

figure 2–1, paragraph (32)(e), an “Environmental Analysis Check List” or “Categorical Exclusion Determination” is not required for this rule. Comments on this section will be considered before we make the final decision on whether to categorically exclude this rule from further environmental review.

List of Subjects in 33 CFR Part 117 Bridges

For the reasons discussed in the preamble, the Coast Guard proposes to amend 33 CFR part 117 as follows:

PART 117—DRAWBRIDGE OPERATION REGULATIONS

1. The authority citation for part 117 continues to read as follows:

Authority: 33 U.S.C. 499; 33 CFR 1.05–1(g); Department of Homeland Security Delegation No. 0170.1.

2. Revise § 117.287(i) to read as follows:

§ 117.287 Gulf Intracoastal Waterway.

* * * * *

(i) The draw of the Belleair Beach Drawbridge, mile 131.8, Belleair Beach, FL shall open on signal, except that from 7 a.m. to 7 p.m., the bridge shall open on the hour and half-hour.

Dated: May 30, 2007.

D.W. Kunkel,

Rear Admiral, U.S. Coast Guard, Commander, Seventh Coast Guard District.

[FR Doc. E7–11661 Filed 6–15–07; 8:45 am]

BILLING CODE 4910–15–P

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 52

[EPA–R09–OAR–2006–0619; FRL–8327–2]

Revisions to the Nevada State Implementation Plan, Washoe County District Health Department

AGENCY: Environmental Protection Agency (EPA).

ACTION: Proposed rule.

SUMMARY: EPA is proposing to approve revisions to the Washoe County District Health Department (WCDHD) portion of the Nevada State Implementation Plan (SIP). These revisions concern opacity, emissions of carbon monoxide (CO) and particulate matter (PM) from wood stoves and fireplaces, and air emergency episode plans. We are proposing approval of local rules that help regulate emission sources under the Clean Air Act as amended in 1990 (CAA or the Act).

DATES: Any comments on this proposal must arrive by July 18, 2007.

ADDRESSES: Submit comments, identified by docket number EPA–R09–OAR–2006–0619, by one of the following methods:

- *Federal eRulemaking Portal:* <http://www.regulations.gov>. Follow the on-line instructions.

- *E-mail:* steckel.andrew@epa.gov.
- *Mail or deliver:* Andrew Steckel (Air–4), U.S. Environmental Protection Agency Region IX, 75 Hawthorne Street, San Francisco, CA 94105.

Instructions: All comments will be included in the public docket without change and may be made available online at <http://www.regulations.gov>, including any personal information provided, unless the comment includes Confidential Business Information (CBI) or other information whose disclosure is restricted by statute. Information that you consider CBI or otherwise protected should be clearly identified as such and should not be submitted through www.regulations.gov or e-mail.

www.regulations.gov is an “anonymous access” system, and EPA will not know your identity or contact information unless you provide it in the body of your comment. If you send e-mail directly to EPA, your e-mail address will be automatically captured and included as part of the public comment. If EPA cannot read your comment due to technical difficulties and cannot contact you for clarification, EPA may not be able to consider your comment.

Docket: The index to the docket for this action is available electronically at <http://www.regulations.gov> and in hard copy at EPA Region IX, 75 Hawthorne Street, San Francisco, California. While all documents in the docket are listed in the index, some information may be publicly available only at the hard copy location (e.g., copyrighted material), and some may not be publicly available in either location (e.g., CBI). To inspect the hard copy materials, please schedule an appointment during normal business hours with the contact listed in the **FOR FURTHER INFORMATION CONTACT** section.

FOR FURTHER INFORMATION CONTACT: Al Petersen, Rulemaking Office (AIR–4), U.S. Environmental Protection Agency, Region IX, (415) 947–4118, petersen.alfred@epa.gov.

