

This rule does not impose an information collection burden under the provisions of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*).

The Congressional Review Act, 5 U.S.C. 801 *et seq.*, as added by the Small Business Regulatory Enforcement Fairness Act of 1996, generally provides that before a rule may take effect, the agency promulgating the rule must submit a rule report to Congress and the Comptroller General. However, section 808 provides that any rule for which the issuing agency for good cause finds that notice and public procedure thereon are impracticable, unnecessary, or contrary to the public interest, shall take effect at such time as the agency promulgating the rule determines. 5 U.S.C. 808(2). EPA has made such a good cause finding, including the reasons therefor, and established an effective date of September 26, 2011. EPA will submit a report containing this rule and other required information to the U.S. Senate, the U.S. House of Representatives, and the Comptroller General of the United States prior to publication of the rule in the **Federal Register**. A major rule cannot take effect until 60 days after it is published in the **Federal Register**. This rule is not a "major rule" as defined by 5 U.S.C. 804(2).

Under section 307(b)(1) of the CAA, petitions for judicial review of this action must be filed in the United States Court of Appeals for the appropriate circuit by November 25, 2011. Filing a petition for reconsideration by the Administrator of this final rule does not affect the finality of this rule for the purpose of judicial review nor does it extend the time within which petition for judicial review may be filed, and shall not postpone the effectiveness of such rule or action. This action may not be challenged later in proceedings to enforce its requirements (see section 307(b)(2)).

List of Subjects in 40 CFR Part 52

Environmental protection, Air pollution control, Incorporation by reference, Intergovernmental regulations, Ozone, Reporting and recordkeeping requirements, Volatile organic compounds.

Dated: September 16, 2011.

Thomas J. McCullough,

Acting Regional Administrator, Region IX.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Part 412

[CMS-1349-CN]

RIN 0938-AQ28

Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2012; Changes in Size and Square Footage of Inpatient Rehabilitation Units and Inpatient Psychiatric Units; 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 5, 2011 entitled "Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2012; Changes in Size and Square Footage of Inpatient Rehabilitation Units and Inpatient Psychiatric Units," (hereinafter FY 2012 IRF PPS final rule (76 FR 47836)).

DATES: *Effective Date.* The corrections are effective October 1, 2011.

FOR FURTHER INFORMATION CONTACT: Susanne Seagrave, (410) 786-0044.

SUPPLEMENTARY INFORMATION:

I. Background

There were technical errors in the August 5, 2011 FY 2012 IRF PPS final rule (76 FR 47836). These technical errors are identified and corrected in the "Summary of Errors" and "Correction of Errors" sections below. The provisions in this correction document are effective as if they were included in the final rule published on August 5, 2011. Accordingly, the corrections are effective October 1, 2011.

II. Summary of Errors

In the August 5, 2011 final rule (76 FR 47836), we applied our established formula for calculating the relative weight values for case-mix groups (CMG). The CMG relative weight values for CMGs 1201, 1202, 1203, 1301, 1302, and 1303 in Table 1 on pages 47842 through 47844 of the final rule did not reflect our policy that the relative weight values for higher-paying tiers must always be greater than or equal to the relative weight values for lower-paying tiers. That is, a tier 1 payment for a given CMG must always be at least as

high as a tier 2 payment for that same CMG, the tier 2 payment must always be at least as high as the tier 3 payment, and the tier 3 payment must always be at least as high as the "no-comorbidity" tier payment. We have used this policy in calculating the CMG relative weights since the inception of the IRF PPS. However, we inadvertently did not apply this policy correctly for CMGs 1201, 1202, 1203, 1301, 1302, and 1303 in Table 1 on pages 47842 through 47844 of the FY 2012 IRF PPS final rule.

Further, as discussed in "Step 4" in the CMG relative weights discussion, column 1, on page 47841 of the FY 2012 IRF PPS final rule, we normalized the FY 2012 CMG relative weights to the same average CMG relative weight values from the FY 2011 IRF PPS notice (75 FR 42836). As this process utilized the incorrect values that had been listed for the relative weight values for CMGs 1201, 1202, 1203, 1301, 1302, and 1303, upon correction we also needed to reapply the normalization process to the other CMGs using the corrected relative weight values. This process corrects the relative weight values for all CMGs so that we are appropriately applying the policy of normalizing the FY 2012 CMG relative weights to the same average CMG relative weight values from the FY 2011 IRF PPS notice.

Since the FY 2012 payment rates listed in Table 11 on pages 47865 through 47866 of the final rule are based on the CMG relative weights in Table 1 (the payment rates are equal to the CMG relative weights multiplied by the FY 2012 Standard Payment Conversion Factor), we are also providing corrections to Table 11 in the final rule to reflect the corrections to the CMG relative weights in Table 1. In addition, we are correcting the example of computing the IRF FY 2012 Federal prospective payment in Table 12 on page 47867 of the final rule to reflect the correction to the unadjusted Federal prospective payment rate for CMG 0110 (without comorbidities) from Table 11.

