

TABLE III—COMPARISON OF TOTAL PAYMENTS PER CASE—Continued
[FY 2015 payments compared to FY 2016 payments]

	Number of hospitals	Average FY 2015 payments/case	Average FY 2016 payments/case	Change
Teaching and no DSH	122	899	920	2.3
No teaching and DSH	1,066	780	797	2.3
No teaching and no DSH	433	797	816	2.4
Rural Hospital Types:				
Non special status hospitals	2,562	904	926	2.4
RRC/EACH	189	729	737	1.1
SCH/EACH	327	665	672	1.1
SCH, RRC and EACH	126	721	733	1.6
Hospitals Reclassified by the Medicare Geographic Classification Review Board:				
FY 2016 Reclassifications:				
All Urban Reclassified	551	923	949	2.8
All Urban Non-Reclassified	1,925	902	922	2.2
All Rural Reclassified	279	623	634	1.8
All Rural Non-Reclassified	504	545	551	1.2
Other Reclassified Hospitals (Section 1886(d)(8)(B) of the Act)	46	600	589	-1.9
Type of Ownership:				
Voluntary	1,934	884	904	2.3
Proprietary	879	785	803	2.3
Government	529	917	938	2.4
Medicare Utilization as a Percent of Inpatient Days:				
0–25	533	1,046	1,074	2.7
25–50	2,134	876	896	2.3
50–65	571	717	731	2.0
Over 65	97	523	534	2.1

13. On page 49840, third column, third paragraph:

a. Line 11, the figure “\$378” is corrected to read “\$391”.

b. Line 23, the figure “\$75” is corrected to read “\$88”.

c. Line 33, the figure “\$75” is corrected to read “\$88”.

d. Line 34, the figure “\$85” is corrected to read “\$98”.

e. Line 39, the figure “\$187” is corrected to read “\$188”.

f. Line 43, the figure “\$272” is corrected to read “\$285”.

14. On page 49841, first column:

a. Third paragraph, line 3, the figure “\$272” is corrected to read “\$285”.

b. In the table titled “Table V—Accounting Statement: Classification of Estimated Expenditures Under the IPPS From FY 2015 to FY 2016”, the first entry is corrected as follows:

TABLE V—ACCOUNTING STATEMENT: CLASSIFICATION OF ESTIMATED EXPENDITURES UNDER THE IPPS FROM FY 2015 TO FY 2016

Category	Transfers
Annualized Monetized Transfers	–\$285 million.

Dated: September 30, 2015.

Madhura Valverde,

Executive Secretary to the Department, Department of Health and Human Services.

[FR Doc. 2015–25269 Filed 9–30–15; 4:15 pm]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Part 418

[CMS–1629–CN]

RIN 0938–AS39

Medicare Program; FY 2016 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements; Correction

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

ACTION: Final rule; correction.

SUMMARY: This document corrects technical errors that appeared in the final rule published in the **Federal Register** on August 6, 2014 entitled “Medicare Program; FY 2016 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements.”

DATES: *Effective Date:* October 1, 2015.

FOR FURTHER INFORMATION CONTACT:

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SUPPLEMENTARY INFORMATION:

I. Background

In FR Doc. 2015–19033 of August 6, 2015 (80 FR 47142), there were a number of technical errors that are identified and corrected in the Correction of Errors section below. The provisions in this correction document are effective as if they had been included in the document published August 6, 2015. Accordingly, the corrections are effective October 1, 2015.

II. Summary of Errors

On page 47182, we inadvertently listed the incorrect hourly rate for continuous home care. We listed \$38.67 instead of \$38.59. On page 47203, we referenced Table H1 instead of Table 29. In addition, on page 47205, we referenced Table H2 instead of Table 30. This notice corrects these errors.

III. Waiver of Proposed Rulemaking

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.

IV. Correction of Errors

In FR Doc. 2015–19033 of August 6, 2015 (80 FR 47142), make the following corrections:

1. On page 47182, in Table 25—“FY 2016 Hospice Payment Rates For CHC, IRC, and GIP For Hospices That Do Not Submit The Required Quality Data,” for Code 652, in the “Description” column, the figure “38.67” is corrected to read “38.59”.

2. On page 47203, in the third column, in the first full paragraph, first line, the reference to “Table H1” is corrected to read “Table 29”.

3. On page 47205, in the second column, third line, the reference to “Table H2” is corrected to read “Table 30”.

Dated: September 30, 2015.