SUPPLEMENTARY INFORMATION: This proposal addresses the following local rules: WCDHD Rules 010.117, 040.005, 040.051, and 050.001. In the Rules and Regulations section of this **Federal Register**, we are approving these local rules in a direct final action without prior proposal because we believe these SIP revisions are not controversial. If we

receive adverse comments, however, we will publish a timely withdrawal of the direct final rule and address the comments in subsequent action based on this proposed rule. We do not plan to open a second comment period, so anyone interested in commenting should do so at this time. If we do not receive adverse comments, no further activity is planned. For further information, please see the direct final action.

Please note that if we receive adverse comment on an amendment, paragraph, or section of this rule and if that provision may be severed from the remainder of the rule, we may adopt as final those provisions of the rule that are not the subject of an adverse comment.

Dated: May 9, 2007.

Laura Yoshii,

Acting Regional Administrator, Region IX.

[FR Doc. E7–11581 Filed 6–15–07; 8:45 am]

BILLING CODE 6560–50–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Part 484

[CMS–1541–CN]

RIN 0938–AO32

Medicare Program; Home Health Prospective Payment System Refinement and Rate Update for Calendar Year 2008; Correction

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

ACTION: Proposed rule; correction notice.

SUMMARY: This document corrects technical errors that appeared in the proposed rule published in the **Federal Register** on May 4, 2007, entitled “Medicare Program; Home Health Prospective Payment System Refinement and Rate Update for Calendar Year 2008” (72 FR 25356).

FOR FURTHER INFORMATION CONTACT: Randy Thronset, (410) 786–0131.

SUPPLEMENTARY INFORMATION:

I. Background

In FR Doc. 07–2167 of May 4, 2007 (72 FR 25356), there were a number of technical errors that we identified and corrected in the Correction of Errors section below.

II. Summary of Errors

In the May 4, 2007 published proposed rule, on page 25388, we

provided a Table 4 “Regression Coefficients for Calculating Case-Mix Relative Weights” that illustrated payment regression coefficients, which represent the average addition to resource cost due to each severity level. We inadvertently miscalculated the payment for the case-mix groups in the second column of Table 4 and have corrected these errors.

We are republishing Table 4 in its entirety with the corrected information. The text on page 25388 describing Table 4 has also been changed to reflect the corrected data in the table as well as a typographical error. We are also correcting the language on page 25388 which describes how coefficients are scaled. A phrase was inadvertently omitted which notes that the calculation also adjusts for budget neutrality in the weights.

We are correcting text on page 25389, which incorrectly stated that we are proposing to adjust for nominal change in case-mix through a reduction in the weights. The adjustment for nominal change in case-mix is made through a rate reduction in the national standardized 60-day episode payment. We are also correcting some typographic errors. On pages 25389–25392, Table 5 “Case-Mix Groups, Average Cost, and Case-Mix Weight” includes the predicted average resource cost for the 153 case-mix groups of the proposed model. We inadvertently miscalculated the “Average Cost” in the fourth column. We are republishing Table 5 in its entirety with the corrected information.

On pages 25430–25431, Table 12a “NRS Case-Mix Adjustment Variables and Scores” sets forth the NRS scores for the five-group model. We inadvertently included incorrect scores in the third column and have corrected these errors. The table also corrects how the scoring is broken out for Outcome and Assessment Information Set (OASIS) item M0450, giving separate scores for stage 3 and stage 4 pressure ulcers, separating 1 pressure ulcer and 2 pressure ulcers within both stages 3 and 4, changing 3 pressure ulcers for stage 3 or 4 to 3+ pressure ulcers for stage 3, changing the 4+ pressure ulcers for stage 3 and 4 to 3+ pressure ulcers for stage 4, and deleting the score for 5 or more pressure ulcers. We are republishing Table 12a in its entirety with the corrected information.

We are also correcting text on page 25444 describing the calculation of the case-mix and wage-adjusted national standardized 60-day episode payment rate including non-routine supplies to correct an error in the order of the calculation. We are correcting

typographical errors in the LUPA calculation example on page 25447.