Finally, we utilized the CMG payment rates reflected in Table 11 of the IRF PPS final rule to determine the FY 2012 outlier threshold. As described in the final rule, the outlier threshold is to be set so that the estimated total outlier payments in FY 2012 will equal 3 percent of total estimated payments. Since corrections to the FY 2012 payment rates result in slight differences in the amount of outlier payments we estimate for FY 2012, the use of the corrected data results in an outlier threshold for FY 2012 IRF PPS of \$10,713. Therefore, we are correcting the outlier threshold amount for FY 2012 from \$10,660 to \$10,713 to ensure

that estimated outlier payments for FY 2012 continue to equal 3 percent of total estimated payments.

We note that the corrections to the CMG relative weight values in Table 1 of the FY 2012 IRF PPS final rule do not affect the average length of stay values, which we have republished here for simplicity. The average length of stay values are the same values that were published correctly in Table 1 of the August 5, 2011 final rule (76 FR 47836).

As a result of the corrections to Table 1 and Table 11 of the final rule, as well as the correction to the FY 2012 outlier threshold amount, some of the numbers in Table 14 on page 47887 of the final rule (the IRF Impact Table for FY 2012), also need to be corrected. We are correcting these numbers both in Table 14 and in the preamble text that references Table 14.

III. Waiver of Proposed Rulemaking and Delayed Effective Date

In accordance with the Administrative Procedure Act (APA) (5 U.S.C. 553(b)), 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. We also ordinarily provide a 30-day delay in the effective

date of the provisions of a rule in accordance with section 553(d) of the APA (5 U.S.C. 553(d)). However, we can waive both notice and comment procedures and the 30-day delay in effective date if the Secretary finds, for good cause, that such procedures are impracticable, unnecessary, or contrary to the public interest, and incorporates a statement of the finding and the reasons into the notice.

The corrections that are laid out in this document were necessitated by an inadvertent error to accurately apply our stated policies as we calculated and laid out the CMG relative weight values in Table 1 of the FY 2012 IRF PPS final rule. As a result of those calculation errors, corrections were needed in Tables 1, 11, 12 and 14. Corrections were also needed as a result of these calculation errors in the places indicated above in the preamble discussion.

Upon recognition of these calculation errors, we reviewed the comments that were submitted in response to our FY 2012 IRF PPS proposed rule. We found that the necessary corrections would not have altered the substantive content of those comments.

As the corrections necessitated by the calculation errors outlined above do not

change the stated policies in the FY 2012 IRF PPS final rule, as the policies and payment methodology expressed in the FY 2012 IRF PPS final rule (76 FR 47836) have previously been subjected to notice and comment procedures, and as the public's comments would not have been affected if we had published the correctly calculated data elements, we find it unnecessary to undertake further notice and comment procedures with respect to this correction document. Further, the corrections made in this document will not significantly affect anticipated overall reimbursements to IRF providers and, as such, will only result in negligible changes to anticipated revenues and will not necessitate any actions on the part of individual providers. Therefore, we find good cause to waive notice and comment procedures and the 30-day delay in the effective date for this correction document.

IV. Correction of Errors

In the August 5, 2011 FY 2012 IRF PPS final rule (76 FR 47836), make the following corrections:

1. On pages 47842 through 47844, Table 1, "Relative Weights and Average Length of Stay Values for Case-Mix Groups," is corrected as follows:

