promulgating this rule consistent with the Federal Plain Writing Act and requests public comment on this effort.

List of Subjects in 42 CFR 7
Public health, CDC, Reference biological standards, Biological preparations, Schedule of charges

Amended Text
For the reasons discussed in the preamble, the Department of Health and Human Services amends 42 CFR Part 7 as follows:

PART 7—DISTRIBUTION OF REFERENCE BIOLOGICAL STANDARDS AND BIOLOGICAL PREPARATIONS

§ 7.1 Applicability.

The provisions of this part are applicable to private entities requesting from the Centers for Disease Control and Prevention (CDC) reference biological Standards and Biological preparations for use in their laboratories.

§ 7.2 Schedule of charges.

The charges imposed in § 7.2 are based on the amount published in CDC’s price list of available products. These changes will reflect direct costs (such as salaries and equipment), indirect costs (such as rent, telephone service, and a proportionate share of management and administrative costs), and the cost of particular ingredients. Charges may vary over time and between different biological standards or biological preparations, depending upon the cost of ingredients and the complexity of production. An up-to-date schedule of charges is available from the Division of Scientific Resources, Centers for Disease Control Prevention, 1600 Clifton Road, MS C–17, Atlanta, Georgia 30333 or 404–639–3466. Any changes in the fee schedule will be published in the Federal Register. The fee must be paid in U.S. dollars at the time that the requester requests the biological reference standard or biological preparation.

Dated: July 12, 2013.

Kathleen Sebelius,
Secretary.

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
42 CFR Parts 422 and 423
[CMS–4173–CN]
RIN 0938–AR69

Medicare Program; Medical Loss Ratio Requirements for the Medicare Advantage and the Medicare Prescription Drug Benefit Programs; Correction

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

ACTION: Final rule; correction.

SUMMARY: This document corrects technical, typographical, and cross-referencing errors in the final rule that appeared in the May 23, 2013 Federal Register titled “Medicare Program; Medical Loss Ratio Requirements for the Medicare Advantage and the Medicare Prescription Drug Benefit Programs.”

DATES: This correction document is effective on July 22, 2013.

FOR FURTHER INFORMATION CONTACT: Ilina Chaudhuri, 410–786–8628 or Ilina.Chaudhuri@cms.hhs.gov.

SUPPLEMENTARY INFORMATION:

I. Background

In FR Doc. 2013–12156 of May 23, 2013 (78 FR 31284), there were a number of technical, typographical, and cross-referencing errors that are identified and corrected in the Correction of Errors section of this correcting document. The provisions in this correction document are effective as if they had been included in the document published May 23, 2013. Accordingly, the corrections are effective July 22, 2013.

II. Summary of Errors

• On page 31307, in § 422.2401-Definitions, Non-claims costs, paragraphs (3) and (4) of the regulations text, we made errors in the parenthetical cross-references for the definition of non-claims cost.

• On page 31308, in § 422.2420(c) Determining the MLR denominator, we made an error in the parenthetical cross-references for the regulatory requirement for the total revenue.

• On page 31310, in the table of contents for part 423 Subpart X—Requirements for a Minimum Medical Loss Ratio, we made a typographical error in a section number.

• On page 31311, in § 423.2410-General requirements, and in § 423.2420—Calculation of medical loss ratio, of the regulations text, we made several technical errors in the regulatory requirements as well as typographical errors in several references.

• On page 31312, in § 423.2420(c)(4) and (c)(5) of the regulations text, we incorrectly stated the section number for two parenthetical references. We also made a typographical error in the discussion of total revenue.

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.

In our view, this correcting document does not constitute a rulemaking that would be subject to the APA notice and comment or delayed effective date requirements. This correcting document corrects technical, typographical, and cross-referencing errors in the Medicare Program; Medical Loss Ratio Requirements for the Medicare Advantage and the Medicare Prescription Drug Benefit Programs final rule and does not make substantive changes to the policies or payment methodologies that were adopted in the final rule. As a result, this correcting document is intended to ensure that the regulations text of the final rule accurately reflects the policies adopted.

In addition, even if this were a rulemaking to which the notice and comment 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 would be contrary to the
public interest. Furthermore, such procedures would be unnecessary, as we are not altering the policies that were already subject to comment and finalized in our final rule. Therefore, we believe we have good cause to waive the notice and comment requirements.

