

Approximately 85 percent of the DME industry are considered small businesses according to the Small Business Administration's size standards with total revenues of \$6.5 million or less in any 1 year and a small percentage are nonprofit organizations. Individuals and states are not included in the definition of a small entity. We expect the interim final rule with comment period DME provisions will have a significant impact on small suppliers. A substantial number of small suppliers will benefit from the increased fee schedule amounts. Although not legally required, this interim final rule with comment period will increase payments to small suppliers such that the beneficiaries should have improved access to items.

In addition, section 1102(b) of the Act requires us to prepare a regulatory impact analysis if a rule may have a significant impact on the operations of a substantial number of small rural hospitals. This analysis must conform to the provisions of section 604 of the RFA. For purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside of a metropolitan statistical area and has fewer than 100 beds. Our data indicates that only around 6.9 percent of small rural hospitals are organizationally linked to a DME supplier with paid claims in 2017. Thus, we do not believe this interim final rule with comment period will have a significant impact on operations of a substantial number of small rural hospitals.

#### IX. Unfunded Mandates Reform Act Analysis

Section 202 of the Unfunded Mandates Reform Act of 1995 (UMRA) also requires that agencies assess anticipated costs and benefits before issuing any rule whose mandates require spending in any 1 year of \$100 million in 1995 dollars, updated annually for inflation. In 2018, that threshold is approximately \$150 million. The Secretary has determined that UMRA does not apply to this rule in that this rule does not contain mandates that impose spending costs on state, local, or tribal governments in the aggregate.

#### X. Federalism Analysis

Executive Order 13132 establishes certain requirements that an agency must meet when it promulgates a proposed rule (and subsequent final rule) that imposes substantial direct requirement costs on state and local governments, preempts state law, or otherwise has Federalism implications. The Secretary has determined that this

rule does not impose substantial direct requirement costs on state or local governments, preempt states, or otherwise have a Federalism implication.

#### XI. Reducing Regulation and Controlling Regulatory Costs

Executive Order 13771, titled Reducing Regulation and Controlling Regulatory Costs, was issued on January 30, 2017. This interim final rule with comment period is not subject to the requirements of Executive Order 13771 because it is estimated to result in no more than *de minimis* costs.

#### XII. Congressional Review Act

This rule is subject to the Congressional Review Act provisions of the Small Business Regulatory Enforcement Fairness Act of 1996 (5 U.S.C. 801 *et seq.*) and has been transmitted to the Congress and the Comptroller General for review.

#### List of Subjects in 42 CFR Part 414

Administrative practice and procedure, Health facilities, Health professions, Kidney diseases, Medicare, Reporting and recordkeeping requirements.

For the reasons set forth in the preamble, the Centers for Medicare & Medicaid Services amends 42 CFR Chapter IV as set forth below:

#### PART 414—PAYMENT FOR PART B MEDICAL AND OTHER HEALTH SERVICES

- 1. The authority citation for part 414 continues to read as follows:

**Authority:** Secs. 1102, 1871, and 1881(b)(1) of the Social Security Act (42 U.S.C. 1302, 1395hh, and 1395rr(b)(1)).

- 2. Section 414.210 is amended by revising paragraph (g)(9) to read as follows.

#### § 414.210 General payment rules.

\* \* \* \* \*

(g) \* \* \*

(9) *Transition rules.* The payment adjustments described above are phased in as follows:

(i) For applicable items and services furnished with dates of service from January 1, 2016 through December 31, 2016, based on the fee schedule amount for the area is equal to 50 percent of the adjusted payment amount established under this section and 50 percent of the unadjusted fee schedule amount.

(ii) For items and services furnished with dates of service from January 1, 2017, through May 31, 2018, and on or after January 1, 2019, the fee schedule amount for the area is equal to 100

percent of the adjusted payment amount established under this section.

(iii) For items and services furnished in rural areas and non-contiguous areas (Alaska, Hawaii, and U.S. territories) with dates of service from June 1, 2018 through December 31, 2018, based on the fee schedule amount for the area is equal to 50 percent of the adjusted payment amount established under this section and 50 percent of the unadjusted fee schedule amount.

(iv) For items and services furnished in areas other than rural or non-contiguous areas with dates of service from June 1, 2018 through December 31, 2018, based on the fee schedule amount for the area is equal to 100 percent of the adjusted payment amount established under this section.

#### § 414.402 [Amended]

- 3. Section 414.402 is amended in paragraph (2) of the definition of "Item" by removing the words "inhalation drugs" and by adding in their place "inhalation and infusion drugs".

#### § 414.412 [Amended]

- 4. Section 414.412(b)(2) is amended by removing the phrase ", or subpart I of this part".

#### § 414.414 [Amended]

- 5. Section 414.414(f) is amended by removing the words "or drug" and the phrase "or the same drug under subpart I".

Dated: May 7, 2018.

**Seema Verma,**

*Administrator, Centers for Medicare & Medicaid Services.*

Dated: May 7, 2018.

**Alex M. Azar II,**

*Secretary, Department of Health and Human Services.*

[FR Doc. 2018-10084 Filed 5-9-18; 4:15 pm]

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#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

45 CFR Parts 147, 153, 154, 155, 156, 157, and 158

[CMS-9930-F]

RIN 0938-AT12

#### Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2019; 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 April 17, 2018 entitled “Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2019.”

**DATES:** *Effective Date:* This correcting document is effective June 18, 2018.

**FOR FURTHER INFORMATION CONTACT:**

Lindsey Murtagh, (301) 492–4106, Rachel Arguello, (301) 492–4263, or Abigail Walker, (410) 786–1725, for general information.

Krutika Amin, (301) 492–5153, for matters related to risk adjustment.

**SUPPLEMENTARY INFORMATION:**

**I. Background**

In FR Doc. 2018–07355 of April 17, 2018 (83 FR 16930), the final rule entitled “Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2019”, there were a number of technical errors in the HHS risk adjustment model factors for adults and infants that are identified and corrected in the Correction of Errors section below. There was also an error in the Collection of Information section. The effective date of the final rule is June 18, 2018.

**II. Summary of Errors**

The 2019 benefit year final HHS risk adjustment model factors included in

the HHS Notice of Benefit and Payment Parameters for 2019 final rule include a few errors in the adult risk adjustment model factors (Table 2) and the infant risk adjustment model factors (Table 5). This correction notice to the final rule amends the final adult and infant risk adjustment model factors for the 2019 benefit year. We have also made the final risk adjustment model factors for the 2019 benefit year for the adult, child and infant models, including corrections to the adult and infant model factors, available at <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2019-Final-HHS-RA-Model-Coefficients.pdf> and <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2019-Final-HHS-RA-Model-Coefficients-X.xlsx>.

On page 17043 of the Collection of Information section, in our discussion regarding the submission of PRA related comments, the incorrect delivery information was included.

**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.

This document merely corrects technical and typographic errors in the Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2019 final rule that was published on April 17, 2018 and will become effective on June 18, 2018. The changes are not substantive changes to the standards set forth in the final rule. Therefore, we believe that undertaking further notice and comment procedures to incorporate these corrections is unnecessary. For the reasons stated previously, we find there is good cause to waive notice and comment procedures.

**IV. Correction of Errors**

In FR Doc. 2018–07355 of April 17, 2018 (83 FR 16930), make the following corrections:

1. On page 16945, the final adult risk adjustment model factors for the 2019 benefit year in Table 2 are corrected for four HCCs labeled as HCC029, HCC034, HCC035 and HCC036 to read as follows.