TABLE 1—RELATIVE WEIGHTS AND AVERAGE LENGTH OF STAY VALUES FOR CASE-MIX GROUPS

CMG	CMG Description (M = motor, C = cognitive, A = age)	Relative weight				Average length of stay			
		Tier 1	Tier 2	Tier 3	None	Tier 1	Tier 2	Tier 3	None
0101	Stroke M>51.05	0.7671	0.7177	0.6447	0.6098	10	10	9	8
0102	Stroke M>44.45 and M<51.05 and C>18.5	0.9521	0.8908	0.8002	0.7568	12	13	10	10
0103	Stroke M>44.45 and M<51.05 and C<18.5	1.1369	1.0637	0.9555	0.9037	14	14	12	12
0104	Stroke M>38.85 and M<44.45	1.1812	1.1052	0.9928	0.9389	15	14	13	12
0105	Stroke M>34.25 and M<38.85	1.3725	1.2841	1.1535	1.0910	16	17	14	14
0106	Stroke M>30.05 and M<34.25	1.5805	1.4788	1.3284	1.2564	20	18	16	16
0107	Stroke M>26.15 and M<30.05	1.7895	1.6743	1.5040	1.4225	20	20	18	18
0108	Stroke M<26.15 and A>84.5	2.2165	2.0738	1.8629	1.7619	31	25	23	22
0109	Stroke M>22.35 and M<26.15 and A<84.5	2.0496	1.9177	1.7226	1.6292	24	23	20	20
0110	Stroke M<22.35 and A<84.5	2.6418	2.4717	2.2203	2.1000	33	29	26	25
0201	Traumatic brain injury M>53.35 and C>23.5	0.7466	0.6128	0.5677	0.5154	8	8	7	8
0202	Traumatic brain injury M>44.25 and M<53.35 and C>23.5	1.0607	0.8707	0.8065	0.7323	12	12	10	10
0203	Traumatic brain injury M>44.25 and C<23.5	1.2074	0.9911	0.9181	0.8336	16	11	13	12
0204	Traumatic brain injury M>40.65 and M<44.25	1.2649	1.0383	0.9618	0.8733	16	12	12	12
0205	Traumatic brain injury M>28.75 and M<40.65	1.5974	1.3113	1.2146	1.1029	17	18	15	14
0206	Traumatic brain injury M>22.05 and M<28.75	1.9887	1.6325	1.5122	1.3731	23	19	19	18
0207	Traumatic brain injury M<22.05	2.6902	2.2084	2.0455	1.8574	35	27	25	22
0301	Non-traumatic brain injury M>41.05	1.0568	0.9507	0.8434	0.7725	12	12	11	10
0302	Non-traumatic brain injury M>35.05 and M<41.05	1.3383	1.2039	1.0681	0.9782	12	15	13	13
0303	Non-traumatic brain injury M>26.15 and M<35.05	1.5912	1.4315	1.2699	1.1631	21	17	15	14
0304	Non-traumatic brain injury M<26.15	2.2032	1.9820	1.7583	1.6104	29	23	20	19
0401	Traumatic spinal cord injury M>48.45	1.0564	0.8795	0.8001	0.7020	14	14	11	10
0402	Traumatic spinal cord injury M>30.35 and M<48.45	1.3772	1.1465	1.0430	0.9151	17	14	13	12
0403	Traumatic spinal cord injury M>16.05 and M<30.35	2.4588	2.0470	1.8622	1.6339	29	26	23	20
0404	Traumatic spinal cord injury M<16.05 and A>63.5	4.3666	3.6353	3.3070	2.9016	52	39	38	35
0405	Traumatic spinal cord injury M<16.05 and A<63.5	3.8573	3.2113	2.9213	2.5632	52	39	36	29
0501	Non-traumatic spinal cord injury M>51.35	0.6555	0.6294	0.5613	0.4975	10	10	7	7
0502	Non-traumatic spinal cord injury M>40.15 and M<51.35	0.9809	0.9418	0.8399	0.7444	13	13	11	10
0503	Non-traumatic spinal cord injury M>31.25 and M<40.15	1.2453	1.1956	1.0663	0.9450	16	14	13	12
0504	Non-traumatic spinal cord injury M>29.25 and M<31.25	1.5015	1.4416	1.2856	1.1394	18	16	16	14
0505	Non-traumatic spinal cord injury M>23.75 and M<29.25	1.7549	1.6848	1.5026	1.3317	20	21	18	17
0506	Non-traumatic spinal cord injury M<23.75	2.4598	2.3616	2.1062	1.8667	34	28	24	23
0601	Neurological M>47.75	0.9452	0.7987	0.7286	0.6586	10	11	9	9

TABLE 1—RELATIVE WEIGHTS AND AVERAGE LENGTH OF STAY VALUES FOR CASE-MIX GROUPS—Continued

CMG	CMG Description (M = motor, C = cognitive, A = age)	Relative weight				Average length of stay			
		Tier 1	Tier 2	Tier 3	None	Tier 1	Tier 2	Tier 3	None
0602	Neurological M>37.35 and M<47.75	1.2511	1.0572	0.9644	0.8717	12	13	12	11
0603	Neurological M>25.85 and M<37.35	1.6157	1.3654	1.2455	1.1258	17	16	14	14
0604	Neurological M<25.85	2.1425	1.8106	1.6515	1.4929	24	21	19	18
0701	Fracture of lower extremity M>42.15	0.7996	0.7871	0.7581	0.6767	10	12	10	9
0702	Fracture of lower extremity M>34.15 and M<42.15	1.0462	1.0299	0.9919	0.8854	12	13	12	12
0703	Fracture of lower extremity M>28.15 and M<34.15	1.2589	1.2393	1.1937	1.0654	15	15	14	14
0704	Fracture of lower extremity M<28.15	1.6270	1.6017	1.5426	1.3769	18	19	18	17
0801	Replacement of lower extremity joint M>49.55	0.5777	0.5777	0.5383	0.4915	7	8	7	7
0802	Replacement of lower extremity joint M>37.05 and M<49.55	0.7792	0.7792	0.7262	0.6630	8	11	9	9
0803	Replacement of lower extremity joint M>28.65 and M<37.05 and A>83.5	1.0718	1.0718	0.9988	0.9119	11	14	13	12
0804	Replacement of lower extremity joint M>28.65 and M<37.05 and A<83.5	0.9510	0.9510	0.8863	0.8092	10	12	11	10
0805	Replacement of lower extremity joint M>22.05 and M<28.65	1.1734	1.1734	1.0936	0.9984	11	14	13	13
0806	Replacement of lower extremity joint M<22.05	1.4368	1.4368	1.3390	1.2225	13	18	16	15
0901	Other orthopedic M>44.75	0.8460	0.7455	0.6746	0.6112	10	10	9	8
0902	Other orthopedic M>34.35 and M<44.75	1.1316	0.9971	0.9023	0.8175	12	13	12	11
0903	Other orthopedic M>24.15 and M<34.35	1.4493	1.2770	1.1556	1.0470	16	16	14	13
0904	Other orthopedic M<24.15	1.8779	1.6547	1.4973	1.3566	21	20	18	17
1001	Amputation, lower extremity M>47.65	1.0321	0.9074	0.8107	0.7246	13	12	10	10
1002	Amputation, lower extremity M>36.25 and M<47.65	1.3551	1.1914	1.0645	0.9514	16	14	13	12
1003	Amputation, lower extremity M<36.25	2.0018	1.7600	1.5725	1.4055	21	21	18	17
1101	Amputation, non-lower extremity M>36.35	1.0375	1.0375	0.9841	0.9236	11	11	12	11
1102	Amputation, non-lower extremity M<36.35	1.5611	1.5611	1.4808	1.3897	14	18	16	16
1201	Osteoarthritis M>37.65	0.8554	0.8554	0.8088	0.7645	13	13	11	10
1202	Osteoarthritis M>30.75 and M<37.65	1.1152	1.1152	1.0544	0.9966	16	16	14	13
1203	Osteoarthritis M<30.75	1.3737	1.3737	1.2989	1.2277	13	19	15	15
1301	Rheumatoid, other arthritis M>36.35	0.8929	0.8929	0.8833	0.7875	11	10	11	10
1302	Rheumatoid, other arthritis M>26.15 and M<36.35	1.1759	1.1759	1.1632	1.0370	17	17	14	13
1303	Rheumatoid, other arthritis M<26.15	1.5198	1.5198	1.5035	1.3403	15	19	18	16
1401	Cardiac M>48.85	0.9405	0.7530	0.6659	0.6022	10	10	9	8
1402	Cardiac M>38.55 and M<48.85	1.2630	1.0112	0.8941	0.8087	13	12	11	10
1403	Cardiac M>31.15 and M<38.55	1.5254	1.2213	1.0799	0.9767	18	14	13	12
1404	Cardiac M<31.15	1.9757	1.5818	1.3987	1.2651	24	19	16	15
1501	Pulmonary M>49.25	0.9606	0.8970	0.7731	0.7308	10	11	8	9
1502	Pulmonary M>39.05 and M<49.25	1.2091	1.1290	0.9732	0.9198	13	13	11	11
1503	Pulmonary M>29.15 and M<39.05	1.4911	1.3923	1.2001	1.1343	16	16	13	13
1504	Pulmonary M<29.15	1.8836	1.7589	1.5160	1.4330	22	18	17	16
1601	Pain syndrome M>37.15	1.1167	0.8790	0.7713	0.7211	12	12	10	10
1602	Pain syndrome M>26.75 and M<37.15	1.4957	1.1773	1.0331	0.9658	19	13	13	13
1603	Pain syndrome M<26.75	1.9322	1.5210	1.3347	1.2477	22	18	16	15
1701	Major multiple trauma without brain or spinal cord injury M>39.25	1.0424	0.9277	0.8419	0.7360	10	11	11	10
1702	Major multiple trauma without brain or spinal cord injury M>31.05 and M<39.25	1.3755	1.2242	1.1110	0.9712	13	15	14	13
1703	Major multiple trauma without brain or spinal cord injury M>25.55 and M<31.05	1.6223	1.4439	1.3104	1.1455	15	16	15	15
1704	Major multiple trauma without brain or spinal cord injury M<25.55	2.0766	1.8482	1.6773	1.4663	26	22	20	18
1801	Major multiple trauma with brain or spinal cord injury M>40.85	1.1991	0.9837	0.9497	0.8687	14	15	12	11
1802	Major multiple trauma with brain or spinal cord injury M>23.05 and M<40.85	1.6464	1.3507	1.3040	1.1927	18	20	15	15
1803	Major multiple trauma with brain or spinal cord injury M<23.05	2.8188	2.3124	2.2325	2.0420	34	32	26	24
1901	Guillian Barre M>35.95	1.1440	1.0078	0.9143	0.8879	13	14	12	12
1902	Guillian Barre M>18.05 and M<35.95	2.1760	1.9170	1.7390	1.6888	22	22	21	21
1903	Guillian Barre M<18.05	3.6334	3.2009	2.9037	2.8199	48	29	34	32
2001	Miscellaneous M>49.15	0.8533	0.7540	0.6760	0.6073	9	10	9	8
2002	Miscellaneous M>38.75 and M<49.15	1.1420	1.0091	0.9047	0.8128	12	12	11	10
2003	Miscellaneous M>27.85 and M<38.75	1.4421	1.2742	1.1425	1.0264	15	15	13	13
2004	Miscellaneous M<27.85	1.9337	1.7086	1.5319	1.3763	24	20	18	16
2101	Burns M>0	2.4686	2.1368	1.7017	1.3793	34	23	19	18
5001	Short-stay cases, length of stay is 3 days or fewer				0.1474				3
5101	Expired, orthopedic, length of stay is 13 days or fewer				0.5851				7
5102	Expired, orthopedic, length of stay is 14 days or more				1.4705				18
5103	Expired, not orthopedic, length of stay is 15 days or fewer				0.6965				8

TABLE 1—RELATIVE WEIGHTS AND AVERAGE LENGTH OF STAY VALUES FOR CASE-MIX GROUPS—Continued

CMG	CMG Description (M = motor, C = cognitive, A = age)	Relative weight				Average length of stay			
		Tier 1	Tier 2	Tier 3	None	Tier 1	Tier 2	Tier 3	None
5104	Expired, not orthopedic, length of stay is 16 days or more	1.8764	23

2. On pages 47865 through 47866, Table 11, "FY 2012 Payment Rates," is corrected as follows:

TABLE 11—FY 2012 PAYMENT RATES

CMG	Payment rate tier 1	Payment rate tier 2	Payment rate tier 3	Payment rate no comorbidity
0101	\$10,797.70	\$10,102.35	\$9,074.80	\$8,583.54
0102	13,401.76	12,538.90	11,263.62	10,652.72
0103	16,003.00	14,972.64	13,449.62	12,720.48
0104	16,626.57	15,556.80	13,974.65	13,215.96
0105	19,319.31	18,074.99	16,236.67	15,356.92
0106	22,247.12	20,815.59	18,698.56	17,685.09
0107	25,189.00	23,567.45	21,170.30	20,023.11
0108	31,199.45	29,190.81	26,222.18	24,800.50
0109	28,850.17	26,993.55	24,247.32	22,932.62
0110	37,185.98	34,791.65	31,252.94	29,559.60
0201	10,509.14	8,625.77	7,990.95	7,254.77
0202	14,930.41	12,255.97	11,352.29	10,307.85
0203	16,995.36	13,950.72	12,923.18	11,733.75
0204	17,804.73	14,615.11	13,538.30	12,292.57
0205	22,485.00	18,457.86	17,096.71	15,524.42
0206	27,992.94	22,979.07	21,285.73	19,327.76
0207	37,867.26	31,085.44	28,792.46	26,144.76
0301	14,875.52	13,382.05	11,871.70	10,873.71
0302	18,837.91	16,946.10	15,034.58	13,769.14
0303	22,397.73	20,149.79	17,875.11	16,371.80
0304	31,012.24	27,898.63	24,749.83	22,667.99
0401	14,869.89	12,379.84	11,262.21	9,881.35
0402	19,385.47	16,138.13	14,681.27	12,880.95
0403	34,610.07	28,813.57	26,212.33	22,998.78
0404	61,464.26	51,170.48	46,549.33	40,842.92
0405	54,295.35	45,202.26	41,120.22	36,079.60
0501	9,226.82	8,859.43	7,900.86	7,002.81
0502	13,807.15	13,256.78	11,822.43	10,478.17
0503	17,528.84	16,829.27	15,009.24	13,301.82
0504	21,135.11	20,291.96	18,096.11	16,038.19
0505	24,701.97	23,715.24	21,150.60	18,745.01
0506	34,624.14	33,241.88	29,646.87	26,275.67
0601	13,304.64	11,242.50	10,255.77	9,270.45
0602	17,610.48	14,881.15	13,574.89	12,270.05
0603	22,742.59	19,219.37	17,531.66	15,846.76
0604	30,157.83	25,486.01	23,246.51	21,014.06
0701	11,255.17	11,079.22	10,671.02	9,525.23
0702	14,726.31	14,496.87	13,961.98	12,462.89
0703	17,720.28	17,444.39	16,802.52	14,996.57
0704	22,901.65	22,545.53	21,713.64	19,381.24
0801	8,131.71	8,131.71	7,577.11	6,918.35
0802	10,968.02	10,968.02	10,221.99	9,332.39
0803	15,086.66	15,086.66	14,059.11	12,835.90
0804	13,386.28	13,386.28	12,475.56	11,390.30
0805	16,516.78	16,516.78	15,393.51	14,053.48
0806	20,224.40	20,224.40	18,847.76	17,207.91
0901	11,908.30	10,493.66	9,495.67	8,603.25
0902	15,928.40	14,035.18	12,700.77	11,507.13
0903	20,400.35	17,975.05	16,266.23	14,737.57
0904	26,433.32	23,291.56	21,075.99	19,095.50
1001	14,527.84	12,772.56	11,411.41	10,199.47
1002	19,074.39	16,770.15	14,983.90	13,391.91
1003	28,177.34	24,773.76	22,134.51	19,783.82
1101	14,603.85	14,603.85	13,852.19	13,000.59
1102	21,974.04	21,974.04	20,843.74	19,561.42
1201	12,040.61	12,040.61	11,384.67	10,761.10
1202	15,697.56	15,697.56	14,841.73	14,028.14

TABLE 11—FY 2012 PAYMENT RATES—Continued

CMG	Payment rate tier 1	Payment rate tier 2	Payment rate tier 3	Payment rate no comorbidity
1203	19,336.20	19,336.20	18,283.32	17,281.11
1301	12,568.46	12,568.46	12,433.33	11,084.85
1302	16,551.97	16,551.97	16,373.20	14,596.81
1303	21,392.70	21,392.70	21,163.27	18,866.06
1401	13,238.48	10,599.23	9,373.21	8,476.57
1402	17,777.99	14,233.65	12,585.35	11,383.26
1403	21,471.53	17,191.02	15,200.67	13,748.03
1404	27,809.95	22,265.42	19,688.10	17,807.55
1501	13,521.41	12,626.17	10,882.16	10,286.74
1502	17,019.29	15,891.80	13,698.76	12,947.10
1503	20,988.72	19,598.01	16,892.61	15,966.41
1504	26,513.55	24,758.28	21,339.22	20,170.91
1601	15,718.67	12,372.80	10,856.82	10,150.20
1602	21,053.47	16,571.67	14,541.92	13,594.60
1603	27,197.65	21,409.60	18,787.24	17,562.63
1701	14,672.82	13,058.31	11,850.58	10,359.94
1702	19,361.54	17,231.84	15,638.44	13,670.61
1703	22,835.49	20,324.34	18,445.19	16,124.06
1704	29,230.22	26,015.26	23,609.67	20,639.64
1801	16,878.53	13,846.56	13,367.98	12,227.82
1802	23,174.73	19,012.45	18,355.10	16,788.45
1803	39,677.43	32,549.34	31,424.67	28,743.19
1901	16,102.94	14,185.79	12,869.69	12,498.08
1902	30,629.38	26,983.69	24,478.16	23,771.55
1903	51,143.74	45,055.87	40,872.48	39,692.91
2001	12,011.05	10,613.30	9,515.38	8,548.35
2002	16,074.79	14,204.09	12,734.56	11,440.97
2003	20,299.00	17,935.64	16,081.83	14,447.61
2004	27,218.76	24,050.25	21,563.02	19,372.80
2101	34,748.01	30,077.60	23,953.13	19,415.03
5001				2,074.80
5101				8,235.87
5102				20,698.76
5103				9,803.93
5104				26,412.21

3. On page 47867: Payment,” correct the entire table to
 a. In table 12, “Example of Computing the IRF FY 2012 Federal Prospective Payment,” read as follows:

TABLE 12—EXAMPLE OF COMPUTING THE IRF PPS FY 2012 FEDERAL PROSPECTIVE PAYMENT

Steps		Rural Facility A (Spencer Co., IN)	Urban Facility B (Harrison Co., IN)
1	Unadjusted Federal Prospective Payment	29,559.60	29,559.60
2	Labor Share	0.70199	0.70199
3	Labor Portion of Federal Payment	\$20,750.54	\$20,750.54
4	CBSA Based Wage Index (shown in the Addendum , Tables 1 and 2)	0.8391	0.8896
5	Wage-Adjusted Amount	\$17,411.78	\$18,459.68
6	Nonlabor Amount	\$8,809.06	\$8,809.06
7	Wage-Adjusted Federal Payment	\$26,220.84	\$27,268.74
8	Rural Adjustment	1.184	1.0000
9	Wage- and Rural-Adjusted Federal Payment	\$31,045.47	\$27,268.74
10	LIP Adjustment	1.0228	1.0666
11	FY 2012 Wage-, Rural- and LIP-Adjusted Federal Prospective Payment Rate	\$31,753.31	\$29,084.84
12	FY 2012 Wage- and Rural-Adjusted Federal Prospective Payment	\$31,045.47	\$27,268.74
13	Teaching Status Adjustment	0.0000	0.0610
14	Teaching Status Adjustment Amount	\$0.00	\$1,663.39
15	FY2012 Wage-, Rural-, and LIP-Adjusted Federal Prospective Payment Rate	\$31,753.31	\$29,084.84
16	Total FY 2012 Adjusted Federal Prospective Payment	\$31,753.31	\$30,748.23

b. In the 1st column, the 4th paragraph, in line 2, the amount

“\$31,771.45” is corrected to read “\$31,753.31.”

c. In the 1st column, the 2nd paragraph, in line 4, the amount

“\$30,765.80” is corrected to read
“\$30,748.23.”