IV. Correction of Errors

In FR Doc. 2013–12156 of May 23, 2013 (78 FR 31284), make the following corrections:

1. On page 31307, lower two-thirds of the page, second column, last paragraph ($422.2401$—definition of non-claims costs).
   a. Line 9 (paragraph 3 of the definition of non-claims costs), the parenthetical cross-reference “§ 422.2420(c)(2) (ii)” is corrected to read “§ 422.2420(c)(2)(ii)”.
   b. Last line (line 12—paragraph 4 of the definition of non-claims costs), the parenthetical cross-reference “§ 422.2420(c)(2)(i) and (iii)” is corrected to read “§ 422.2420(c)(2)(i) and (iii)”.

2. On page 31308, third column, first paragraph, § 422.2420(c) Determining the MLR denominator, lines 11 and 12, the phrase “in accordance with paragraph (c)(4) of this section” is corrected to read “in accordance with paragraphs (c)(4) and (c)(5) of this section.”

3. On page 31310, third column, 10th paragraph (table of contents for part 423 Subpart X), line 2, the section number “423.2300” is corrected to read “423.2400”.

4. On page 31311, a. First column, 11th paragraph ($423.2410(d))
   (1) Line 4, the phrase “CMS does terminate” is corrected to read “CMS terminates”.
   (2) Line 5, the cross-reference “§ 423.509(a)(11) and (14)” is corrected to read “§ 423.509(b)(1)(c) and (d)”.
   b. Second column, first paragraph ($423.2420(b)) line 7, the reference “paragraph (b)(1)(iv)” is corrected to read “paragraphs (b)(5) and (b)(6)”.
   c. Third column, third full paragraph ($423.2420(c))
   (1) Lines 4 through 6, the phrase “must be in accordance with paragraph (c)(4) of this section and equal” is corrected to read “must equal”.
   (2) Line 7, the phrase “Total revenue is as” is corrected to read “Total revenue under the contract is as”.
   (3) Line 12 the phrase “paragraph and (c)(3)” is corrected to read “paragraph (c)(3)”.  
   (4) Line 13, the phrase “in accordance with paragraph (c)(4)” is corrected to read “in accordance with paragraphs (c)(4) and (5)”.

5. On page 31312, a. First column, last paragraph ($423.2420(c)(4)), line 2, the parenthetical cross-reference “§ 422.2420(c)” is corrected to read “§ 423.2420(c)”
   b. Second column,
   (1) First partial paragraph, lines 1 and 2, the phrase “were assumed and revenue” is corrected to read “were assumed and revenue”.
   (2) First full paragraph ($423.2420(c)(5)), line 2, the parenthetical reference “§ 422.2420(c)” is corrected to read “§ 423.2420(c)”. 

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

   Dated: July 16, 2013.

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


SUPPLEMENTARY INFORMATION: The Federal Emergency Management Agency (FEMA) makes the final determinations listed below for the modified BFEs for each community listed. These modified elevations have been published in newspapers of local circulation and ninety (90) days have elapsed since that publication. The Deputy Associate Administrator for Mitigation has resolved any appeals resulting from this notification.

This final rule is issued in accordance with section 110 of the Flood Disaster Protection Act of 1973, 42 U.S.C. 4104, and 44 CFR part 67. FEMA has developed criteria for floodplain management in floodprone areas in accordance with 44 CFR part 60.

Interested lessees and owners of real property are encouraged to review the proof Flood Insurance Study and FIRM available at the address cited below for each community. The BFEs and modified BFEs are made final in the communities listed below. Elevations at selected locations in each community are shown.

**National Environmental Policy Act.** This final rule is categorically excluded from the requirements of 44 CFR part 10, Environmental Consideration. An environmental impact assessment has not been prepared.

**Regulatory Flexibility Act.** As flood elevation determinations are not within the scope of the Regulatory Flexibility Act, 5 U.S.C. 601–612, a regulatory flexibility analysis is not required.

**Regulatory Classification.** This final rule is not a significant regulatory action under the criteria of section 3(f) of Executive Order 12866 of September 30, 1993, Regulatory Planning and Review, 58 FR 51735.

**Executive Order 13132, Federalism.** This final rule involves no policies that have federalism implications under Executive Order 13132.

**Executive Order 12988, Civil Justice Reform.** This final rule meets the applicable standards of Executive Order 12988.

**List of Subjects in 44 CFR Part 67**

Administrative practice and procedure, Flood insurance, Reporting and recordkeeping requirements.

Accordingly, 44 CFR part 67 is amended as follows: