

DEPARTMENT OF TRANSPORTATION**Federal Aviation Administration****14 CFR Parts 71****[Docket FAA No. FAA-2013-0147; Airspace Docket No. 13-AWP-1]****Establishment of Class E Airspace; Tuba City, AZ****AGENCY:** Federal Aviation Administration (FAA), DOT.**ACTION:** Final rule; correction.

SUMMARY: This action corrects a final rule published in the **Federal Register** May 29, 2013 that establishes Class E en route airspace at the Tuba City VHF Omni-Directional Radio Range Tactical Air Navigational Aid (VORTAC), Tuba City, AZ. In that rule, an error was made in the legal description for Tuba City, identifying the region as ANM instead of AWP.

DATES: *Effective Date:* 0901 UTC, August 22, 2013. The Director of the Federal Register approves this incorporation by reference action under 1 CFR Part 51, subject to the annual revision of FAA Order 7400.9 and publication of conforming amendments.

FOR FURTHER INFORMATION CONTACT: Eldon Taylor, Federal Aviation Administration, Operations Support Group, Western Service Center, 1601 Lind Avenue SW., Renton, WA 98057; telephone (425) 203-4537.

SUPPLEMENTARY INFORMATION:**History**

The FAA published a final rule in the **Federal Register** establishing Class E en route airspace at the Tuba City VORTAC, Tuba City, AZ (78 FR 32086, May 29, 2013). In the regulatory text, the region identifier ANM was incorrect, and is now corrected to AWP.

Correction to Final Rule

Accordingly, pursuant to the authority delegated to me, the legal description as published in the **Federal Register** on May 29, 2013 (78 FR 32086), Airspace Docket No. 13-AWP-1, FR Doc. 2013-12623, is corrected as follows:

§ 71.1 [Amended]

■ On page 32087, column 1, line 4, remove ANM AZ E6 Tuba City, AZ [NEW], and insert AWP AZ E6 Tuba City, AZ [Corrected].

Issued in Seattle, Washington, on July 29, 2013.

Christopher Ramirez,
Manager, Operations Support Group, Western Service Center.

[FR Doc. 2013-18869 Filed 8-7-13; 8:45 am]

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DEPARTMENT OF DEFENSE**Office of the Secretary****32 CFR Part 199****[DOD-2010-HA-0072]****RIN 0720-AB41****TRICARE; Reimbursement of Sole Community Hospitals and Adjustment to Reimbursement of Critical Access Hospitals****AGENCY:** Office of the Secretary, Department of Defense (DoD).**ACTION:** Final rule.

SUMMARY: This Final Rule implements for Sole Community Hospitals (SCHs) the statutory provision at title 10, United States Code (U.S.C.), section 1079(j)(2) that TRICARE payment methods for institutional care be determined, to the extent practicable, in accordance with the same reimbursement rules as those that apply to payments to providers of services of the same type under Medicare. This Final Rule implements a reimbursement methodology similar to that applicable to Medicare beneficiaries for inpatient services provided by SCHs. It will be phased in over a several-year period. This Final Rule also provides for special reimbursement for labor/delivery and nursery services in SCHs and creates a possible General Temporary Military Contingency Payment Adjustment (GTMCPA) for inpatient services in SCHs and for Critical Access Hospitals (CAHs).

DATES: This rule is effective October 7, 2013.

Applicability Date: The regulations setting forth the revised reimbursement system shall be applicable for all admissions to Sole Community Hospitals and Critical Access Hospitals commencing on or after the first day of the month which is at least 120 days from the date of publication of this rule in the **Federal Register**.

FOR FURTHER INFORMATION CONTACT: Ann Fazzini, TRICARE Management Activity (TMA), Medical Benefits and Reimbursement Branch, telephone (303) 676-3803.

SUPPLEMENTARY INFORMATION:**I. Executive Summary****A. Purpose of the Final Rule**

The purpose of this Final Rule is to implement for SCHs the statutory requirement that TRICARE inpatient care “payments shall be determined to the extent practicable in accordance with the same reimbursement rules as apply to payments to providers of services of the same type under Medicare.” Medicare pays SCHs the greater of the amount under the general inpatient prospective payment system method based on diagnosis-related groups (DRGs) or an amount based on the hospital’s reported costs. TRICARE pays for most hospital care under a DRG-based prospective payment system similar to Medicare’s, but exempted SCHs from this system, instead paying them billed charges. Paying billed charges is fiscally imprudent and inconsistent with TRICARE’s governing statute. Paying SCHs under a method similar to Medicare’s is prudent, practicable, and harmonious with the statute. The Final Rule will transition over a several year period from the current billed charge method to the new method. The transition will be gradual to reduce the impact on the SCHs. Network SCHs will have payment reductions limited to 10 percent per year. Non-network SCHs will have reductions limited to 15 percent per year.

The legal authority for this Final Rule is 10 U.S.C. 1079(j)(2).

B. Summary of the Major Provisions of the Final Rule**1. Ultimate Payment Method for SCHs**

Following the transition period, TRICARE will reimburse SCHs for inpatient care the higher of the DRG-based amount applicable to most hospitals or an amount approximating the SCH’s costs. The cost-based amount will be determined by applying the SCH’s most recent Medicare cost-to-charge ratio (CCR) to the SCH’s charges. Individual claims will be paid under this cost-based method, followed by a year-end review to determine whether in the aggregate the DRG-based method would have paid more. If so, TRICARE will pay the SCH the aggregate difference.

2. Transition Period

To protect SCHs from sudden significant reductions, the Final Rule will gradually transition from the base year of paying 100 percent of allowable charges (which is either the billed charge or, in the case of network hospitals, a voluntary discounted