4. On page 47868, in the 3rd column,
in the 1st full paragraph, in line 6, the

amount “\$10,660” is corrected to read
“\$10,713.”

5. On page 47887, Table 14, “IRF
Impact Table for FY 2012,” is corrected
as follows:

TABLE 14—IRF IMPACT TABLE FOR FY 2012

Facility classification (1)	Number of IRFs (2)	Number of cases (3)	Outlier (4)	FY 2012 adjusted market basket increase factor ¹ (5)	FY 2012 CBSA wage index and labor-share (6)	CMG (7)	Total percent change (8)
Total	1,152	397,388	0.4%	1.8%	0.0%	0.0%	2.2%
Urban unit	752	200,587	0.6	1.8	-0.1	0.0	2.3
Rural unit	175	27,997	0.5	1.8	0.8	0.1	3.2
Urban hospital	205	162,171	0.2	1.8	0.0	0.0	1.9
Rural hospital	20	6,633	0.2	1.8	1.6	-0.1	3.5
Urban For-Profit	317	151,821	0.2	1.8	0.1	-0.1	2.1
Rural For-Profit	63	12,437	0.4	1.8	1.1	0.1	3.4
Urban Non-Profit	596	199,313	0.5	1.8	-0.3	0.0	2.1
Rural Non-Profit	122	20,442	0.5	1.8	0.7	0.1	3.1
Urban Government	44	11,624	0.7	1.8	0.2	0.0	2.8
Rural Government	10	1,751	0.9	1.8	1.3	0.1	4.1
Urban	957	362,758	0.4	1.8	-0.1	0.0	2.1
Rural	195	34,630	0.5	1.8	0.9	0.1	3.2
Urban by region: ²							
Urban New England	32	16,393	0.4	1.8	-1.2	0.0	1.0
Urban Middle Atlantic	142	66,363	0.3	1.8	-0.7	0.0	1.4
Urban South Atlantic	132	63,793	0.4	1.8	0.0	0.0	2.2
Urban East North Central	188	57,269	0.5	1.8	0.0	0.0	2.4
Urban East South Central	49	26,375	0.2	1.8	0.4	-0.1	2.2
Urban West North Central	73	18,118	0.6	1.8	0.0	0.0	2.3
Urban West South Central	169	66,313	0.6	1.8	0.5	0.0	2.7
Urban Mountain	70	23,834	0.4	1.8	0.2	-0.1	2.3
Urban Pacific	102	24,300	0.7	1.8	-0.3	0.0	2.2
Rural by region: ²							
Rural New England	6	1,354	1.0	1.9	0.7	0.1	3.7
Rural Middle Atlantic	16	3,232	0.2	1.8	1.8	0.1	4.0
Rural South Atlantic	25	5,988	0.3	1.8	0.8	0.0	2.9
Rural East North Central	33	5,776	0.4	1.8	0.1	0.1	2.4
Rural East South Central	23	4,017	0.2	1.8	1.4	0.0	3.4
Rural West North Central	31	3,945	0.7	1.8	-0.2	0.1	2.5
Rural West South Central	50	9,261	0.5	1.8	1.6	0.1	4.0
Rural Mountain	7	670	0.6	1.8	0.3	0.2	2.9
Rural Pacific	4	387	1.4	1.8	-0.4	-0.1	2.7
Teaching status:							
Non-teaching	1,036	345,500	0.4	1.8	0.1	0.0	2.3
Resident to ADC less than 10%	69	36,878	0.5	1.8	-0.4	0.0	2.0
Resident to ADC 10%–19%	33	12,497	0.6	1.8	-0.3	0.1	2.2
Resident to ADC greater than 19%	14	2,513	0.7	1.8	-0.7	-0.1	1.8
Disproportionate Share Patient Percentage (DSH):							
DSH = 0%	39	10,534	0.4	1.8	0.4	0.0	2.7
DSH <5%	208	62,434	0.4	1.8	-0.2	0.0	2.0
DSH 5%–10%	342	134,694	0.3	1.8	0.0	0.0	2.2
DSH 10%–20%	330	123,398	0.4	1.8	0.0	0.0	2.2
DSH >20%	233	66,328	0.5	1.8	0.0	0.0	2.3

¹ This column reflects the impact of the rebased RPL market basket increase factor for FY 2012 of 1.8 percent, which includes a market basket update of 2.9 percent, a 0.1 percentage point reduction in accordance with sections 1886(j)(3)(C)(ii)(I) and 1886(j)(3)(D)(ii) of the Act and a 1.0 percent reduction for the productivity adjustment as required by section 1886(j)(3)(C)(ii)(I) of the Act, as finalized in 76 FR 47860.

² A map of States that comprise the 9 geographic regions can be found at: http://www.census.gov/geo/www/us_regdiv.pdf.

