

On February 26, 2001, we initially delayed the effective date of the final rule from April 19, 2001 until June 18, 2001. This temporary 60-day delay of effective date was necessary to give Department officials the opportunity for further review and consideration of these regulations. We have determined that a short additional period is required properly to consider these issues. We therefore delay the effective date of this rule until August 17, 2001. Therefore, provisions of the rule that must be implemented through contracts with managed care organizations, prepaid health plans, health insuring organizations, or enrollment brokers are effective with respect to contracts that are up for renewal or renegotiation on or after August 17, 2001, but no later than August 18, 2002.

To the extent that 5 U.S.C. section 553 applies to this action, it is exempt from notice and comment because it constitutes a rule of procedure under 5 U.S.C. section 553(b)(3)(a). Alternatively, HCFA's delay of implementation of this rule without opportunity for public comment, effective immediately upon publication today in the **Federal Register**, is based on the good cause exceptions in 5 U.S.C. sections 553(b)(3)(B) and 553(d)(3), in that seeking public comment is impracticable, unnecessary, and contrary to the public interest. Given the imminence of the effective date, seeking prior public comment on this temporary delay would have been impractical, because the time available before the effective date is too short for meaningful comment. Moreover, to the extent that seeking public comment would preclude this delay, it would be contrary to the public interest in the orderly promulgation and implementation of regulations in light of the development of necessary revisions. The immediate delay is necessary to prevent application of inconsistent standards while we issue the necessary revisions.

DATES: The effective date of the final rule with comment amending 42 CFR parts 400, 430, 431, 434, 435, 438, 440, and 447 that was published in the January 19, 2001 **Federal Register** (66 FR 6227) and delayed until June 18, 2001 in the February 26, 2001 **Federal Register** (66 FR 11546), is further delayed until August 17, 2001. Additionally, the implementation date of the rule is delayed until August 17, 2001.

FOR FURTHER INFORMATION CONTACT: Deirdre Duzor, (410) 786-4626.

(Catalog of Federal Domestic Assistance Program No. 93.778, Medical Assistance Program)

Dated: June 11, 2001.

Thomas A. Scully,
Administrator, Health Care Financing Administration.

Approved: June 14, 2001.

Tommy G. Thompson,
Secretary.
[FR Doc. 01-15400 Filed 6-15-01; 8:45 am]
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

42 CFR Parts 409, 410, 411, 413, 424, and 484

[HCFA-1059-F2]

RIN 0938-AJ24

Medicare Program; Prospective Payment System for Home Health Agencies; Correction

AGENCY: Health Care Financing Administration (HCFA), HHS.

ACTION: Correcting amendments.

SUMMARY: This document corrects technical errors that appeared in the final rule entitled, "Medicare Program; Prospective Payment System for Home Health Agencies," published in the **Federal Register** on July 3, 2000.

EFFECTIVE DATE: October 1, 2000.

FOR FURTHER INFORMATION CONTACT: Sharon Ventura, (410) 786-1985.

SUPPLEMENTARY INFORMATION:

Background

In the July 3, 2000 final rule entitled, "Medicare Program; Prospective Payment System for Home Health Agencies," (65 FR 41128), **Federal Register** Docket Number 00-16432, there were several technical errors. We transposed a number in a code included in the list of non-routine medical supplies that have a duplicate Part B code that could have been unbundled and billed under Part B before implementation of the prospective payment system (PPS). The code we listed is "A4454—Tape all types all sizes" but should be "A4554—Disposable underpads". In addition, we inadvertently left out a code for "A6248—Hydrogel drg gel filler" that should be added to the list.

We also noted a list of codes that should be deleted from the list. This list included codes "K0137—Skin barrier liquid per oz", "K0138—Skin barrier

paste per oz", and "K0139—Skin barrier powder per oz". These codes were inadvertently retained on the final list and should have been deleted in the final rule.

We inadvertently used the word "start" instead of the word "end" in the last complete sentence in the second paragraph on page 41165.

We are correcting the table in the middle of page 41168 to remove the asterisks each time they appear (seven times), as well as the corresponding reference below the chart because in some instances the selection of N/A at M0825 would be valid for a Medicare patient. For example, a patient returning to home health care after an inpatient stay may not warrant a significant change in condition (SCIC) adjustment. In this case, the response to item M0825 would be N/A.

We are revising Table 4A, "Wage Index for Rural Areas—FY 2000 Pre-Floor and Pre-Reclassified" and Table 4B, "Wage Index for Urban Areas—FY 2000 Pre-Floor and Pre-Reclassified," to account for several technical and typographical errors.

We are correcting a typographical error in a footnote under the last table on page 41184.

In Table 7, "Home Health Resource Group Case-Mix Classification Decision Tree Logic," we are correcting a typographical error to an OASIS item number, and we are adding the OASIS item number that was inadvertently not noted in the final rule.

In the final rule, we added § 411.15(q), which superseded an already existing § 411.15(q). To correct this, we are redesignating § 411.15(q) to § 411.15(r) and republishing § 411.15(q) as it existed before the publication of the final rule.

We are making technical corrections to the following sections of the regulations to include additional conforming changes that were inadvertently not included in the July 3, 2000 final rule: §§ 484.14, 484.36, and 484.52.

Correction of Errors

In FR Doc. 00-16432 of July 3, 2000 (65 FR 41128), we are making the following corrections:

Corrections to the Preamble

1. On page 41138, in column one, in line 25 from the top of the page, the code "A4454—Tape all types all sizes" is removed.

