

*F. Accounting Statement and Table*

As required by OMB Circular A-4 (available at <http://www.whitehouse.gov/omb/circulars/a004/a-4.pdf>), in Table I, we have prepared an accounting statement showing the classification of expenditures associated with the provisions of this interim final rule with

comment period as they relate to acute care hospitals. This table provides our best estimate of the change in Medicare payments to providers as a result of the changes to the IPPS presented in this interim final rule with comment period. All expenditures are classified as transfers from the Federal government to Medicare providers. As previously

discussed, relative to what was projected in the FY 2014 IPPS/LTCH PPS final rule, the changes in this interim final rule with comment period to implement sections 1105 and 1106 of the Pathway for SGR Reform Act of 2013 are projected to increase FY 2014 payments to IPPS hospitals by approximately \$227 million.

TABLE I—ACCOUNTING STATEMENT: CLASSIFICATION OF ESTIMATED EXPENDITURES UNDER THE IPPS FROM PUBLISHED FY 2014 TO REVISED FY 2014

Category	Transfers
Annualized Monetized Transfers .....	\$227 million.
From Whom to Whom .....	Federal Government to IPPS Medicare Providers.
Total .....	\$227 million.

**List of Subjects in 42 CFR Part 412**

Administrative practice and procedure, Health facilities, Medicare, Puerto Rico, Reporting and recordkeeping requirements.

For the reasons stated in the preamble of this interim final rule with comment period, the Centers for Medicare & Medicaid Services is amending 42 CFR Chapter IV as follows:

**PART 412—PROSPECTIVE PAYMENT SYSTEMS FOR INPATIENT HOSPITAL SERVICES**

■ 1. The authority citation for Part 412 continues to read as follows:

**Authority:** Sections 1102, 1862, and 1871 of the Social Security Act (42 U.S.C. 1302, 1395y, and 1395hh).

**§ 412.101 [Amended]**

■ 2. Section 412.101 is amended by—

■ A. In paragraph (b)(2)(i), removing the phrase “FY 2014 and subsequent fiscal years,” and adding in its place the phrase “the portion of FY 2014 beginning on April 1, 2014, FY 2015, and subsequent fiscal years,”.

■ B. In paragraph (b)(2)(ii), removing the phrase “For FY 2011, FY 2012, and FY 2013,” and adding in its place the phrase “For FY 2011, FY 2012, FY 2013, and the portion of FY 2014 before April 1, 2014,”.

■ C. In paragraph (c)(1), removing the phrase “FY 2014 and subsequent fiscal years,” and adding in its place the phrase “the portion of FY 2014 beginning on April 1, 2014 and subsequent fiscal years,”.

■ D. In paragraph (c)(2) introductory text, removing the phrase “For FY 2011, FY 2012, and FY 2013,” and adding in its place the phrase “For FY 2011, FY 2012, FY 2013, and the portion of FY 2014 before April 1, 2014,”.

■ E. In paragraph (d), removing the phrase “FY 2014 and subsequent fiscal years,” and adding in its place the phrase “the portion of FY 2014 beginning on April 1, 2014 and subsequent fiscal years,”.

**§ 412.108 [Amended]**

■ 3. Section 412.108 is amended by—

■ A. In paragraph (a)(1) introductory text, removing the phrase “before October 1, 2013” and adding in its place the phrase “before April 1, 2014”.

■ B. In paragraph (c)(2)(iii) introductory text, removing the phrase “before October 1, 2013” and adding in its place the phrase “before April 1, 2014”.

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: February 26, 2014.

**Marilyn Tavenner,**

*Administrator, Centers for Medicare & Medicaid Services.*

Approved: March 6, 2014.

**Kathleen Sebelius,**

*Secretary, Department of Health and Human Services.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Centers for Medicare & Medicaid Services**

**42 CFR Parts 412, 413, 414, 419, 424, 482, 485, and 489**

[CMS-1599-& 1455-CN5]

RINs 0938-AR53 and 0938-AR73

**Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2014 Rates; Quality Reporting Requirements for Specific Providers; Hospital Conditions of Participation; Payment Policies Related to Patient Status; Corrections**

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), HHS.