6. On page 47888:

a. In the 1st column, in the 1st full paragraph, in line 18, the amount "\$10,660" is corrected to read "\$10,713."

b. In the 1st column, in the 2nd full paragraph, in line 9, the value "1.5" is corrected to read "1.4."

c. In the 2nd column, the 2nd full paragraph, lines 9 through 14, the sentence: "The largest decrease in payments as a result of these updates is a 0.1 percent decrease to rural freestanding IRFs, urban IRFs in the East South Central and Mountain regions, and rural IRFs in the Pacific region." is corrected to read, "The largest decrease in payments as a result of these updates is a 0.1 percent decrease to rural IRF hospitals, urban for-profit IRFs, urban IRFs in the East South Central and Mountain regions, rural IRFs in the Pacific region, and teaching IRFs with resident to ADC ratios greater than 19 percent."

7. On page 47890, in the 1st column, the 2nd full paragraph, lines 1 through 4, the sentence, "Overall the largest payment increase is estimated at 4.1 percent for rural government-owned IRFs and rural IRFs in the West South Central region." is corrected to read, "Overall, the largest payment increases are estimated at 4.1 percent for rural government-owned IRFs, and 4.0 percent for rural IRFs in the Middle Atlantic and West South Central regions."

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

Dated: September 19, 2011.

Barbara J. Holland,

Deputy Executive Secretary to the Department.

[FR Doc. 2011–24671 Filed 9–23–11; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 412, 413, and 476

[CMS–1518–CN3]

RIN 0938–AQ24; 0938–AQ92

Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2012 Rates; Hospitals' FTE Resident Caps for Graduate Medical Education Payment; Corrections

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

ACTION: Correction of final rule.

SUMMARY: This document corrects technical errors and typographical errors in the final rule entitled "Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and FY 2012 Rates; Hospitals' FTE Resident Caps for Graduate Medical Education Payment; Corrections" which appeared in the August 18, 2011 **Federal Register**.

DATES: This correction document is effective October 1, 2011.

FOR FURTHER INFORMATION CONTACT: Brian Slater, (410) 786–5229, Hospital inpatient wage data. Michele Hudson, (410) 786–4487, Long-term care hospital wage data. Caroline Gallaher, (410) 786–8705, Long-term care hospital quality measures.

SUPPLEMENTARY INFORMATION:

I. Background

In FR Doc. 2011–19719 of August 18, 2011 (76 FR 51476), the final rule entitled "Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and FY 2012 Rates; Hospitals' FTE Resident Caps for Graduate Medical Education Payment; Corrections" (hereinafter referred to as the FY 2012 IPPS/FY 2012 LTCH PPS final rule) there were a number of technical errors that are identified and corrected in the Correction of Errors section. We have already made changes to our rates through PRICER and joint signature memoranda. Accordingly, the corrections are effective October 1, 2011.

II. Summary of Errors and Corrections Posted on the CMS Web Site

A. Errors in the Preamble

On page 51745, in our discussion of quality reporting for long-term care hospitals (LTCHs) for FY 2014 payment determinations, Measure #1, we inadvertently miscounted and omitted a footnote.

On pages 51746 and 51747, in our discussion of the technical expert panel (TEP) we made typographical errors and made a technical error in a footnote.

On page 51747, in our discussion of the TEP, the acronym for Center Line Catheter-Associated Bloodstream Infection (CLABSI) was inadvertently misspelled.

On page 51748, in our discussion of quality reporting for LTCHs for FY 2014 payment determinations, Measure #2, we inadvertently included an incorrect *Web site* link for detailed information on the Standardized Infection Ratio (SIR).

On page 51752, in our discussion of quality reporting for LTCHs data submission, we made an error in referencing the number of States in which healthcare associated infections (HAIs) reporting is already or soon will be mandated.

On page 51754, in our discussion of the method of data collection and submission for the pressure ulcer measure, we made typographical and technical errors.

On page 51755, in our discussion of Continuity Assessment Record & Evaluation (CARE), we made a grammatical error.

On page 51780, in our discussion of the information collection requirements (ICRs) for the quality reporting program for LTCHs, we made an error in the number of States that already submitted HAI data to National Healthcare Safety Network (NHSN).

On page 51813, in our discussion of the *Web site* location for the LTCH PPS tables for the FY 2012 IPPS/FY 2012 LTCH PPS final rule, we made a typographical error in the regulation number.

B. Corrections Posted on the CMS Web Site

On pages 51812 and 51813, we list tables 2, 3A, 3B, 3C, 4A, 4B, 4C, 4J, 9A, 9C, 12A, and 12B as tables that are available only through the Internet.

In Table 2.—Acute Care Hospitals Case-Mix Indexes for Discharges Occurring in Federal Fiscal Year 2010; Hospital Wage Indexes for Federal Fiscal Year 2012; Hospital Average Hourly Wages for Federal Fiscal Years 2010 (2006 Wage Data), 2011 (2007