

tribes, on the relationship between the Federal Government and Indian tribes, or on the distribution of power and responsibilities between the Federal Government and Indian tribes.

E. Unfunded Mandates Reform Act

The Unfunded Mandates Reform Act of 1995 (2 U.S.C. 1531–1538) requires Federal agencies to assess the effects of their discretionary regulatory actions. In particular, the Act addresses actions that may result in the expenditure by a State, local, or tribal government, in the aggregate, or by the private sector of \$100,000,000 (adjusted for inflation) or more in any one year. Though this rule will not result in such an expenditure, we do discuss the effects of this rule elsewhere in this preamble.

F. Environment

We have analyzed this rule under Department of Homeland Security Directive 023–01, Rev. 1, associated implementing instructions, and Environmental Planning COMDTINST 5090.1 (series), which guide the Coast Guard in complying with the National Environmental Policy Act of 1969 (42 U.S.C. 4321–4370f), and have determined that this action is one of a category of actions that do not individually or cumulatively have a significant effect on the human environment. This rule involves a 1500-foot safety zone around the M/V SSI DEFIANT for less than 7 days. It is categorically excluded from further review under paragraph L60(c) of appendix A, table 1 of DHS Instruction Manual 023–01–001–01, Rev. 1.

G. Protest Activities

The Coast Guard respects the First Amendment rights of protesters. Protesters are asked to call or email the person listed in the **FOR FURTHER INFORMATION CONTACT** section to coordinate protest activities so that your message can be received without jeopardizing the safety or security of people, places, or vessels.

List of Subjects in 33 CFR Part 165

Harbors, Marine safety, Navigation (water), Reporting and recordkeeping requirements, Security measures, Waterways.

For the reasons discussed in the preamble, the Coast Guard amends 33 CFR part 165 as follows:

PART 165—REGULATED NAVIGATION AREAS AND LIMITED ACCESS AREAS

■ 1. The authority citation for part 165 continues to read as follows:

Authority: 46 U.S.C. 70034, 70051, 70124; 33 CFR 1.05–1; 6.04–1, 6.04–6, and 160.5; Department of Homeland Security Delegation No. 0170.1, Revision No. 01.3.

■ 2. Add § 165.T05–0171 to read as follows:

§ 165.T05–0171 Safety Zone; Baltimore Harbor, MD

(a) *Location.* The following area is a safety zone: all navigable waters within 1500-feet of the location of the vessel SSI DEFIANT located at position 39° 13.18N, 076° 31.78W.

(b) *Enforcement period.* This section is effective from September 27, 2024, through October 3, 2024.

(c) *Regulations.* (1) In accordance with the general regulations in § 165.23 of this part, entry into, transiting through, or exiting from this area is prohibited unless authorized by the COTP Maryland-NCR or a designated representative.

(2) Vessels desiring to transit the regulated area may do so only with prior approval of the COTP Maryland-NCR or a designated representative and when so directed will be operated at a minimum safe navigation speed in a manner that will not endanger pollution response operations in the zone or any other vessels.

(3) The COTP Maryland-NCR or a designated representative may forbid and control the movement of all vessels in the regulated area. When hailed or signaled by an official patrol vessel, a vessel shall come to an immediate stop and comply with the directions given. Failure to do so may result in expulsion from the area, citation for failure to comply, or both.

(4) Entry into this zone is prohibited unless authorized by the COTP Maryland-NCR or a designated representative.

(5) Persons or vessels seeking to enter or transit through the zone must request permission from the COTP Maryland-NCR or a designated representative. They may be contacted on VHF–FM channel 16 or by telephone at 410–576–2693.

(6) If permission is granted, all persons and vessels must comply with the instructions of the COTP Maryland-NCR or designated representative.

(d) *Informational broadcasts.* The COTP Maryland-NCR or a designated representative will inform the public through Broadcast Notices to Mariners of the enforcement period for the temporary safety zone as well as any changes in the planned schedule.

Dated: September 27, 2024.

Patrick C. Burkett,

Captain, U.S. Coast Guard, Captain of the Port, Sector Maryland-National Capital Region.

[FR Doc. 2024–22720 Filed 10–1–24; 8:45 am]

BILLING CODE 9110–04–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Part 412

[CMS–1806–CN]

RIN 0938–AV32

Medicare Program; FY 2025 Inpatient Psychiatric Facilities Prospective Payment System—Rate Update; Correction

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

ACTION: Final action; correction.

SUMMARY: This document corrects technical errors in the final action that appeared in the August 7, 2024 **Federal Register** titled “Medicare Program; FY 2025 Inpatient Psychiatric Facilities Prospective Payment System—Rate Update”.

DATES: This correction is effective October 1, 2024.

FOR FURTHER INFORMATION CONTACT:

The IPF Payment Policy mailbox at IPFPaymentPolicy@cms.hhs.gov for information regarding the IPF wage index.