Finally, we are correcting typographical errors in Addendum A on page 25459, in the rural Massachusetts and New Jersey wage indices. The text of the first footnote to Addendum A also incorrectly states that all counties within the State are classified as rural. The first footnote has been corrected.

III. Correction of Errors

In FR Doc. 07–2167 of May 4, 2007 (72 FR 25356), make the following corrections:

1. On page 25388, in the first column, the first full paragraph,

a. In line 1, the word “PSS” is corrected to read “PPS”.

b. In lines 5 through 10, the sentence “(To show the coefficients in actual, as opposed to resource cost, dollars, the coefficients were scaled by a multiplier representing the ratio of the HH PPS average payment level to the Abt Associates average resource cost level)” is corrected to read as follows: “(To show the coefficients in actual, as opposed to resource cost, dollars, the coefficients were scaled by a multiplier representing the ratio of the HH PPS average payment level to the Abt Associates average resource cost level after adjusting for budget neutrality in the weights (see section II.A.2.c. for an explanation of budget neutrality adjustment to the weights.))”.

c. In line 17, the figure “\$861.74” is corrected to read “\$869.55”.

d. In line 18, the figure “\$219.44” is corrected to read “\$221.43”.

2. On page 25388, in the first column, second full paragraph, line 4, the figure “\$1,265.18” is corrected to read “\$1,276.66”.

3. On page 25388, in the second column, first partial paragraph,

a. In line 5, the figure “\$1,265.18” is corrected to read “\$1,276.66”.

b. In line 6, the figure “\$139.26” is corrected to read “\$140.52”.

c. In line 7, the figure “\$645.90” is corrected to read “\$651.76”.

d. In line 9, the figure “\$210.94” is corrected to read “\$212.85”.

e. In line 15, the figure “\$2,261.28” is corrected to read “\$2,281.79”.

4. On page 25388, in Table 4: Regression Coefficients for Calculating Case-Mix Relative Weights, the table is corrected as follows:

TABLE 4.—REGRESSION COEFFICIENTS FOR CALCULATING CASE-MIX RELATIVE WEIGHTS

Intercept (constant for all case mix groups)	\$1,276.66
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TABLE 4.—REGRESSION COEFFICIENTS FOR CALCULATING CASE-MIX RELATIVE WEIGHTS—Continued

1st and 2nd Episodes, 0 to 13 Therapy Visits	
C2	384.11
C3	869.55
F2	221.43
F3	382.50
S2 (6 therapy visits)	504.49
S3 (7–9 therapy visits)	943.50
S4 (10 therapy visits)	1,387.86
S5 (11–13 therapy visits)	1,771.84

1st and 2nd Episodes, 14 to 19 Therapy Visits	
Constant	2,191.26
C2	539.55
C3	1,257.78
F2	270.79
F3	429.54
S2 (16–17 therapy visits)	429.35
S3 (18–19 therapy visits)	705.26

3rd+ Episodes, 0 to 13 Therapy Visits	
Constant	212.85
C2	140.52
C3	619.33
F2	418.51
F3	825.67
S2 (6 therapy visits)	651.76
S3 (7–9 therapy visits)	1,093.13
S4 (10 therapy visits)	1,521.27
S5 (11–13 therapy visits)	1,907.93

3rd+ Episodes, 14 to 19 Therapy Visits	
Constant	2,198.69
C2	678.75
C3	1,405.22
F2	394.26
F3	693.30
S2 (16–17 therapy visits)	294.71
S3 (18–19 therapy visits)	719.09

All Episodes, 20+ Therapy Visits	
Constant	4,033.07
C2	583.74
C3	1,396.22
F2	490.14
F3	1,052.59

5. On page 25389, in the first column,

a. In line 3, the word “two” is deleted.

b. In line 3, the word “adjustments” is corrected to read “adjustment”.

6. On page 25389, in the second column,

a. In line 1, the words “and the” is deleted.

b. In line 2, the phrase “adjustment for nominal changes in case-” is deleted.

7. On page 25389, in the third column,

a. In line 1, the words “mix coding” is deleted.

b. In line 1, the word “are” is corrected to read “is”.

