

II. Summary of Errors

A. Summary of Errors in the Preamble

On page 19428, in our discussion of the proposed revisions to the definition of the base operating DRG payment amount for purposes of the Hospital Readmissions Reduction Program, we made an error in describing our policy for the treatment of the difference between the hospital-specific payment rate and the Federal payment rate for purposes of calculating the base operating DRG payment amount with respect to a Medicare-dependent, small rural hospital that receives payments under § 412.108(c) or a sole community hospital that receives payments under § 412.92(d). We are correcting this language to reflect our current policy that the base operating DRG payment amount includes the difference between the hospital-specific payment rate and the Federal payment rate for a Medicare-dependent, small rural hospital and does not include the difference between the hospital-specific payment rate and the Federal payment rate for a sole community hospital. We also made an error in our citation to the applicable statutory provision. We erroneously cited to section 1886(q)(2)(b)(i) instead of section 1886(q)(2)(B)(i) of the Act.

On pages 19568, in our discussion of the Medicare and Medicaid Promoting Interoperability Programs, we made an error in a web link.

B. Summary of Errors in the Regulations Text

On page 19581, in our proposed amendments to the definition of the base operating DRG payment amount for purposes of the Hospital Readmissions Reduction Program, we made an error in describing our current policy for determining the base operating DRG payment amount by stating that with respect to a sole community hospital that receives payments under § 412.92(d) or a Medicare-dependent, small rural hospital that receives payments under § 412.108(c), this amount includes the difference between the hospital-specific payment rate and the Federal payment rate determined under subpart D of this part. We are correcting this language to reflect our current policy, which is that the base operating DRG payment amount for a sole community hospital that receives payments under § 412.92(d) *does not include* the difference between the hospital-specific payment rate and the Federal payment rate determined under subpart D of this part while the base operating DRG payment amount for a Medicare-dependent, small rural hospital that receives payments under

§ 412.108(c) *does include* the difference between the hospital-specific payment rate and the Federal payment rate determined under subpart D of this part.

IV. Correction of Errors

In FR Doc. 2019–08330 of May 3, 2019 (84 FR 19158), we make the following corrections:

A. Errors in the Preamble

1. On page 19428, first column, last partial paragraph, lines 10 through 13, the phrase “amount also includes the difference between the hospital-specific payment rate and the Federal payment rate determined under the subpart.” is corrected to read “amount also includes the difference between the hospital-specific payment rate and the Federal payment rate determined under the subpart for a Medicare-dependent, small rural hospital that receives payments under § 412.108(c) and does not include the difference between the hospital-specific payment rate and the Federal payment rate determined under the subpart for a sole community hospital that receives payment under § 412.92(d).”

2. On page 19428, second column, first partial paragraph, lines 1 through 4, the phrase “1886(q)(2)(b)(i) of the Act, because the regulatory text was not updated following the expiration of the FY 2013 changes.” is corrected to read “1886(q)(2)(B)(i) of the Act by specifying the differential treatment following the expiration of the special treatment for Medicare-dependent, small rural hospitals for FY 2013 in the statute.”

3. On page 19568, third column, last paragraph (footnote 830), lines 1 and 2, the hyperlink “https://www.healthit.gov/sites/default/files/onc_pghd_final_white_paper.pdf.%95” is corrected to read “https://www.healthit.gov/sites/default/files/onc_pghd_final_white_paper.pdf”.

B. Errors in the Regulations Text

§ 412.152 [Corrected]

4. On page 19581, third column, first paragraph (definition of Base operating DRG payment amount), lines 17 through 26, “With respect to a sole community hospital that receives payments under § 412.92(d) or a Medicare-dependent, small rural hospital that receives payments under § 412.108(c), this amount also includes the difference between the hospital-specific payment rate and the Federal payment rate determined under subpart D of this part.” is corrected to read “With respect to a sole community hospital that receives payments under § 412.92(d) this amount also does not include the difference

between the hospital-specific payment rate and the Federal payment rate determined under subpart D of this part. With respect to a Medicare-dependent, small rural hospital that receives payments under § 412.108(c), this amount includes the difference between the hospital-specific payment rate and the Federal payment rate determined under subpart D of this part.”

Dated: June 12, 2019.

Ann C. Agnew,

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

[FR Doc. 2019–12906 Filed 6–17–19; 8:45 am]

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FEDERAL COMMUNICATIONS COMMISSION

47 CFR Part 64

[CG Docket Nos. 13–24 and 03–123; DA 19–521]

IP CTS Order Hamilton Petition for Reconsideration

AGENCY: Federal Communications Commission.

ACTION: Petition for reconsideration.

SUMMARY: The Consumer and Governmental Affairs Bureau seeks comment on a Petition for Reconsideration (Petition).

DATES: Oppositions to the Petition must be filed on or before July 3, 2019. Replies to oppositions must be filed on or before July 15, 2019.

ADDRESSES: Federal Communications Commission, 445 12th Street SW, Washington, DC 20554.

FOR FURTHER INFORMATION CONTACT: Michael Scott, Consumer and Governmental Affairs Bureau, at: (202) 418–1264; email: Michael.Scott@fcc.gov.

SUPPLEMENTARY INFORMATION: This is a summary of the Commission’s document, DA 19–521, released June 5, 2019. The full text of the Petition is available for viewing and copying at the FCC Reference Information Center, 445 12th Street SW, Room CY–A257, Washington, DC 20554. It also may be accessed online via the Commission’s Electronic Comment Filing System at: https://ecfsapi.fcc.gov/file/1040816929886/Hamilton_Petition_for_Reconsideration_of_2019_IPCTS_URD_Order.pdf. The Commission will not send a Congressional Review Act (CRA) submission to Congress or the Government Accountability Office pursuant to the CRA, 5 U.S.C. because no rules are being adopted by the Commission.

Subject: IP CTS Improvements and Program Management, Report and Order, FCC 19–11, published at 84 FR 8457, March 8, 2019, in CG Docket Nos. 13–24 and 03–123. This document is being published pursuant to 47 CFR

1.429(e). *See also* 47 CFR 1.4(b)(1) and 1.429(f), (g).

Number of Petitions Filed: 1.
Petition for Reconsideration has been filed in the Commission's Rulemaking proceeding by David O'Connor, on behalf of Hamilton Relay, Inc.

Federal Communications Commission.

Eliot Greenwald,

*Deputy Chief, Disability Rights Office,
Consumer and Governmental Affairs Bureau.*

[FR Doc. 2019–12800 Filed 6–17–19; 8:45 am]

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