

*Use:* Medicare reimbursements are usually arranged through a fiscal intermediary who serves as the Secretary's agent for reviewing claims and making payments equal to the provider's reasonable costs. When a delay in Medicare payment by a fiscal intermediary, for covered services, causes financial difficulties for a provider, the provider may request an accelerated payment. An accelerated payment may also be made in highly exceptional situations where a provider has incurred a temporary delay in its bill processing beyond the provider's normal billing cycle. An accelerated payment can be requested by a provider that is not receiving periodic interim payments. These forms are used by fiscal intermediaries to access a provider's eligibility for accelerated payments.

*Frequency:* On occasion;

*Affected Public:* Business or other for-profit, and Not for-profit institutions;

*Number of Respondents:* 890;

*Total Annual Responses:* 890;

*Total Annual Hours Requested:* 445.

To obtain copies of the supporting statement for the proposed paperwork collections referenced above, access HCFA's WEB SITE ADDRESS at <http://www.hcfa.gov/regs/prdact95.htm>, or E-mail your request, including your address and phone number, to [Paperwork@hcfa.gov](mailto:Paperwork@hcfa.gov), or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the OMB Desk Officer designated at the following address: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Dated: September 20, 1999.

**John P. Burke III,**

*HCFA Reports Clearance Officer, HCFA, Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards.*

[FR Doc. 99-25833 Filed 10-4-99; 8:45 am]

BILLING CODE 4120-03-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Care Financing Administration

[HCFA-1056-CN]

RIN 0938-AJ65

#### Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities—Update; Correction

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

**ACTION:** Notice; correction.

**SUMMARY:** This document corrects technical errors that appeared in the notice published in the **Federal Register** on July 30, 1999 entitled "Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities—Update."

**EFFECTIVE DATE:** These corrections are effective October 1, 1999.

**FOR FURTHER INFORMATION CONTACT:** Bill Ullman, (410) 786-5667.

**SUPPLEMENTARY INFORMATION:**

#### Background

In FR Doc. 99-19479 of July 30, 1999 (64 FR 41684), there were a number of technical errors. The errors relate to the update factor that appears in the discussion of one issue, and to a column of incorrect figures displayed in one table.

Regarding the former, section III. of the preamble (64 FR 41697) discusses the statutory three-year, phased transition under which payment is based in part on a facility-specific per diem rate (which reflects an individual facility's historical cost experience) and in part on a Federal per diem rate. For facilities that received payment under the RUG-III demonstration during a cost reporting period that began in calendar year 1997, the notice sets forth a three-step procedure for determining the facility-specific rate, in which the final step is an adjustment of the rate by an inflation factor of 1.031532. However, this factor inadvertently failed to reflect an update; as a consequence, the figure of 1.031532 as shown in the notice discussion should instead be 1.062244.

The other correction relates to a technical error in Table 8.C of the preamble (64 FR 41698-99), entitled

"Update Factors for Facility-Specific Portion of the SNF PPS Rates." This table provides numerical factors for use in updating a facility's base year costs through fiscal year (FY) 2000 (*i.e.*, the period beginning October 1, 1999, and ending September 30, 2000) by the SNF market basket percentage, as required under section 1888(e)(3)(D) of the Social Security Act (the Act). However, these update factors inadvertently reflected updates to the base period amounts only up to the midpoint of FY 2000 itself, rather than to the midpoint of the corresponding cost reporting periods that begin during FY 2000. This error resulted in incorrect figures being displayed for the update factors that appear in the right-hand column of Table 8.C.

Accordingly, we are reprinting this table below, with the corrected figures displayed in the right-hand column. Additionally, we note that while this correction causes all of the figures displayed in this column of the table to increase, this does not affect the associated budgetary projections, since they were made based on employing the correct methodology for calculating the update factors, as described in the SNF PPS interim final rule (63 FR 26252, May 12, 1998). The corrections appear in this document under the heading "Correction of Errors."

The provisions in this correction notice are effective as if they had been included in the document published in the **Federal Register** on July 30, 1999, that is, October 1, 1999.

#### Correction of Errors

In FR Doc. 99-19479 of July 30, 1999 (64 FR 41684), we are making the following corrections:

#### Corrections

##### *Page 41697*

In the second column, in the paragraph entitled "Step 3.," the first sentence is revised to read as follows: "Adjust the amount in Step 2. by 1.062244 (inflation factor)—Do not use 8.C."