8. On pages 25389–25392, in Table 5: Case Mix Groups, Average Cost, and

Case Mix Weight, the table is corrected to read as follows:

TABLE 5.—CASE-MIX GROUPS, AVERAGE COST, AND CASE-MIX WEIGHT

Severity level for each dimension				
Clinical	Functional	Services utilization	Average cost	Case-mix weight
1st and 2nd Episodes, 0 to 13 Therapy Visits+C47				
C1	F1	S1	\$1,276.66	0.5549
C1	F1	S2	1,781.15	0.7742
C1	F1	S3	2,220.16	0.9650
C1	F1	S4	2,664.52	1.1582
C1	F1	S5	3,048.51	1.3251
C1	F2	S1	1,498.09	0.6512
C1	F2	S2	2,002.59	0.8705
C1	F2	S3	2,441.60	1.0613
C1	F2	S4	2,885.95	1.2544
C1	F2	S5	3,269.94	1.4213
C1	F3	S1	1,659.16	0.7212
C1	F3	S2	2,163.65	0.9405
C1	F3	S3	2,602.66	1.1313
C1	F3	S4	3,047.02	1.3244
C1	F3	S5	3,431.00	1.4914
C2	F1	S1	1,660.77	0.7219
C2	F1	S2	2,165.26	0.9412
C2	F1	S3	2,604.27	1.1320
C2	F1	S4	3,048.63	1.3251
C2	F1	S5	3,432.61	1.4921
C2	F2	S1	1,882.20	0.8181
C2	F2	S2	2,386.69	1.0374
C2	F2	S3	2,825.70	1.2282
C2	F2	S4	3,270.06	1.4214
C2	F2	S5	3,654.04	1.5883
C2	F3	S1	2,043.27	0.8881
C2	F3	S2	2,547.76	1.1074
C2	F3	S3	2,986.77	1.2983
C2	F3	S4	3,431.12	1.4914
C2	F3	S5	3,815.11	1.6583
C3	F1	S1	2,146.21	0.9329
C3	F1	S2	2,650.71	1.1522
C3	F1	S3	3,089.72	1.3430
C3	F1	S4	3,534.07	1.5362
C3	F1	S5	3,918.06	1.7031
C3	F2	S1	2,367.65	1.0291
C3	F2	S2	2,872.14	1.2484
C3	F2	S3	3,311.15	1.4393
C3	F2	S4	3,755.50	1.6324
C3	F2	S5	4,139.49	1.7993
C3	F3	S1	2,528.71	1.0992
C3	F3	S2	3,033.21	1.3184
C3	F3	S3	3,472.22	1.5093
C3	F3	S4	3,916.57	1.7024
C3	F3	S5	4,300.56	1.8693
1st and 2nd Episodes, 14 to 19 Therapy Visits				
C1	F1	S1	3,467.92	1.5074
C1	F1	S2	3,897.27	1.6940
C1	F1	S3	4,173.18	1.8140
C1	F2	S1	3,738.71	1.6251
C1	F2	S2	4,168.06	1.8117
C1	F2	S3	4,443.97	1.9317
C1	F3	S1	3,897.46	1.6941
C1	F3	S2	4,326.81	1.8807
C1	F3	S3	4,602.72	2.0007
C2	F1	S1	4,007.46	1.7419
C2	F1	S2	4,436.82	1.9285
C2	F1	S3	4,712.73	2.0485
C2	F2	S1	4,278.26	1.8596
C2	F2	S2	4,707.61	2.0463
C2	F2	S3	4,983.52	2.1662
C2	F3	S1	4,437.00	1.9286

