

expressed in all normal tissues tested, but it has either no or low expression in a high percentage of several types of human cancer, such as liver, breast, lung, and prostate cancers. Through in vitro and in vivo tumor suppression experiments, the inventors further demonstrated that DLC-1 acts as a new tumor suppressor gene for different types of human cancer.

Applications:

- Method to diagnose HCC.
- Method to treat HCC patients with DLC-1 compositions.
- Transgenic model to study HCC and other types of human cancer.
- DLC-1 compositions.

Market:

- Primary liver cancer accounts for about 2% of cancers in the U.S., but up to half of all cancers in some undeveloped countries.
- 251,000 new cases are reported annually.
- Post-operative five year survival rate of HCC patients is 30–40%.

Development Status: The technology is currently in the pre-clinical stage of development.

Inventors: Bao-Zhu Yuan, Snorri S. Thorgeirsson, Nicholas Popescu (NCI).

Publications:

1. BZ Yuan *et al.* DLC-1 operates as a human suppressor gene in human non-small cell lung carcinomas. *Oncogene*. 2004 Feb 19;23(7):1405–1411. [PubMed: 14661059].

2. BZ Yuan *et al.* DLC-1 gene inhibits human breast cancer cell growth and in vitro tumorigenicity. *Oncogene*. 2003 Jan 23;22(3):445–450. [PubMed: 12545165].

3. BZ Yuan *et al.* Promoter hypermethylation of DLC-1, a candidate tumor suppressor gene, in several common human cancers. *Cancer Genet Cytogenet*. 2003 Jan 15;140(2):113–117. [PubMed: 12645648].

4. BZ Yuan *et al.* Cloning, characterization, and chromosomal localization of a gene frequently deleted in human liver cancer (DLC-1) homologous to rat RhoGAP. *Cancer Res*. 1998 May 15;58(10):2196–2199. [PubMed: 9605766].

Patent Status:

- U.S. Patent No. 6,897,018 issued 24 May 2005 (HHS Reference No. E-042-1998/0-US-03).
- U.S. Patent No. 7,534,565 issued 19 May 2009 (HHS Reference No. E-042-1998/0-US-05).

Licensing Status: Available for licensing.

Licensing Contact: Jennifer Wong; 301-435-4633; wongje@mail.nih.gov.

Collaborative Research Opportunity: The National Cancer Institute,

Laboratory of Experimental Carcinogenesis, is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate, or commercialize diagnostics based on tumor suppressor genes. Please contact John D. Hewes, PhD, at 301-435-3121 or hewesj@mail.nih.gov for more information.

Dated: September 7, 2010.

Richard U. Rodriguez,

Director, Division of Technology Development and Transfer, Office of Technology Transfer, National Institutes of Health.

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BILLING CODE 4140-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-1338-CN]

RIN 0938-AP87

Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2011; Correction

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

ACTION: Correction notice.

SUMMARY: This document corrects technical errors that appeared in the notice with comment period published in the **Federal Register** on July 22, 2010 entitled, “Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2011.”

DATES: *Effective Date:* This correction is effective October 1, 2010.

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

SUPPLEMENTARY INFORMATION:

I. Background

In FR Doc. 2010-17628 of July 22, 2010 (75 FR 42886), there were several technical errors that are identified and corrected in the “Correction of Errors” section below. The corrections described below are effective as if they had been included in the document published on July 22, 2010. Accordingly, the corrections are effective October 1, 2010.

II. Summary of Errors

We are correcting the titles and wage index columns (along with the resulting values) of Tables 8A and 8B, which

appeared on page 42911 of the July 22, 2010 notice with comment period. These two tables illustrate the skilled nursing facility (SNF) prospective payment system (PPS) payment rate computations for a hypothetical “XYZ” SNF located in Cedar Rapids, IA (Urban CBSA 16300) under the RUG-IV and Hybrid RUG-III (HR-III) systems, respectively. In the title of the tables as well as in the third column (“Wage Index”), the wage index value for Cedar Rapids, IA is incorrectly displayed as 0.8858. Accordingly, in section III of this document (“Correction of Errors”), we are revising the entries in Tables 8A and 8B to reflect the correct wage index value of 0.8844. We are similarly revising the immediately preceding portion of the preamble text, which references the total PPS payment amounts displayed in these two tables. However, we note that the corresponding entry for CBSA 16300, as it appears in an addendum to the July 22, 2010 notice with comment period (Table A, “FY 2011 Wage Index for Urban Areas Based on CBSA Labor Market Areas”), already reflects the correct wage index value of 0.8844 (75 FR 42923). We are also revising the footnote that appears in Tables 8A and 8B to clarify that in these examples, all 10 of the Medicare days listed under the “CC2” RUG group would involve a resident with AIDS and, thus, would qualify for the special 128 percent adjustment under section 511 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) (Pub. L. 108-173, enacted on December 8, 2003).

