

**§ 36.4315 [Amended]**

■ 3. Amend § 36.4315(a) by removing “written” and adding in its place “a documented”.

**§ 36.4316 [Amended]**

■ 4. Amend § 36.4316 by:

- a. Removing “documented” in paragraphs (b)(2), (3), and (4); and
- b. Removing “written” in paragraph (b)(6).

■ 5. Amend § 36.4317 by:

- a. Removing “agreement” in paragraph (c)(18);
- b. Removing “Compromise sale” and “compromise sale” and adding “Short sale” and “short sale”, respectively, in paragraph (c)(21); and
- c. Revising paragraphs (c)(30) and (31).

The revisions read as follows:

**§ 36.4317 Servicer reporting requirements.**

\* \* \* \* \*

(c) \* \* \*

(30) Basic claim information—when the servicer files a claim under guaranty. The servicer shall report this event within 365 calendar days of loan termination for non-VA purchase claims, and within 60 calendar days of the approval date for VA purchase claims.

(31) VA purchase settlement—when VA purchases a loan and the servicer reports the tax and insurance information. The servicer shall report this event within 60 calendar days of the VA purchase approval date.

\* \* \* \* \*

**§ 36.4319 [Amended]**

■ 6. Amend § 36.4319 by:

- a. Removing “special forbearance agreements” and “compromise sales” and adding in their place “special forbearances” and “short sales”, respectively, in paragraph (a);
- b. Removing “Compromise Sale” and adding in its place “Short Sale” in the table in paragraph (b);
- c. Removing “compromise sale” and adding in its place “short sale” in paragraph (c)(4).

**§ 36.4320 [Amended]**

■ 7. Amend § 36.4320 by:

- a. Removing “Refunding” and adding in its place “VA purchase” in the heading;
- b. Removing “refund” and adding in its place “purchase” in paragraph (c); and
- c. Removing “2900–0362” and adding in its place “2900–0021” in the parenthesis at the end of the section.

**§ 36.4322 [Amended]**

■ 8. Amend §§ 36.4322(e)(1), (1)(ii), (2), and (f)(1)(iii) by removing “compromise sale” each place it appears and adding “short sale” in its place.

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**ENVIRONMENTAL PROTECTION AGENCY**

**40 CFR Part 81**

**Designation of Areas for Air Quality Planning Purposes**

**CFR Correction**

This rule is being published by the Office of the Federal Register to correct an editorial or technical error that appeared in the most recent annual revision of the Code of Federal Regulations.

■ In title 40 of the Code of Federal Regulations, Part 81, revised as of July 1, 2023, in § 81.350, in the table titled “Wisconsin—2010 Sulfur Dioxide NAAQS [Primary]”, the entry for “Outagamie County (part)” is removed.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

**42 CFR Parts 411, 413, 488, and 489**

[CMS–1779–F2]

RIN 0938–AV02

**Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Updates to the Quality Reporting Program and Value-Based Purchasing Program for Federal Fiscal Year 2024; Corrections**

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

**ACTION:** Final rule; correction.

**SUMMARY:** This document corrects technical errors in the final rule that appeared in the August 7, 2023 **Federal Register**, entitled “Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Updates to the Quality Reporting Program and Value-Based Purchasing Program for Federal Fiscal Year 2024”. The effective date was October 1, 2023.

**DATES:** This correcting document is effective April 10, 2024, and is applicable beginning October 1, 2023. **FOR FURTHER INFORMATION CONTACT:** John Kane, (410) 786–0557, for information related to the SNF PPS.

**SUPPLEMENTARY INFORMATION:**

**I. Background**

In FR Doc. 2023–16249 of August 7, 2023 (88 FR 53200), there were technical errors that are identified and corrected in this correcting document. These corrections are applicable as if they had been included in the final rule entitled “Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Updates to the Quality Reporting Program and Value-Based Purchasing Program for Federal Fiscal Year 2024” (hereinafter referred to as the FY 2024 SNF PPS final rule), which was effective October 1, 2023.

**II. Summary of Errors**

*A. Summary of Errors in the Preamble*

On page 53221 of the FY 2024 SNF PPS final rule (88 FR 53200), we discussed our proposal to add the surgical option that allows a subset of subcategory 42.2—codes for displaced fractures to be eligible for one of two orthopedic surgery categories. Additionally, we stated that we would add this surgical option to the subcategory of M84.5—codes for pathological fractures to certain weight bearing bones to be eligible for one of two orthopedic surgery categories. In the final rule, we inadvertently stated that this proposal applied to 45 of the codes within the subcategory S42.2 codes and to 46 of the codes within the subcategory M84.5 codes. However, these numbers were inadvertently swapped, meaning that the proposal applied to 46 of the codes within the subcategory S42.2 codes and to 45 of the codes within the subcategory M84.5 codes. We are correcting these errors.

*B. Summary and Corrections of Errors to Tables Posted on the CMS Website for the PDPM ICD–10 Mappings*

We are correcting the following errors to the FY 2024 Patient Driven Payment Model (PDPM) ICD–10–CM mappings (hereinafter referred to as PDPM ICD–10 code mappings) that were made available on the CMS website at <https://www.cms.gov/medicare/medicare-fee-for-service-payment/snfpps/pdpm> in conjunction with the release of the FY 2024 SNF PPS final rule, as corrected by the correction notification that appeared in the October 4, 2023 **Federal Register**, entitled “Medicare Program; Prospective