HCC or RXC No.	Factor	Platinum	Gold	Silver	Bronze	Catastrophic
HCC029 .....	Amyloidosis, Porphyria, and Other Metabolic Disorders.	2.380	2.280	2.200	2.137	2.132
HCC034 .....	Liver Transplant Status/Complications.	10.515	10.418	10.353	10.334	10.331
HCC035 .....	End-Stage Liver Disease .....	5.696	5.491	5.349	5.341	5.339
HCC036 .....	Cirrhosis of Liver .....	1.995	1.868	1.780	1.725	1.720

2. On page 16950, the final infant risk adjustment model factors for the 2019 benefit year in Table 5 are corrected for

the Age1 \* Severity Level 5 (Highest) group to read as follows.

Group	Platinum	Gold	Silver	Bronze	Catastrophic
Age1 * Severity Level 5 (Highest) .....	54.522	53.855	53.298	53.200	53.192

3. On page 16951, the final infant risk adjustment model factors for the 2019 benefit year in Table 5 are corrected for

the Age1 \* Severity Level 4, Age1 \* Severity Level 3, Age1 \* Severity Level 2, Age1 \* Severity Level 1 (Lowest), Age

0 Male, and Age 1 Male groups to read as follows.

Group	Platinum	Gold	Silver	Bronze	Catastrophic
Age1 * Severity Level 4 .....	9.637	9.153	8.751	8.495	8.473
Age1 * Severity Level 3 .....	3.058	2.786	2.511	2.263	2.245
Age1 * Severity Level 2 .....	1.960	1.747	1.509	1.246	1.226
Age1 * Severity Level 1 (Lowest) .....	0.520	0.443	0.330	0.252	0.247
Age 0 Male .....	0.627	0.584	0.561	0.502	0.495
Age 1 Male .....	0.106	0.090	0.077	0.052	0.050

4. On page 17043, in the collection of information section, “We invite public comments on these information collection requirements. If you wish to comment, please submit your comments electronically as specified in the **ADDRESSES** section of this final rule and identify the rule (CMS–9930–F), the ICR’s CFR citation, CMS ID number, and OMB control number.” is corrected to read,

“We invite public comments on these information collection requirements. If you wish to comment, please identify the rule (CMS–9930–F) the ICR’s CFR citation, CMS ID number, and OMB control number. Comments and recommendations must be received by the OMB desk officer via one of the following transmissions: OMB, Office of Information and Regulatory Affairs; Attention: CMS Desk Officer; Fax: (202) 395–5806 OR Email: *OIRA\_submission@omb.eop.gov*.

To obtain copies of a supporting statement and any related forms for the collection(s) summarized in this rule, you may make your request using one of following:

1. Access CMS’ website address at website address at <https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing.html>.
2. Email your request, including your address, phone number, OMB number, and CMS document identifier, to [Paperwork@cms.hhs.gov](mailto:Paperwork@cms.hhs.gov).
3. Call the Reports Clearance Office at (410) 786–1326.”

Dated: May 7, 2018.

**Ann C. Agnew,**

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

[FR Doc. 2018–10089 Filed 5–10–18; 8:45 am]

**BILLING CODE 4120–01–P**

## FEDERAL COMMUNICATIONS COMMISSION

### 47 CFR Parts 1, 8, and 20

[WC Docket No. 17–108, FCC 17–166]

### Restoring Internet Freedom

**AGENCY:** Federal Communications Commission.

**ACTION:** Final rule; announcement of effective date.

**SUMMARY:** In this document, the Commission announces that the Office of Management and Budget (OMB) has approved, for a period of three years, the information collection associated with the Commission’s *Restoring Internet Freedom Declaratory Ruling, Report and*

*Order, and Order (Order)*’s transparency rule. This document is consistent with the *Order*, which stated that the Commission would publish a notice in the **Federal Register** announcing the effective date of the refinements to the transparency rule, the delayed amendatory instructions revising the Commission’s rules consistent with the *Order*, and the *Order*, which among other things restore the classification of broadband internet access service as an information service, reinstate the private mobile service classification of mobile broadband internet access service, and eliminate the conduct rules imposed by the *Title II Order*.