TABLE 5.—CASE-MIX GROUPS, AVERAGE COST, AND CASE-MIX WEIGHT—Continued

Severity level for each dimension				
Clinical	Functional	Services utilization	Average cost	Case-mix weight
C2	F3	S2	4,866.36	2.1153
C2	F3	S3	5,142.26	2.2352
C3	F1	S1	4,725.69	2.0541
C3	F1	S2	5,155.05	2.2407
C3	F1	S3	5,430.95	2.3607
C3	F2	S1	4,996.48	2.1718
C3	F2	S2	5,425.84	2.3584
C3	F2	S3	5,701.75	2.4784
C3	F3	S1	5,155.23	2.2408
C3	F3	S2	5,584.59	2.4274
C3	F3	S3	5,860.49	2.5474
3rd+ Episodes, 0 to 13 Therapy Visits				
C1	F1	S1	1,489.51	0.6474
C1	F1	S2	2,141.27	0.9307
C1	F1	S3	2,582.64	1.1226
C1	F1	S4	3,010.78	1.3087
C1	F1	S5	3,397.44	1.4768
C1	F2	S1	1,908.02	0.8294
C1	F2	S2	2,559.78	1.1127
C1	F2	S3	3,001.15	1.3045
C1	F2	S4	3,429.29	1.4906
C1	F2	S5	3,815.95	1.6587
C1	F3	S1	2,315.18	1.0063
C1	F3	S2	2,966.94	1.2896
C1	F3	S3	3,408.31	1.4815
C1	F3	S4	3,836.46	1.6676
C1	F3	S5	4,223.12	1.8357
C2	F1	S1	1,630.03	0.7085
C2	F1	S2	2,281.79	0.9918
C2	F1	S3	2,723.16	1.1837
C2	F1	S4	3,151.31	1.3698
C2	F1	S5	3,537.97	1.5378
C2	F2	S1	2,048.54	0.8904
C2	F2	S2	2,700.30	1.1737
C2	F2	S3	3,141.67	1.3656
C2	F2	S4	3,569.81	1.5517
C2	F2	S5	3,956.47	1.7198
C2	F3	S1	2,455.71	1.0674
C2	F3	S2	3,107.47	1.3507
C2	F3	S3	3,548.84	1.5426
C2	F3	S4	3,976.98	1.7287
C2	F3	S5	4,363.64	1.8967
C3	F1	S1	2,108.84	0.9166
C3	F1	S2	2,760.60	1.1999
C3	F1	S3	3,201.97	1.3918
C3	F1	S4	3,630.11	1.5779
C3	F1	S5	4,016.77	1.7460
C3	F2	S1	2,527.34	1.0986
C3	F2	S2	3,179.10	1.3819
C3	F2	S3	3,620.47	1.5737
C3	F2	S4	4,048.62	1.7598
C3	F2	S5	4,435.28	1.9279
C3	F3	S1	2,934.51	1.2755
C3	F3	S2	3,586.27	1.5588
C3	F3	S3	4,027.64	1.7507
C3	F3	S4	4,455.78	1.9368
C3	F3	S5	4,842.44	2.1049
3rd+ Episodes, 14 to 19 Therapy Visits				
C1	F1	S1	3,475.35	1.5106
C1	F1	S2	3,770.07	1.6387
C1	F1	S3	4,194.44	1.8232
C1	F2	S1	3,869.61	1.6820
C1	F2	S2	4,164.33	1.8101
C1	F2	S3	4,588.70	1.9946
C1	F3	S1	4,168.65	1.8120
C1	F3	S2	4,463.37	1.9401

TABLE 5.—CASE-MIX GROUPS, AVERAGE COST, AND CASE-MIX WEIGHT—Continued

Severity level for each dimension				
Clinical	Functional	Services utilization	Average cost	Case-mix weight
C1	F3	S3	4,887.74	2.1246
C2	F1	S1	4,154.10	1.8057
C2	F1	S2	4,448.82	1.9338
C2	F1	S3	4,873.19	2.1182
C2	F2	S1	4,548.37	1.9770
C2	F2	S2	4,843.08	2.1051
C2	F2	S3	5,267.45	2.2896
C2	F3	S1	4,847.40	2.1070
C2	F3	S2	5,142.12	2.2351
C2	F3	S3	5,566.49	2.4196
C3	F1	S1	4,880.57	2.1214
C3	F1	S2	5,175.29	2.2495
C3	F1	S3	5,599.66	2.4340
C3	F2	S1	5,274.84	2.2928
C3	F2	S2	5,569.55	2.4209
C3	F2	S3	5,993.92	2.6054
C3	F3	S1	5,573.87	2.4228
C3	F3	S2	5,868.59	2.5509
C3	F3	S3	6,292.96	2.7354