**ACTION:** Final rules; correction.

**SUMMARY:** This document corrects technical errors in the final rules that appeared in the August 19, 2013 **Federal Register** titled “Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2014 Rates; Quality Reporting Requirements for Specific Providers; Hospital Conditions of Participation; Payment Policies Related to Patient Status.”

**DATES:** This correcting document is effective on March 18, 2014.

**FOR FURTHER INFORMATION CONTACT:** Cindy Tourison (410) 786-1093.

**SUPPLEMENTARY INFORMATION:**

## I. Background

In FR Doc. 2013–18956, which appeared in the August 19, 2013 **Federal Register** (78 FR 50496) entitled “Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2014 Rates; Quality Reporting Requirements for Specific Providers; Hospital Conditions of Participation; Payment Policies Related to Patient Status” (hereinafter referred to as the FY 2014 IPPS/LTCH PPS final rule) there were technical errors that are identified and corrected in the Correction of Errors section of this correcting document.

## II. Summary of Errors in the Preamble

On page 50695, in the table entitled “Finalized Performance Standards for Certain FY 2016 Hospital VBP Program Outcome Domain Measures,” the performance standards for the PSI–90 measure are not consistent with the FY 2016 performance standards that we finalized for that measure. We also note that we have made similar corrections to the FY 2013 IPPS/LTCH PPS final rule published elsewhere in this issue of the **Federal Register**.

## III. Waiver of Proposed Rulemaking and Delay of Effective Date

We ordinarily publish a notice of proposed rulemaking in the **Federal Register** to provide a period for public comment before the provisions of a rule

take effect in accordance with section 553(b) of the Administrative Procedure Act (APA) (5 U.S.C. 553(b)). However, we can waive this notice and comment procedure if the Secretary finds, for good cause, that the notice and comment process is impracticable, unnecessary, or contrary to the public interest, and incorporates a statement of the finding and the reasons therefore in the notice.

Section 553(d) of the APA ordinarily requires a 30-day delay in effective date of final rules after the date of their publication in the **Federal Register**. This 30-day delay in effective date can be waived, however, if an agency finds for good cause that the delay is impracticable, unnecessary, or contrary to the public interest, and the agency incorporates a statement of the findings and its reasons in the rule issued.

In our view, this correcting document does not constitute a rule that would be subject to the APA notice and comment or delayed effective date requirements. This correcting document corrects technical errors in certain HVBP tables but does not make substantive changes to the HVBP policies that were adopted in the final rule. As a result, this correcting document is intended to ensure that the HVBP tables accurately reflect the policies previously adopted for the HVBP Program.

In addition, even if this were a rule to which the notice and comment procedures and delayed effective date requirements applied, we find that there is good cause to waive such

requirements. Undertaking further notice and comment procedures to incorporate the corrections in this document into the final rule or delaying the effective date would be contrary to the public interest because it is in the public's interest for providers to receive appropriate table values in as timely a manner as possible, and to ensure that the FY 2014 IPPS/LTCH PPS final rule accurately reflects our HVBP policies. Furthermore, such procedures would be unnecessary, as we are not altering our HVBP policies, but rather, we are simply implementing correctly the policy for calculating certain HVBP table values that we previously proposed, received comment on, and subsequently finalized. This correcting document is intended solely to ensure that the FY 2014 IPPS/LTCH PPS final rule accurately reflects these HVBP policies. Therefore, we believe we have good cause to waive the notice and comment and effective date requirements.

## IV. Correction of Errors

In FR Doc. 2013–18956 of August 19, 2013 (78 FR 50496), make the following corrections:

1. On page 50695, lower fourth of the page, in the table entitled “FINALIZED PERFORMANCE STANDARDS FOR CERTAIN FY 2016 HOSPITAL VBP PROGRAM OUTCOME DOMAIN MEASURES,” the performance standards for the PSI–90 measure are corrected to read as follows:

Measure ID	Description	Achievement threshold	Benchmark
<b>Outcome Measures</b>			
PSI–90 .....	Complication/Patient safety for selected indicators (composite) .....	0.616248	0.449988

(Catalog of Federal Domestic Assistance Program No. 93.778, Medical Assistance Program)

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital

Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: March 6, 2014.

**Jennifer M. Cannistra,**  
*Executive Secretary to the Department,  
Department of Health and Human Services.*  
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