproportionate share hospitals (DSHs), the variables in the formula are different than Medicare’s however; the percentage reductions that will be applied to Medicare’s formula will also be applied to the TRICARE IDME formula. The new multiplier for the IDME adjustment factor for TRICARE for FY 2006 is 1.04.

H. Expansion of the Post Acute Care Transfer Policy

For FY 2006 TRICARE is adopting CMS’ expanded post acute care transfer policy according to CMS’ final rule published August 12, 2005.

I. Blood Clotting Factor

For FY 2006, TRICARE is adopting CMS’ payment methodology for blood clotting factor according to CMS’ final rule published August 12, 2005.

II. Cost to Charge Ratio

While CMS uses hospital-specific cost to charge ratios, TRICARE uses a national cost to charge ratio. For FY 2006, the cost-to-charge ratio used for the TRICARE DRG-based payment system will be 0.4060, which is increased to 0.4130 to account for bad debts. This shall be used to calculate the adjusted standardized amounts and to calculate cost outlier payments, except for children’s hospitals. For children’s hospital cost outliers, the cost-to-charge ratio used is 0.4468. For FY 2006, the neonatal cost-to-charge ratio of .64 is being reduced to the same cost-to-charge ratio of .4130 for acute care hospitals.

III. Updated Rates and Weights

The updated rates and weights are accessible through the Internet at http://www.tricare.osd.mil under the sequential headings TRICARE Provider Information, Rates and Reimbursements, and DRG Information. Table 1 provides the ASA rates and Table 2 provides the DRG weights to be used under the TRICARE DRG-based payment system during FY 2006 and which is a result of the changes described above. The implementing regulations for the TRICARE/CHAMPUS DRG-based payment system are in 32 CFR Part 199.

Dated: October 18, 2005.

L.M. Bynum,
Alternate OSD Federal Register Liaison Officer, Department of Defense.
[FR Doc. 05–21184 Filed 10–21–05; 8:45 am]
BILLING CODE 5001–06–M

DEPARTMENT OF DEFENSE
Office of the Secretary
Senior Executive Service Performance Review Board


ACTION: Notice.

SUMMARY: This notice announces the appointment of the members of the Senior Executive Service (SES) Performance Review Board (PRB) for the Department of Defense Office of the Inspector General (DoD OIG), as required by 5 U.S.C. 4314(c)(4). The PRB provides fair and impartial review of SES performance appraisals and makes recommendations regarding performance ratings and performance awards to the Inspector General.

DATES: October 20, 2005.

FOR FURTHER INFORMATION CONTACT: Mr. Michael Peterson, Director, Human Capital Management Directorate, Office
of the Chief of Staff, OIG DoD, 400 Army Navy Drive, Arlington, VA 22202, (703) 602-4516.

SUPPLEMENTARY INFORMATION: In accordance with 5 U.S.C. 4314(c)(4), the following executives are appointed to the DoD OIG, PRB:


Patricia A. Brannin, Assistant Inspector General for Audit Policy and Oversight, ODIG–iP.


George Rippey, Deputy Assistant Inspector General for Auditing, Environmental Protection Agency.

William B. Morrison, Assistant Inspector General for Inspections and Evaluations, ODIG–I&E.


Francis E. Reardon, Deputy Inspector General for Auditing.

George N. Horstman, Deputy Inspector General for Audit, Environmental Protection Agency.

Linda Snider, Director for Audit Policy and Evaluations, ODIG–EIP.

William B. Morrison, Assistant Inspector General for Acquisition and Technology Management, ODIG–AUD.

R. Keith West, Assistant Inspector General for Audit Follow-Up and Technical Support, ODIG–AUD.

Eugene L. Waszily, Assistant Inspector General for Auditing, General Services Administration.

Daniel F. Willkens, Deputy Director, Defense Criminal Investigative Service, ODIG–INV.

Shelton R. Young, Assistant Inspector General for Intelligence, ODIG–INTEL.

Dated: October 18, 2005.

I.M. Bynum,
Alternate OSD Federal Register Liaison Officer, Department of Defense.

[FR Doc. 05–21183 Filed 10–21–05; 8:45 am]
BILLING CODE 5001–06–M

DEPARTMENT OF EDUCATION
Submission for OMB Review; Comment Request

AGENCY: Department of Education.

SUMMARY: The Leader, Information Management Case Services Team, Regulatory Information Management Services, Office of the Chief Information Officer invites comments on the submission for OMB review as required by the Paperwork Reduction Act of 1995.

DATES: Interested persons are invited to submit comments on or before November 23, 2005.

AFFED PUBLIC: State, local, or tribal government; SEAs or LEAs; Not-for-profit institutions.

REPORTING AND RECORDKEEPING HOUR BURDEN:

Responses: 413.

Burdens: 16,420.

Abstract: The purpose of the program is to recognize and present as models for the education of teachers, students, parents, and others, for the purpose of increasing academic achievement and assistance in the top 10 percent on state or nationally-normed assessments.

Requests for copies of the information collection submission for OMB review may be accessed from http://edictsweb.ed.gov, by selecting the “Browse Pending Collections” link, and clicking on the link number 2862. Written requests for information should be addressed to U.S. Department of Education, 400 Maryland Avenue, S.W., Potomac Center, 9th Floor, Washington, DC 20202–4700. Requests may also be electronically mailed to the Internet address OCIO_RIMG@ed.gov or faxed to 202–245–6623. Please specify the complete title of the information collection when making your request.

Comments regarding burden and/or the collection activity requirements should be directed to Katrina Ingalls at her e-mail address Katrina.Ingalls@ed.gov. Individuals who use a telecommunications device for the deaf (TDD) may call the Federal Information Relay Service (FIRS) at 1–800–877–8339.

[FR Doc. 05–21204 Filed 10–21–05; 8:45 am]
BILLING CODE 4000–01–P

DEPARTMENT OF EDUCATION

Privacy Act of 1974; System of Records—Presidential Scholars Program Files and PSAnline Application System (18–06–03)

AGENCY: Office of Communications and Outreach, Department of Education.

ACTION: Notice of an altered system of records.

SUMMARY: In accordance with the Privacy Act of 1974, as amended (Privacy Act), we publish this notice to amend the system of records entitled “Presidential Scholars Program Files and PSAnline Application System” (18–06–03) to reflect the fact that the general support system for the