All Episodes, 20+ Therapy Visits

C1	F1	S1	5,309.73	2.3080
C1	F1	S1	5,799.87	2.5210
C1	F1	S1	6,362.32	2.7655
C2	F2	S1	5,893.47	2.5617
C2	F2	S1	6,383.61	2.7748
C2	F2	S1	6,946.06	3.0192
C3	F3	S1	6,705.95	2.9149
C3	F3	S1	7,196.09	3.1279
C3	F3	S1	7,758.55	3.3724

9. On pages 25430–25431, in Table 12a: NRS Case-Mix Adjustment Variables and Scores, the table is corrected to read as follows:

TABLE 12a.—NRS CASE-MIX ADJUSTMENT VARIABLES AND SCORES

	Description	Score
Selected Skin Conditions:		
1	Primary diagnosis = Anal fissure, fistula and abscess	19
2	Primary diagnosis = Cellulitis and abscess	13
3	Primary diagnosis = Gangrene	10
4	Primary diagnosis = Malignant neoplasms of skin	16
5	Primary diagnosis = Non-pressure and non-stasis ulcers	10
6	Primary diagnosis = Other infections of skin and subcutaneous tissue	19
7	Primary diagnosis = Post-operative Complications 1	32
8	Primary diagnosis = Post-operative Complications 2	23
9	Primary diagnosis = Traumatic Wounds and Burns	16
10	Other diagnosis = Anal fissure, fistula and abscess	8
11	Other diagnosis = Cellulitis and abscess	6
12	Other diagnosis = Gangrene	11
13	Other diagnosis = Non-pressure and non-stasis ulcers	8
14	Other diagnosis = Other infections of skin and subcutaneous tissue	7
15	Other diagnosis = Post-operative Complications 1	15
16	Other diagnosis = Post-operative Complications 2	15
17	Other diagnosis = Traumatic Wounds and Burns	7
18	M0450 = 1 pressure ulcer, stage 1 or 2	12
19	M0450 = 2 or 3 pressure ulcers, stage 1 or 2	20
20	M0450 = 4+ pressure ulcers, stage 1 or 2	30
21	M0450 = 1 pressure ulcer, stage 3	31
22	M0450 = 2 pressure ulcers, stage 3	41
23	M0450 = 3+ pressure ulcers, stage 3	57
24	M0450 = 1 pressure ulcer, stage 4	52
25	M0450 = 2 pressure ulcers, stage 4	80
26	M0450 = 3+ pressure ulcers, stage 4	104
27	M0450e = 1(unobserved pressure ulcer(s))	16

TABLE 12a.—NRS CASE-MIX ADJUSTMENT VARIABLES AND SCORES—Continued

	Description	Score
28	M0476 = 2 (status of most problematic stasis ulcer: early/partial granulation)	18
29	M0476 = 3 (status of most problematic stasis ulcer: not healing)	28
30	M0488 = 3 (status of most problematic surgical wound: not healing)	18
31	M0488 = 2 (status of most problematic surgical wound: early/partial granulation)	5
Other Clinical Factors:		
32	M0550 = 1 (ostomy not related to inpt stay/no regimen change)	21
33	M0550 = 2 (ostomy related to inpt stay/regimen change)	35
34	Any "Selected Skin Conditions" AND M0550 = 1 (ostomy not related to inpt stay/no regimen change)	22
35	Any "Selected Skin Conditions" AND M0550 = 2 (ostomy related to inpt stay/regimen change)	7
36	M0250 (Therapy at home) = 1 (IV/Infusion)	11
37	M0470 = 2 or 3 (2 or 3 stasis ulcers)	17
38	M0470 = 4 (4 stasis ulcers)	34
39	M0520 = 2 (patient requires urinary catheter)	17