III. Correction of Errors

In FR Doc. 2010-17628 (75 FR 42886), make the following corrections:

1. On page 42910, third column, in line five from the bottom of the page, the phrase “\$41,979 for RUG-IV and \$36,517 for HR-III, respectively” is revised to read “\$41,935 for RUG-IV and \$36,479 for HR-III, respectively”.

2. On page 42911, Tables 8A and 8B are revised to read as follows:

3. On page 42911, underneath Table 8A and Table 8B, we removed the asterisk statement “*Reflects a 128 percent adjustment from section 511 of the MMA” and replaced it with “**Reflects a 128 percent adjustment from section 511 of the MMA. All CC2 days should be considered to be for a resident with AIDS.”

Table 8A
RUG-IV
SNF XYZ: Located in Cedar Rapids, IA (Urban CBSA 16300)
Wage Index: 0.8844

RUG-IV Group	Labor	Wage index	Adjusted Labor	Non-Labor	Adjusted Rate	Percent Adjustment	Medicare Days	Payment
RVX	\$545.24	0.8844	\$482.21	\$241.42	\$723.63	\$723.63	14	\$10,131.00
ES2	\$358.74	0.8844	\$317.27	\$158.84	\$476.11	\$476.11	30	\$14,283.00
RHA	\$260.41	0.8844	\$230.31	\$115.30	\$345.61	\$345.61	16	\$5,530.00
CC2	\$207.79	0.8844	\$183.77	\$ 92.00	\$275.77	*\$628.75	10	\$6,288.00
BA2	\$143.25	0.8844	\$126.69	\$ 63.42	\$190.11	\$190.11	30	\$5,703.00
							100	\$41,935.00

*Reflects a 128 percent adjustment from section 511 of the MMA. All CC2 days should be considered to be for a resident with AIDS.

Table 8B
HYBRID RUG-III
SNF XYZ: Located in Cedar Rapids, IA (Urban CBSA 16300)
Wage Index: 0.8844

HR-III Group	Labor	Wage index	Adjusted Labor	Non-Labor	Adjusted Rate	Percent Adjustment	Medicare Days	Payment
RVX	\$383.12	0.8844	\$338.83	\$169.63	\$508.46	\$508.46	14	\$7,118.00
RLX	\$270.65	0.8844	\$239.36	\$119.83	\$359.19	\$359.19	30	\$10,776.00
RHA	\$262.36	0.8844	\$232.03	\$116.16	\$348.19	\$348.19	16	\$5,571.00
CC2	\$232.95	0.8844	\$206.02	\$103.14	\$309.16	*\$704.89	10	\$7,049.00
IA2	\$149.81	0.8844	\$132.49	\$ 66.33	\$198.82	\$198.82	30	\$5,965.00
							100	\$36,479.00

*Reflects a 128 percent adjustment from section 511 of the MMA. All CC2 days should be considered to be for a resident with AIDS.

IV. Waiver of Proposed Rulemaking and Delayed Effective Date

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)). We also ordinarily provide a 30-day delay in the effective date of the provisions of a notice in accordance with section 553(d) of the APA (5 U.S.C. 553(d)). However, we can waive both the notice and comment procedure and the 30-day delay in effective date if the Secretary finds, for good cause, that a notice and comment process is impracticable, unnecessary, or contrary to the public interest, and incorporates a statement of the finding and the reasons for it in the notice.

We find for good cause that it is unnecessary to undertake notice and comment rulemaking because this notice merely provides technical

corrections to the FY 2011 SNF PPS notice with comment period. We are not making substantive changes to our payment methodologies or policies, but rather, are simply implementing correctly the payment methodologies and policies that we previously proposed, received comment on, and subsequently finalized. This correction notice is intended solely to ensure that the FY 2011 SNF PPS notice with comment period accurately reflects these payment methodologies and policies. Therefore, we believe that undertaking further notice and comment rulemaking activity in connection with it would be unnecessary and contrary to the public interest.

Further, we believe a delayed effective date is unnecessary because this correction notice merely corrects inadvertent technical errors. The changes noted above do not make any substantive changes to the SNF PPS payment methodologies or policies. Moreover, we regard imposing a delay

in the effective date as being contrary to the public interest. We believe that it is in the public interest for providers to receive appropriate SNF PPS payments in as timely a manner as possible and to ensure that the FY 2011 SNF PPS notice with comment period accurately reflects our payment methodologies, payment rates, and policies. Therefore, we find good cause to waive notice and comment procedures, as well as the 30-day delay in effective date.

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

Dated: September 9, 2010.

Dawn L. Smalls,

Executive Secretary to the Department.

[FR Doc. 2010-22902 Filed 9-10-10; 11:15 am]

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