(b) Upon the accumulation of 8 years or 1,000 hours TIS on the oil cooler assembly, whichever occurs first, and thereafter at every 8 years or 1,000 hours TIS (whichever occurs first), accomplish one of the following:

(1) Replace the oil cooler hose assembly with a part number specified in the APPLICABILITY section of this AD, and reinspect in accordance with paragraph (a) of this AD at intervals not to exceed 100 hours TIS; or

(2) Replace the oil cooler assembly with an approved TSO–C53a, Type D, hose assembly ensuring that there is a minimum of 2 inches between the oil cooler hoses and exhaust stacks (as applicable) upon installation.

(c) The replacement specified in paragraph (b)(2) of this AD may be accomplished at any time prior to the 8-year or 1,000-hour compliance time as terminating action for the 100-hour TIS repetitive inspection requirement of this AD.

(d) After adjusting or installing oil cooler hoses, prior to further flight, run the engine for 5 minutes to ensure that there are no oil leaks and that the 2-inch clearance is maintained (as applicable) when the engine is warm. Prior to further flight, replace any leaking oil cooler hoses and adjust the clearance accordingly.

**Note 3:** Although not required by this AD, it is recommended that a hose flexibility test be accomplished at each 100-hour TIS inspection interval. Hose flexibility may be determined by gently lifting the hose in several places from the bottom of its downward arc to the oil cooler. If the hose moves slightly either from side-to-side or upward with the hand at the center of an even arc, then some flexibility remains. If the hose appears hardened or inflexible, hose replacement is recommended.

(e) Special flight permits may be issued in accordance with sections 21.197 and 21.199 of the Federal Aviation Regulations (14 CFR 21.197 and 21.199) to operate the airplane to a location where the requirements of this AD can be accomplished.

(f) An alternative method of compliance or adjustment of the initial or repetitive compliance times that provides an equivalent level of safety may be approved by the Manager, Atlanta Aircraft Certification Office (ACO), Campus Building, 1701 Columbia Avenue, suite 2–160, College Park, Georgia 30337–2748. The request shall be forwarded through an appropriate FAA Maintenance Inspector, who may add comments and then send it to the Manager, Atlanta ACO.

**Note 4:** Information concerning the existence of approved alternative methods of compliance with this AD, if any, may be obtained from the Atlanta ACO.

(g) Figure 1 of this AD may be obtained from the Atlanta ACO at the address specified in paragraph (f) of this AD. This document or any other information that relates to this AD may be inspected at the FAA, Central Region, Office of the Assistant Chief Counsel, Room 1558, 601 E. 12th Street, Kansas City, Missouri.

(h) This amendment supersedes AD 76–25–06, Amendment 39–2788.

Issued in Kansas City, Missouri, on March 2, 1995.

## Henry A. Armstrong,

Acting Manager, Small Airplane Directorate, Aircraft Certification Service. IFR Doc. 95–5601 Filed 3–7–95: 8:45 aml

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## DEPARTMENT OF DEFENSE

Office of the Secretary

32 CFR Part 199

[DoD 6010.8-R]

RIN-0720-AA27

Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); Provider Certification Requirements— Corporate Services Provider Class; Occupational Therapists

**AGENCY:** Office of the Secretary, DoD. **ACTION:** Proposed rule.

**SUMMARY:** This proposed rule presents requirements to permit payment of professional or technical health care services rendered by certain corporate providers and to self-employed occupational therapists; makes changes to clarify the general requirements for individual professional providers; and adds standard provider participation agreement provisions when such agreements are otherwise required.

**DATES:** Comments must be submitted on or before May 8, 1995.

ADDRESSES: Office of CHAMPUS (PDD), Aurora, CO 80045–6900.

FOR FURTHER INFORMATION CONTACT: Theresa R. Gilstrap, telephone (303) 361–1309.

**SUPPLEMENTARY INFORMATION:** The Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) supplements the availability of health care in military hospitals and clinics. Services and items allowable as CHAMPUS benefits must be obtained from CHAMPUS authorized civilian providers to be considered for CHAMPUS payment. Requirements for CHAMPUS provider authorization are published as regulation.

This amendment proposes to create a fourth class of CHAMPUS provider consisting of freestanding corporations and foundations that render principally professional ambulatory or in-home care and technical diagnostic procedures. Such organizations are currently excluded as an allowable type of CHAMPUS-authorized institutional provider, and employees of these organizations are excluded as CHAMPUS-authorized individual professional providers.

The CHAMPUS currently has requirements for three classes of providers. The institutional provider class includes hospitals and other categories of similar facilities. The individual professional provider class includes physicians and other categories of licensed individuals who render professional services independently, and certain allied health and extra medical providers that must function under physician orders and supervision. The third class of providers consists of sellers of items and supplies of an ancillary or supplemental nature, such as durable equipment. CHAMPUS payment depends upon a

CHAMPUS payment depends upon a service being both allowable as a benefit and rendered by a CHAMPUS authorized provider. Consequently, it is currently possible that, for example, outpatient treatment by an occupational therapist employed by a hospital may be paid (to the hospital) while the same service provided by an employee of a freestanding clinic, home care agency, or self-employed occupational therapist is denied payment.

This administrative exclusion is difficult for beneficiaries to apply when seeking health care services because it requires an understanding of the underlying business structure of the provider. But the underlying business structure of a provider organization is important to CHAMPUS management decisions regarding quality assurance and payment methods.

Corporations, both not-for-profit and shareholder, and foundations are an alternative source of ambulatory and inhome care. The proposed addition of the corporate provider class will recognize the current range of providers within today's health care delivery structure and give beneficiaries access to another segment of the health care delivery industry.

This amendment proposes to allow qualified self-employed occupational therapists to be authorized for direct CHAMPUS payment for allowable services as individual professional providers.

This amendment proposes to more clearly establish that a professional corporation or association is not itself a provider but may file claims and receive payment on behalf of an individual professional provider member, and to more clearly state the other general requirements for these providers.

This amendment proposes to establish standard general provisions for agreements with certain providers when such agreements are otherwise required. These provisions will improve