2. On page 41138, the following codes are added to the list for non-routine medical supplies that have a duplicate Part B code that could have been

unbundled and billed under Part B before implementation of PPS:

(a) In column one, the code "A4554—Disposable underpads" is inserted after "A4481—Tracheostoma filter" and before "A4622—Tracheostomy or laryngectomy".

(b) In column two, the code "A6248—Hydrogel drg gel filler" is inserted after code "A6247—Hydrogel drg > 48 sq in w/b" and before code "A6251—Absorpt drg <= 16 sq in w/o b".

3. On page 41138, in column two, lines 21, 22, and 23 from the bottom of the page, the following codes are removed: "K0137—Skin barrier liquid per oz", "K0138—Skin barrier paste per oz", and "K0139—Skin barrier powder per oz".

4. On page 41165, at the bottom of column two, the phrase in the last complete sentence of the paragraph beginning on the fifth line from the bottom of the page is revised to read "then the MSA or non-MSA at the end of the episode governs the labor adjustment * * *".

5. On page 41168, in the chart in the center of the page, the asterisks are removed each time they appear (seven times), including the corresponding reference below the chart.

6. On page 41173, in Table 4A, the entry for Guam of 0.7268 under "Wage Index" is revised to read 0.9611.

7. On page 41173, in Table 4A, the entry for the Virgin Islands of 0.6389 under "Wage Index" is revised to read 0.6306.

8. On page 41174 and continuing through page 41179, in Table 4B, "Wage Index For Urban Areas—FY 2000 Pre-Floor and Pre-Reclassified," the entries for the urban areas listed below are revised to read as follows:

MSA	Urban area (constituent counties)	Wage index
0580	Auburn-Opelka, AL	0.7749
0680	Lee, AL	0.9619
1080	Bakersfield, CA	0.9061
4150	Kern, CA	0.8223
6680	Boise City, ID	0.9437
7160	Ida, ID	0.9855
7880	Canyon, ID	0.8684
	Lawrence, KS	
	Douglas, KS	
	Reading, PA	
	Berks, PA	
	Salt Lake City-Ogden, UT	
	Davis, UT	
	Salt Lake, UT	
	Weber, UT	
	Springfield, IL	
	Menard, IL	
	Sangamon, IL	

MSA	Urban area (constituent counties)	Wage index
8080	Steubenville-Weirton, OH-WV	0.8615
	Jefferson, OH	
	Brooke, WV	
	Hancock, WV	

9. On page 41184, under the last table titled "Calculation for the Part B Therapies," in the footnote beneath the table, "57 CPT therapy codes" is revised to read "54 CPT therapy codes".

10. On page 41194, in Table 7, "Home Health Resource Group Case-Mix Classification Decision Tree Logic," under the heading "Service utilization domain", in the first column titled "Variable", "M0170" is revised to read "M0175" in both instances. Also in that column, "M0825—" is added before "Receipt of Therapy".

11. On page 41205, in column one, beginning at line 30 from the top of the page, in the section heading and in the paragraph below it, "411.15(q)" is revised to read "411.15(r)".

Corrections to the Regulations Text

List of Subjects

42 CFR Part 411

Kidney diseases, Medicare, Reporting and recordkeeping requirements.

42 CFR Part 484

Health facilities, Health professions, Medicare, Reporting and recordkeeping requirements.

Accordingly, 42 CFR parts 411 and 489 are corrected by making the following correcting amendments:

PART 411—EXCLUSIONS FROM MEDICARE AND LIMITATIONS ON MEDICARE PAYMENT

1. The authority citation for part 411 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

§ 411.15 [Corrected]

2. Section 411.15 is amended by—
A. Republishing the introductory text to the section.

B. Redesignating paragraph (q) as paragraph (r).

C. Adding paragraph (q) to read as follows:

§ 411.15 Particular services excluded from coverage.

The following services are excluded from coverage:

* * * * *

(q) *Assisted suicide*. Any health care service used for the purpose of causing,

or assisting to cause, the death of any individual. This does not pertain to the withholding or withdrawing of medical treatment or care, nutrition or hydration or to the provision of a service for the purpose of alleviating pain or discomfort, even if the use may increase the risk of death, so long as the service is not furnished for the specific purpose of causing death.

PART 484—HOME HEALTH SERVICES

1. The authority citation for part 484 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395(hh)), unless otherwise indicated.

§ 484.14 [Corrected]

2. In § 484.14, in paragraph (g), the phrase "62 days" is revised to read "60 days".

§ 484.36 [Corrected]

3. In § 484.36, in paragraph (d)(3), the phrase "62 days" is revised to read "60 days".

§ 484.52 [Corrected]

4. In § 484.52, in paragraph (b), the phrase "62-day period" is revised to read "60-day period".

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

Dated: June 6, 2001.

Brian P. Burns,

Deputy Assistant Secretary for Information Resources Management.

[FR Doc. 01–14986 Filed 6–15–01; 8:45 am]

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FEDERAL COMMUNICATIONS COMMISSION

47 CFR Part 90

[PR Docket No. 92–235; FCC 01–174]

Replacement of Part 90 by Part 88 To Revise the Private Land Mobile Radio Services and Modify the Policies Governing Them and Examination of Exclusivity and Frequency Assignment Policies of the Private Land Mobile Services

AGENCY: Federal Communications Commission.

ACTION: Final rule; petitions for reconsideration.

SUMMARY: This document disposes of two substantially identical petitions for reconsideration or clarification submitted in response to the