**DATES:** The *Order* and amendments to 47 CFR 1.49, 8.1, 8.2, 8.3, 8.5, 8.7, 8.9, 8.11, 8.12, 8.13, 8.14, 8.15, 8.16, 8.17, 8.18, 8.19, and 20.3, published at 83 FR 7852, February 22, 2018, are effective June 11, 2018.

**FOR FURTHER INFORMATION CONTACT:** Ramesh Nagarajan, Competition Policy Division, Wireline Competition Bureau, at (202) 418–2582, or [Ramesh.Nagarajan@fcc.gov](mailto:Ramesh.Nagarajan@fcc.gov).

**SUPPLEMENTARY INFORMATION:** This document announces that, on May 2, 2018, OMB approved, for a period of three years, the information collection requirements relating to the transparency rule contained in the Commission’s *Order*, FCC 17–166, published at 83 FR 7852, February 22, 2018. The OMB Control Number is 3060–1158. The Commission publishes this document as an announcement of the effective date of the refinements to the transparency rule, the delayed amendatory instructions (amendatory instructions 2, 3, 5, 6, and 8 published at 83 FR 7852, February 22, 2018), and the *Order*, which among other things restore the classification of broadband internet access service as an information service, reinstate the private mobile service classification of mobile broadband internet access service, and eliminate the conduct rules imposed by the *Title II Order*. If you have any comments on the burden estimates listed below, or how the Commission can improve the collections and reduce any burdens caused thereby, please email [PRA@fcc.gov](mailto:PRA@fcc.gov) or contact Nicole Ongele, Federal Communications Commission, at [Nicole.Ongele@fcc.gov](mailto:Nicole.Ongele@fcc.gov) or (202) 418–2991. Please include the OMB Control Number, 3060–1158, in your correspondence.

To request materials in accessible formats for people with disabilities (Braille, large print, electronic files, audio format), send an email to [fcc504@fcc.gov](mailto:fcc504@fcc.gov) or call the Consumer and Governmental Affairs Bureau at (202)

418–0530 (voice), (202) 418–0432 (TTY).

### Synopsis

As required by the Paperwork Reduction Act of 1995 (44 U.S.C. 3507), the FCC is notifying the public that it received final OMB approval on May 2, 2018, for the information collection requirements contained in the modifications to the Commission’s rules in 47 CFR part 8. Under 5 CFR part 1320, an agency may not conduct or sponsor a collection of information unless it displays a current, valid OMB Control Number.

No person shall be subject to any penalty for failing to comply with a collection of information subject to the Paperwork Reduction Act that does not display a current, valid OMB Control Number. The OMB Control Number is 3060–1158.

The foregoing notice is required by the Paperwork Reduction Act of 1995, Public Law 104–13, October 1, 1995, and 44 U.S.C. 3507.

The total annual reporting burdens and costs for the respondents are as follows:

*OMB Control Number:* 3060–1158.

*OMB Approval Date:* May 2, 2018.

*OMB Expiration Date:* May 31, 2021.

*Title:* Transparency Rule Disclosures, Restoring Internet Freedom, Report and Order, WC Docket No. 17–108, FCC 17–166.

*Form Number:* N/A.

*Respondents:* Business or other for-profit entities, Not-for-profit entities, State, local, or Tribal governments.

*Number of Respondents and Responses:* 1,919 respondents; 1,919 responses.

*Estimated Time per Response:* 26 hours.

*Frequency of Response:* On-occasion reporting requirement; Third-party disclosure requirement.

*Obligation to Respond:* Required to obtain or retain benefits. The statutory authority for this information collection is contained in Section 257 of the Communications Act of 1934, as amended, 47 U.S.C. 257.

*Total Annual Burden:* 49,894 hours.

*Total Annual Cost:* \$560,000.

*Privacy Act Impact Assessment:* No impact(s).

*Nature and Extent of Confidentiality:* There is no need for confidentiality with this information collection.

*Needs and Uses:* The *Order* revises the information collection requirements applicable to internet service providers (ISPs). The *Order* requires an ISP to publicly disclose network management practices, performance characteristics, and commercial terms of its broadband