##### *Page 41698*

Corrected Table 8.C (Update Factors for Facility-Specific Portion of the SNF PPS Rates) is set forth below:

TABLE 8.C—UPDATE FACTORS<sup>1</sup> FOR FACILITY—SPECIFIC PORTION OF THE SNF PPS RATES—ADJUST TO 12-MONTH COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1999 AND BEFORE OCTOBER 1, 2000 FROM COST REPORTING PERIODS BEGINNING IN FY 1995 (BASE YEAR)

If 12-month cost reporting period in initial period begins	Adjust from 12-month cost reporting period in base year that begins	Using update factor of
October 1, 1999 .....	October 1, 1994 .....	1.09929
November 1, 1999 .....	November 1, 1994 .....	1.09897
December 1, 1999 .....	December 1, 1994 .....	1.09855
January 1, 2000 .....	January 1, 1995 .....	1.09831
February 1, 2000 .....	February 1, 1995 .....	1.09827
March 1, 2000 .....	March 1, 1995 .....	1.09841
April 1, 2000 .....	April 1, 1995 .....	1.09853
May 1, 2000 .....	May 1, 1995 .....	1.09861
June 1, 2000 .....	June 1, 1995 .....	1.09866
July 1, 2000 .....	July 1, 1995 .....	1.09879
August 1, 2000 .....	August 1, 1995 .....	1.09900
September 1, 2000 .....	September 1, 1995 .....	1.09929

<sup>1</sup> Source: Standard & Poor's DRI, 1st Qtr 1999; @USSIM/TREND25YR0299@CISSIM/CONTROL991

(Authority: Section 1888 of the Social Security Act (42 U.S.C. 1395yy))  
 (Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: September 27, 1999.

**Brian P. Burns,**  
*Deputy Assistant, Secretary for Information Resources Management.*  
 [FR Doc. 99–25789 Filed 10–4–99; 8:45 am]  
 BILLING CODE 4120–01–P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Notice of Filing of Annual Report of Federal Advisory Committee**

Notice is hereby given that pursuant to section 13 of Public Law 92–463, the Annual Report for the following Health Resources and Services Administration's Federal Advisory Committee has been filed with the Library of Congress:

Maternal and Child Health Research Grants Review Committee

Copies are available to the public for inspection at the Library of Congress Newspaper and Current Periodical Reading Room, Room 1026, Thomas Jefferson Building, Second Street and Independence Avenue, S.E., Washington, D.C. Copies may be obtained from: Gontran Lamberty, Dr. P.H., Room 18A–55, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone (301) 443–3146.

Dated: September 23, 1999.  
**Jane M. Harrison,**  
*Director, Division of Policy Review and Coordination.*  
 [FR Doc. 99–25793 Filed 10–4–99; 8:45 am]  
 BILLING CODE 4160–15 P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Office of Inspector General**

**Publication of the OIG Compliance Program, Guidance for Hospices**

**AGENCY:** Office of Inspector General (OIG), HHS.  
**ACTION:** Notice.

**SUMMARY:** This **Federal Register** notice sets forth the recently issued Compliance Program Guidance for Hospices developed by the Office of Inspector General (OIG). The OIG has previously developed and published compliance program guidance focused on several other areas and aspects of the health care industry. We believe that the development and issuance of this compliance program guidance for hospices will continue to serve as a positive step toward promoting a higher level of ethical and lawful conduct throughout the entire health care industry.

**FOR FURTHER INFORMATION CONTACT:** Michael Shaw, Office of Counsel to the Inspector General, (202) 619–2078.

**SUPPLEMENTARY INFORMATION:**

**Background**

The creation of compliance program guidance remains a major initiative by the OIG in its efforts to engage the health care community in combating fraud and abuse. In formulating

compliance guidance, the OIG has worked closely with the Health Care Financing Administration (HCFA), the Department of Justice (DOJ) and various sectors of the health care industry to provide clear guidance to those segments of the industry that are interested in reducing fraud and abuse within their organizations. The five previously-issued compliance program guidances were focused on the hospital industry; home health agencies; clinical laboratories; third-party medical billing companies; and the durable medical equipment, prosthetics, orthotics and supply industry. The development of these types of compliance program guidance is based on our belief that a health care provider can use internal controls to more efficiently monitor adherence to applicable statutes, regulations and program requirements.

**Guidance for the Hospice Industry**

On January 13, 1999, the OIG published a solicitation notice (64 FR 2228) seeking information and recommendations for developing guidance for the hospice industry. In response to that solicitation notice, the OIG received numerous comments from various parts of the industry and from their representatives. After careful consideration of those initial comments, and in an effort to ensure that all parties had a reasonable opportunity to provide input into a final product, the OIG published draft guidance for the hospice industry on July 21, 1999 (64 FR 39150) for further comment and recommendations.

**Elements for an Effective Compliance Program**

Through experience, the OIG has identified seven fundamental elements