

condition two board gages painted white with black figures not less than eight inches high to indicate the vertical clearance under the closed draw at all stages of the tide. The gages shall be so placed on the bridge that they are plainly visible to operators of vessels approaching the bridge either up or downstream.

Dated: June 18, 1999.

Thomas E. Bernard,

Captain, U.S. Coast Guard, Fifth Coast Guard District, Acting District Commander.

[FR Doc. 99-17055 Filed 7-2-99; 8:45 am]

BILLING CODE 4910-15-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

42 CFR Parts 409, 410, 411, 412, 413, 419, 489, 498, and 1003

[HCFA-1005-4N]

RIN 0938-A156

Medicare Program; Prospective Payment System for Hospital Outpatient Services; Extension of Comment Period

AGENCY: Health Care Financing Administration (HCFA), HHS.

ACTION: Notice of extension of comment period for proposed rule.

SUMMARY: This notice extends the comment period for the fourth time on a proposed rule published in the **Federal Register** on September 8, 1998, (63 FR 47552). In that rule, as required by sections 4521, 4522, and 4523 of the Balanced Budget Act of 1997, we proposed to eliminate the formula-driven overpayment for certain outpatient hospital services, extend reductions in payment for costs of hospital outpatient services, and establish in regulations a prospective payment system for hospital outpatient services (and for Medicare Part B services furnished to inpatients who have no Part A coverage.)

DATES: The comment period is extended to 5 p.m. on July 30, 1999.

ADDRESSES: Mail written comments (one original and three copies) to the following address: Health Care Financing Administration, Department of Health and Human Services, Attention: HCFA-1005-P, P.O. Box 26688, Baltimore, MD 21207-0488.

If you prefer, you may deliver your written comments (one original and three copies) to one of the following addresses: Room 443-G, Hubert H.

Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201, or Room C5-09-26, Central Building, 7500 Security Boulevard, Baltimore, MD 21244-1850.

Because of staffing and resource limitations, we cannot accept comments by facsimile (FAX) transmission. In commenting, please refer to file code HCFA-1005-P. Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, in Room 443-G of the Department's offices at 200 Independence Avenue, SW., Washington, DC, on Monday through Friday of each week from 8:30 a.m. to 5 p.m. (phone: (202) 690-7890).

For comments that relate to information collection requirements, mail a copy of comments to:

Health Care Financing Administration.

Office of Information Services,
Standards And Security Group,
Division of HCFA Enterprise
Standards, Room N2-14-26, 7500
Security Boulevard, Baltimore, MD
21244-1850. Attn: John Burke HCFA-1005-P

and,

Office of Information and Regulatory Affairs, Office of Management and Budget, Room 10235, New Executive Office Building, Washington, DC 20503, Attn: Allison Herron Eydt, HCFA Desk Officer.

FOR FURTHER INFORMATION CONTACT:

Janet Wellham, (410) 786-4510.

SUPPLEMENTARY INFORMATION: On September 8, 1998, we issued a proposed rule in the **Federal Register** (63 FR 47552) that would do the following:

- Eliminate the formula-driven overpayment for certain hospital outpatient services.
- Extend reductions in payment for costs of hospital outpatient services.
- Establish in regulations a prospective payment system for hospital outpatient services, for partial hospitalization services furnished by community mental health centers, and for certain Medicare Part B services furnished to inpatients who have no Part A coverage.
- Propose new requirements for provider departments and provider-based entities.
- Implement section 9343(c) of the Omnibus Budget Reconciliation Act of 1986, which prohibits Medicare payment for nonphysician services furnished to a hospital outpatient by a provider or supplier other than a hospital unless the services are furnished under an arrangement with the hospital.

• Authorize the Department of Health and Human Services' Office of Inspector General to impose a civil money penalty against any individual or entity who knowingly presents a bill for nonphysician or other bundled services not provided directly or under such an arrangement.

The comment period for the proposed rule initially closed on November 9, 1998. Because of the scope of the proposed rule, hospitals and numerous professional associations requested more time to analyze the potential consequences of the rule. Therefore, we published a notice on November 13, 1998, (63 FR 63429), which extended the comment period until January 8, 1999. Because of further requests from hospitals and professional associations, we published another notice on January 12, 1999, (64 FR 1784) extending the comment period to March 9, 1999. Due to additional requests for more time to analyze the potential consequences of the proposed rule on March 12, 1999, (64 FR 12277) we again extended the comment period until June 30, 1999.

On June 30, 1999 we published a correction notice (64 FR 35258) in the **Federal Register** that corrects a number of technical and typographical errors contained in the September 8, 1998 proposed rule. The correction notice is entitled "Medicare Program; Prospective Payment System for Hospital Outpatient Services; Correction Notice." Due to the publication of the correction notice and our wish to provide potential commenters adequate time to analyze the potential consequences of the proposed rule, we are again extending the comment period to July 30, 1999.

Numerous hospital industry groups, in preparing to comment on the proposed rule, had asked for extensive information on the databases used to develop the proposed prospective payment system for hospital outpatient services. These requests included detailed programming specifications and analysis of individual proposed rates, including underlying data. Because the correction notice reflecting these corrected data was not published until June 30, 1999 and because these data will engender additional analysis by interested parties, we believe that further extending the current comment period is appropriate.

Published elsewhere in this issue of the **Federal Register** is a notice extending the comment period for the proposed rule published in the June 12, 1998, **Federal Register** in which we propose to rebase Medicare payment rates and update the list of approved procedures for ambulatory surgical centers (ASCs) (63 FR 32290). We are

extending the comment period for the June 12, 1998, ASC proposed rule to be concurrent with the extended comment period for the September 8, 1998, hospital outpatient proposed rule because Medicare payments to ASCs are closely linked to the manner in which Medicare proposes to pay hospitals under a prospective payment system for surgical services furnished on an outpatient basis.