10. On page 25444, after Table 23b entitled "Proposed National 60-Day Episode Amounts Updated by the Estimated Home Health Market Basket Update for CY 2008, Before Case-Mix Adjustment, Wage Index Adjustment Based on the Site of Service for the Beneficiary or Applicable Payment Adjustment for Episodes Beginning and Ending in CY 2008," in the first column, in the first full paragraph, in lines 14 through 43, the sentence "Therefore, to calculate an episode's prospective payment amount * * *" and ending with the sentence "The resulting amount is the national case-mix and wage adjusted national standardized 60-day episode payment rate for that particular episode" is corrected to read as follows: "To calculate an episode's prospective payment amount, take the non-adjusted national standardized 60-day episode payment rate and multiply it by the appropriate case-mix weight from Table 5 of this rule. Next, multiply the case-mix adjusted national standardized 60-day episode payment by the labor portion (77.082 percent); multiply this result by the appropriate wage index factor listed in Addendum A or B to wage-adjust the 60-day episode payment. Next multiply the case-mix adjusted national standardized 60-day episode payment by 22.918 percent to compute the non-labor portion. Add this result to the wage-adjusted labor portion to get the case-mix and wage adjusted national 60-day episode payment without NRS. Calculate the NRS amount by multiplying the episode's NRS weight (taken from Table 11 of this proposed rule) by the NRS conversion factor. This adjusted NRS payment is added to the case-mix and wage-adjusted national standardized 60-day episode payment. The resulting amount is the case-mix and wage-adjusted national standardized 60-day episode payment

rate including NRS for that particular episode."

11. On page 25447, in the 12th line, the figure "0.22198" is corrected to read "0.22918".

12. On page 25459, in Addendum A,

a. In the first column, in line 29, the Wage Index for "Massachusetts" the figure "1.0661" is corrected to read "1.1662".

b. In the second column, in line 15, the superscript "1" which appears after "New Jersey" is deleted.

c. In the third column, in lines 17 through 22, the footnote "1" at the end of Addendum A, the sentence "All counties within the State are classified as rural. No short-term acute care hospitals are located in the area(s)" is corrected to read as follows: "There are no short-term, acute care hospitals located in rural area(s) in Massachusetts from which to calculate a wage index for CY 2008."

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

Dated: June 12, 2007.

Ann C. Agnew,

Executive Secretary to the Department.

[FR Doc. 07-2987 Filed 6-13-07; 11:55 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General

42 CFR Part 1001

RIN 0991-AB23

Medicare and State Health Care Programs: Fraud and Abuse; Clarification of Terms and Application of Program Exclusion Authority for Submitting Claims Containing Excessive Charges

AGENCY: Office of Inspector General (OIG), HHS.

ACTION: Notice of withdrawal of proposed rulemaking.

SUMMARY: On September 15, 2003, we published a notice of proposed rulemaking (68 FR 53939) soliciting public comments regarding further guidance on OIG's exclusion authority under section 1128(b)(6)(A) of the Social Security Act and 42 CFR 1001.701 of our regulations. Having considered the public comments and for the reasons explained below, we are not promulgating a final rule.

DATES: The notice of proposed rulemaking published on September 15, 2003 at 68 FR 53939 is withdrawn as of June 18, 2007.

FOR FURTHER INFORMATION CONTACT: Joel Schaer, Office of External Affairs, (202) 619-0089.

SUPPLEMENTARY INFORMATION:

I. Background

A. Current Legal Framework

Section 1128(b)(6)(A) of the Social Security Act (the Act) provides that the Secretary may exclude any individual or entity from participation in any Federal health care program if the Secretary determines that the individual or entity:

"has submitted or caused to be submitted bills or requests for payment (where such