Madhura Valverde,

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

[FR Doc. 2015–25267 Filed 9–30–15; 4:15 pm]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Part 483

[CMS–1622–CN]

RIN 0938–AS44

Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2016, SNF Value-Based Purchasing Program, SNF Quality Reporting Program, and Staffing Data Collection; Correction

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

ACTION: Final rule; correction.

SUMMARY: This document corrects technical errors in the final rule that appeared in the **Federal Register** on August 4, 2015 entitled “Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities (SNFs) for FY 2016, SNF Value-Based Purchasing Program, SNF Quality Reporting Program, and Staffing Data Collection.”

DATES: This document is effective October 1, 2015.

FOR FURTHER INFORMATION CONTACT: John Kane, (410) 786–0557, for information related to SNF PPS. Charlayne Van, (410) 786–8659, for information related to SNF QRP.

SUPPLEMENTARY INFORMATION:

I. Background

In FR Doc. 2015–18950 of August 4, 2015 (80 FR 46389), there were a number of technical errors that are identified and corrected in section IV of this correcting document. The provisions in this correcting document are effective as if they had been included in the document that appeared on August 4, 2015 in the **Federal Register** (hereinafter referred to as the FY 2016 SNF PPS final rule). Accordingly, the corrections are effective October 1, 2015.

II. Summary of Errors

A. Summary of Errors in the Preamble

On pages 46436, 46437, 46439, 46450 and 46452 we inadvertently made typographical and other technical errors.

On pages 46400 and 46405, where we provide a link to the CMS Web site listing the wage index for FY 2016, we inadvertently omitted reference to Table B. These pages are being corrected to state that the wage index applicable for FY 2016 is set forth in Tables A and B available on the CMS Web site.

B. Summary of Errors in and Corrections to Tables Posted on the CMS Web Site

In Table A setting forth the Wage Index for Urban Areas Based on CBSA Labor Market Areas, which is available exclusively on the CMS Web site at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPSP/WageIndex.html>, following the complete list of correct wage index values, we inadvertently included a number of additional, erroneous values in the final wage index table. The version of Table A that was initially posted to the CMS Web site on July 30, 2015 correctly included all of the final wage index values for all CBSAs in rows 1 through 1238, but also inadvertently included some of the proposed wage

index values, beginning in row 1240 of Table A. Therefore, we eliminated the additional, erroneous values beyond row 1238 of the table posted to the CMS Web site.

Additionally, Table B posted to the CMS Web site, which provides the non-urban wage index values by state had Column A mislabeled as “CBSA” while it should have read “State Code” and Column B mislabeled as “Urban Area” while it should have read “Non-urban Area”. Therefore, in Table B, the header for Column A has been changed from “CBSA” to “State Code” and the header for Column B has been changed from “Urban Area” to “Non-Urban Area”.

In addition, on page 49492 of the FY 2016 hospital inpatient prospective payment system (IPPS) final rule (80 FR 49325, August 17, 2015), the estimated percentage change in the employment cost index (ECI) for compensation for the 30-day increment after March 14, 2013, and before April 15, 2013, for private industry hospital workers from the Bureau of Labor Statistics’ (BLS) “Compensation and Working Conditions” was inadvertently miscalculated. The ECI is used to adjust a hospital’s wage data to calculate the wage index, and is based on the midpoint of a cost reporting period. This technical error necessitated recalculation of the pre-reclassified unadjusted and occupational mix adjusted wage indexes and Geographic Adjustment Factors (GAFs) of certain core-based statistical areas (CBSAs).

This error is identified, discussed and corrected in the Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long Term Care Hospital Prospective Payment System Policy Changes and Fiscal Year 2016 Rates; Revisions of Quality Reporting Requirements for Specific Providers, including Changes Related to the Electronic Health Record Incentive Program; Extensions of the Medicare-Dependent, Small Rural Hospital Program and the Low-Volume Payment Adjustment for Hospitals; Correction that appears elsewhere in this issue of the **Federal Register**.

This error affected the adjustment factor applied to four hospitals with FY 2013 cost reporting periods that have midpoints after March 14, 2013 and before April 15, 2013, which in turn affected the wage index values for these hospitals and the areas in which they are located. One of these hospitals is geographically located in non-urban Arkansas (State Code 04), two hospitals are geographically located in non-urban Maine (State Code 20), and one urban hospital is located in Maine (CBSA