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

(Catalog of Federal Domestic Assistance Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: June 24, 1999.

Nancy-Ann Min DeParle,

Administrator, Health Care Financing Administration.

Dated: June 30, 1999.

Donna E. Shalala,

Secretary.

[FR Doc. 99-17026 Filed 6-30-99; 2:00 pm]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

42 CFR Parts 416 and 488

[HCFA-1885-6N]

RIN 0938-AH81

Medicare Program; Update of Ratesetting Methodology, Payment Rates, Payment Policies, and the List of Covered Procedures for Ambulatory Surgical Centers Effective October 1, 1998; Extension of Comment Period

AGENCY: Health Care Financing Administration (HCFA), HHS.

ACTION: Notice of extension of comment period for proposed rule.

SUMMARY: This notice extends the comment period for the sixth time on a proposed rule published in the **Federal Register** on June 12, 1998, (63 FR 32290). In that rule we proposed to make various changes, including changes to the ambulatory surgical center (ASC) payment methodology and the list of Medicare covered procedures.

DATES: The comment period is extended to 5 p.m. on July 30, 1999.

ADDRESSES: Mail written comments (one original and three copies) to the following address: Health Care Financing Administration, Department of Health and Human Services, Attention: HCFA-1885-P, P.O. Box 26688, Baltimore, MD 21207-0488.

If you prefer, you may deliver your written comments (one original and three copies) to one of the following addresses: Room 443-G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201, or Room C5-09-26, Central Building, 7500 Security Boulevard, Baltimore, MD 21244-1850.

Because of staffing and resource limitations, we cannot accept comments by facsimile (FAX) transmission. In commenting, please refer to file code HCFA-1885-P. Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, in Room 443-G of the Department's offices at 200 Independence Avenue, SW., Washington, DC, on Monday through Friday of each week from 8:30 a.m. to 5 p.m. (phone: (202) 690-7890).

For comments that relate to information collection requirements, mail a copy of comments to:

Health Care Financing Administration,
Office of Information Services,
Standards And Security Group,
Division of HCFA Enterprise
Standards, Room N2-14-26, 7500
Security Boulevard, Baltimore, MD
21244-1850. Attn: John Burke HCFA-
1885-P
and,

Office of Information and Regulatory
Affairs, Office of Management and
Budget, Room 10235, New Executive
Office Building, Washington, DC
20503, Attn: Allison Herron Eydt,
HCFA Desk Officer.

FOR FURTHER INFORMATION CONTACT:

Terri Harris, (410) 786-6830.

SUPPLEMENTARY INFORMATION: On June 12, 1998, we issued a proposed rule in the **Federal Register** (63 FR 32290) that would do the following:

- Update the criteria for determining which surgical procedures can be appropriately and safely performed in an ASC.
- Make additions to and deletions from the current list of Medicare covered ASC procedures based on the revised criteria.
- Rebase the ASC payment rates using cost, charge, and utilization data collected by a 1994 survey of ASCs.
- Refine the ratesetting methodology that was implemented by a final notice published on February 8, 1990, in the **Federal Register**.
- Require that ASC payment, coverage, and wage index updates be implemented annually on January 1 rather than having these updates occur randomly throughout the year.
- Reduce regulatory burden.

- Make several technical policy changes.

The proposed rule would also implement requirements of section 1833(i)(1) and (2) of the Social Security Act. We indicated that comments would be considered if we received them by August 11, 1998.

We received requests from numerous ASCs and professional associations for more time to analyze the potential consequences of the rule. We issued a notice in the **Federal Register** on August 14, 1998, (63 FR 43655) announcing extension of the public comment period to September 10, 1998.

On September 8, 1998, we published a proposed rule in the **Federal Register** entitled "Medicare Program; Prospective Payment System for Hospital Outpatient Services" (63 FR 47552). We received additional requests from ASCs and professional associations for more time to analyze the impact of the hospital outpatient proposed rule, and for a delay in the implementation of the ASC final rule to be concurrent with implementation of the hospital outpatient prospective payment system.

On October 1, 1998, we reopened the comment period for the June 12, 1998 ASC proposed rule until November 9, 1998, to coincide with the comment period for the September 8, 1998, hospital outpatient proposed rule. We also gave notice in the October 1, 1998, **Federal Register** (63 FR 52663) of a delay in the adoption of the provisions of the June 12, 1998 ASC proposed rule as a final rule to be concurrent with the adoption as final of the hospital outpatient prospective payment system as soon as possible after January 1, 2000. In the November 13, 1998 **Federal Register** (63 FR 63430), we further extended the comment period until January 8, 1999. In the January 12, 1999, **Federal Register** (64 FR 1785), we again extended the comment period until March 9, 1999. In the March 12, 1999 **Federal Register** (64 FR 12278), we again extended the comment period to June 30, 1999 due to further requests from the industry. On June 30, 1999, we published a correction notice (64 FR 35258) in the **Federal Register** that corrects a number of technical and typographical errors contained in the September 8, 1998 hospital outpatient PPS proposed rule. The correction notice is entitled "Medicare Program; Prospective Payment System for Hospital Outpatient Services; Correction Notice." Due to the publication of the correction notice and our wish to provide potential commenters to have adequate time to analyze the potential consequences of the proposed rule and because Medicare payments to ASCs are