■ a. Remove ''Voucher tenancy:'' from the section heading;
■ b. In paragraph (a) introductory text, remove the phrase ''tenant-based assistance under the voucher program'' and add in its place ''HCV assistance'';
■ c. In paragraph (a)(1), remove the phrase ''tenant-based voucher'' and add in its place ''HCV'' and remove the phrase ''§ 401.421 of this title'' and add in its place ''24 CFR 401.421''; and
■ d. In paragraph (a)(2), remove ''tenant-based'' and add in its place ''HCV''.

§ 982.505 [Amended]

■ 29. In § 982.505, remove ''Voucher tenancy:'' from the section heading.

■ 30. Revise § 982.516(d)(2) to read as follows:

§ 982.516 Family income and composition: Regular and interim examinations.

* * * * *

(d) * * *

(2) At the effective date of a regular or interim reexamination, the PHA must make appropriate adjustments in the housing assistance payment in accordance with § 982.505.

* * * * *

§ 982.517 [Amended]

■ 31. In § 982.517(c)(1), capitalize the word ''a'' at the beginning of the paragraph and remove the word ''PHAs'' and add in its place ''has''.

§§ 982.518, 982.519, and 982.520 [Removed]

■ 32. Remove §§ 982.518 through 982.520.

§ 982.521 [Amended]

■ 33. Remove § 982.521(c).

§ 982.552 [Amended]

■ 34. In § 982.522(c)(2)(iii), add ''may'' before ''consider whether''.

§ 982.553 [Amended]

■ 35. In § 982.553(a)(2)(ii)(B), remove the phrase ''not to have'' and add in its place ''not have''.

§ 982.555 [Amended]

■ 36. Amend § 982.555 as follows:
■ a. In paragraph (a), add a space between the paragraph heading and paragraph (a)(1), capitalize the word ''a'' at the beginning of paragraph (a)(1), remove paragraph (a)(1)(iv), and redesignate paragraphs (a)(1)(v) and (vi) as paragraphs (a)(1)(iv) and (v), respectively; and
■ b. In paragraphs (b)(4), (5), (6), and (7), capitalize the word ''a'' at the beginning of each paragraph.

§ 982.601 [Amended]

■ 37. In § 982.601(c)(1), add a period after ''e.g''.

§ 982.615 [Amended]

■ 38. In § 982.615(b), remove ''HA'' and add in its place ''PHA''.

■ 39. Revise § 982.619(b)(4) to read as follows:

§ 982.619 Cooperative housing.

* * * * *

(b) * * *

(4) Adjustments are applied to the carrying charge as determined in accordance with this section.

* * * * *

§ 982.623 [Amended]

■ 40. Amend § 982.623 as follows:
■ a. Remove paragraph (a);
■ b. Remove the heading of paragraph (b).
■ c. Redesignate paragraphs (b)(1) through (4) as paragraphs (a) through (d), respectively;
■ d. In newly redesignated paragraph (c), further redesignate paragraphs (i) and (ii) as paragraphs (c)(1) and (2), respectively; and
■ e. In newly redesignated paragraph (d), further redesignate paragraphs (i) through (iii) as paragraphs (d)(1) through (3), respectively.

§ 982.625 [Amended]

■ 41. In § 982.625(g)(2), add a space between ''its'' and ''Section 8''.

§ 982.627 [Amended]

■ 42. In § 982.627(c)(2)(ii)(A), remove the line break between ''voucher'' and ''program''.

§ 982.631 [Amended]

■ 43. In § 982.631(c)(2)(iii), remove the line break between ''unit'' and ''unless''.

§ 982.636 [Amended]

■ 44. In § 982.636(c), add a period after ''e.g''.

§ 982.641 [Amended]

■ 45. In § 982.641(c)(3), in the cross-reference ''§ 982.353(b)(1), (2), and (3)'', remove ''(b)(1),(2), and (3)''.

Dated: February 9, 2015.

Jemine A. Bryon,

Acting Assistant Secretary for Public and Indian Housing.

[FR Doc. 2015–03037 Filed 2–13–15; 8:45 am]

BILLING CODE 4210–67–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 401 and 405

[CMS–6037–RCN]

RIN 0938–AQ58

Medicare Program; Reporting and Returning of Overpayments; Extension of Timeline for Publication of the Final Rule

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

ACTION: Extension of timeline for publication of a final rule.

SUMMARY: This document announces the extension of the timeline for publication of the ''Medicare Program; Reporting and Returning of Overpayments'' final rule. We are issuing this notice in accordance with the Social Security Act (the Act) which requires notice to be provided in the **Federal Register** if there are exceptional circumstances that cause us to publish a final rule more than 3 years after the publication date of the proposed rule. In this case, the complexity of the rule and scope of comments warrants the extension of the timeline for publication.

DATES: As of February 17, 2015, CMS extends by 1 year the timeline for publication of a final rule concerning policies and procedures for reporting and returning overpayments to the Medicare program for providers and suppliers of services under Parts A and B of title XVIII as outlined in the proposed rule published February 16, 2012, at 77 FR 9179.

FOR FURTHER INFORMATION CONTACT: Joe Strazzire, (410) 786–2775.

SUPPLEMENTARY INFORMATION:

I. Background

Section 1871(a)(3)(A) of the Social Security Act (the Act) requires the Secretary, in consultation with the Director of the Office of Management and Budget (OMB), to establish a regular timeline for the publication of a final rule based on the previous publication of a proposed rule or an interim final rule. In accordance with section 1871(a)(3)(B) of the Act, such regular timeline may vary among different final rules, based on the complexity of the rule, the number and scope of the comments received, and other relevant factors. The timeline for publishing the final rule, however, cannot exceed 3 years from the date of publication of the proposed or interim final rule, unless

there are exceptional circumstances. After consultation with the Director of OMB, the Department, through CMS, published a notice in the December 30, 2004 **Federal Register** (69 FR 78442) establishing a general 3-year timeline for publishing Medicare final rules after the publication of a proposed or interim final rule.

II. Notice of Continuation

The Medicare program (title XVIII of the Act) is the primary payer of health care for approximately 50 million enrolled beneficiaries. Providers and suppliers furnishing Medicare items and services must comply with the Medicare requirements set forth in the Act and in CMS regulations. The requirements are meant to ensure compliance with applicable statutes, promote the furnishing of high quality care, and to protect the Medicare Trust Funds against fraud and improper payments.

On March 23, 2010, the Affordable Care Act was enacted. Section 6402(a) of the Affordable Care Act established a new section 1128J(d) of the Act. Section 1128J(d)(1) of the Act requires a person who has received an overpayment to report and return the overpayment to the Secretary, the State, an intermediary, a carrier, or a contractor, as appropriate, at the correct address, and to notify the Secretary, State, intermediary, carrier or contractor to whom the overpayment was returned in writing of the reason for the overpayment. Section 1128J(d)(2) of the Act requires that an overpayment be reported and returned by the later of—(A) the date which is 60 days after the date on which the overpayment was identified; or (B) the date any corresponding cost report is due, if applicable. Section 1128J(d)(3) of the Act specifies that any overpayment retained by a person after the deadline for reporting and returning an overpayment is an obligation (as defined in 31 U.S.C. 3729(b)(3)) for purposes of 31 U.S.C. 3729.

In the February 16, 2012 **Federal Register** (77 FR 9179), we published a proposed rule that would implement the provisions of section 1128J(d) of the Act as to Medicare Parts A and B. This notice extends by 1 year the timeline for publication of a final rule concerning policies and procedures for reporting and returning overpayments to the Medicare program for providers and suppliers of services under Parts A and B of title XVIII as outlined in the February 16, 2012 proposed rule. However we continue to remind all stakeholders that even without a final regulation they are subject to the statutory requirements found in section 1128J(d) of the Act and could face potential False Claims Act liability, Civil Monetary Penalties Law liability, and exclusion from Federal health care programs for failure to report and return an overpayment.

Based on both public comments received and internal stakeholder feedback, we have determined that there are significant policy and operational issues that need to be resolved in order to address all of the issues raised by comments to the proposed rule and to ensure appropriate coordination with other government agencies. Specifically, the development of the final rule requires collaboration among both the Department of Health and Human Services' (HHS') Office of the Inspector General and the Department of Justice.

Our decision to extend the timeline for issuing a final regulation related to the reporting and returning of Medicare overpayments should not be viewed as a diminution of the Department's commitment to timely and effective rulemaking in this area. Our goal remains to publish a final rule that provides clear requirements for persons to report and return Medicare overpayments. At this time, we believe we can best achieve this balance by issuing this continuation notice.

This notice extends the timeline for publication of the final rule for this rulemaking for 1 year—until February 16, 2016.

III. Collection of Information

This document does not impose information collection requirements, that is, reporting, recordkeeping or third-party disclosure requirements. Consequently, there is no need for review by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995.

IV. Regulatory Impact Statement

This document extends the timeline for publication of the Medicare Program; Reporting and Returning of Overpayments final rule; and therefore, there are no regulatory impact implications associated with this notice.

Authority: Section 1871 of the Social Security Act (42 U.S.C. 1395hh).

Dated: February 9, 2015.

C'Reda Weeden,

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

[FR Doc. 2015–03072 Filed 2–13–15; 8:45 am]

BILLING CODE 4120–01–P

FEDERAL COMMUNICATIONS COMMISSION

47 CFR Part 2

[GN Docket No. 13–185; FCC 14–31]

Commercial Operations in the 1695–1710 MHz, 1755–1780 MHz, and 2155–2180 MHz Bands

AGENCY: Federal Communications Commission.

ACTION: Final rules; 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 a non-substantive change to a currently approved information collection requirements contained in the regulations in the ''Commercial Operations in the 1695–1710 MHz, 1755–1780 MHz, and 2155–2180 MHz.'' The information collection requirement was approved on December 23, 2014 by OMB.

DATES: The amendments to 47 CFR 2.1033(c)(19)(i) through (ii), published at 79 FR 32410, June 4, 2014, is effective February 17, 2015.

FOR FURTHER INFORMATION CONTACT: For additional information contact Nancy Brooks on (202) 418–2454 or email *Nancy.Brooks@fcc.gov*.

SUPPLEMENTARY INFORMATION: This document announces that on December 23, 2014, OMB approved, for a period of three years a non-substantive change to a currently approved information collection requirement contained in 47 CFR 2.1033(c)(19)(i) through (ii). The Commission publishes this document to announce the effective date of this rule section. See, Amendment of the Commission's rules with Regard to Commercial Operations in the 1695–1710 MHz, 1755–1780 MHz, and 2155–2180 MHz, GN Docket No. 13–85; FCC 14–31, 79 FR 32410, June 4, 2014.

Synopsis

As required by the Paperwork Reduction Act of 1995, (44 U.S.C. 3507), the Commission is notifying the public that it received OMB approval on December 23, 2014, for the information collection requirement contained in 47 CFR 2.1033(c)(19)(i) through (ii). 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