Nick Brock (410) 786–5148, for general information regarding the inpatient psychiatric facilities prospective payment system (IPF PPS).

SUPPLEMENTARY INFORMATION:

I. Background

In FR Doc. 2024–16909 of August 7, 2024, the fiscal year (FY) 2025 Inpatient Psychiatric Facilities Prospective Payment System (IPF PPS) final rule (89 FR 64582), there were technical errors that are identified and corrected in this correcting document. These corrections are effective as if they had been included in the FY 2025 IPF PPS final rule. Accordingly, the corrections are effective October 1, 2024.

II. Summary of Errors

A. Summary of Errors in the Preamble

There was a technical error in the calculation of the final FY 2025 IPF PPS wage indexes, which impacted several calculations. There is an impact to the

wage index for twelve providers in Core-Based Statistical Area (CBSA) 26 for rural Missouri due to the recalculated wage indexes, and thus we recalculated the impact analysis provided in Table 24 of the FY 2025 IPF PPS final rule (89 FR 64670 through 64671). Therefore, changes are needed to the published values in Table 24. We also recalculated the wage index budget neutrality factor; however, after recalculating, there are no changes needed to the published wage index budget neutrality factor because the difference between the previously published factor and the newly calculated factor is within the margin of error for rounding. This means that the recalculated wage index budget neutrality factor remained 0.9996 and the IPF federal per diem base rate remained \$876.53.

On pages 64670 and 64671, Table 24 reflects the impact to providers based on the inaccurate calculation of the FY 2025 IPF PPS wage index; therefore, Table 24 should be updated to reflect the correct calculations.

On page 64672, the payment percent increase for rural areas of “3.8 percent” is incorrect; therefore, “3.8 percent” should be replaced with “3.9 percent”.

B. Summary of Errors in and Corrections to the Tables Posted on the CMS website for the IPF PPS Wage Index

As discussed in the FY 2025 IPF PPS final rule (89 FR 64582), we used the concurrent pre-floor, pre-reclassified Inpatient Prospective Payment System (IPPS) hospital wage index as the basis for the IPF wage index. For FY 2025, concurrent pre-floor, pre-reclassified IPPS hospital wage data used under the IPF PPS are for cost reporting periods beginning on or after October 1, 2020 and before October 1, 2021 (FY 2021 cost report data), as discussed in the final rule titled, “Medicare and Medicaid Programs and the Children’s Health Insurance Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2025 Rates; Quality Programs Requirements; and Other Policy Changes” (89 FR 68986) (hereinafter referred to as the FY 2025 IPPS final rule). In calculating the wage index under the FY 2025 IPPS final rule, we made an inadvertent error related to the calculation of the wage index. This error is identified, discussed, and corrected in the correction notice titled, “Medicare and Medicaid Programs and the Children’s Health Insurance Program; Hospital Inpatient Prospective Payment Systems for Acute Care

Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2025 Rates; Quality Programs Requirements; and Other Policy Changes; Correction”, published elsewhere in this issue of the **Federal Register**.

In the FY 2025 Hospital Inpatient Prospective Payment Systems and Long-Term Care Hospital Prospective Payment System (IPPS/LTCH PPS) final rule (89 FR 68986), we finalized a policy to exclude hospitals that have subsequently converted to rural emergency hospitals (REHs) from the wage index. Specifically, we stated that any hospital that is designated as a REH by 7 days prior to the publication of the preliminary wage index public use file (PUF) is excluded from the calculation of the wage index. We inadvertently treated a current IPPS hospital as a hospital that had converted to REH status, thereby erroneously excluding its data from the wage index (CMS Certification Number (CCN) 26–0163). Therefore, we restored the wage data for this hospital to be included in the wage index.

This error affects the unadjusted, pre-reclassified, pre-rural floor IPPS wage data and thereby affects the IPF PPS wage data for CBSA 26 for rural Missouri.

We are correcting the wage index for CBSA 26 rural Missouri in Table B setting forth the wage indexes for rural areas based on CBSA labor market areas and Table C setting forth the wage indexes for urban and rural areas without counties, which are available exclusively on the CMS website at <https://www.cms.gov/medicare/medicare-fee-for-service-payment/inpatientpsychfacilpps/wageindex>.

The updated wage data for the one hospital in CBSA 26 required the recalculation of the final FY 2025 IPF PPS wage indexes. Additionally, as discussed in the FY 2025 IPF PPS final rule (89 FR 64582), changes to the wage index are made in a budget neutral manner so that updates do not increase expenditures. Due to the recalculation and subsequent revision of the final FY 2025 IPF PPS wage indexes, it was necessary to recalculate the FY 2025 IPF PPS wage index budget neutrality factor. However, as discussed above, no changes are needed to the published wage index budget neutrality factor since the difference between the previously published factor and the newly calculated factor is within the margin of error for rounding. This means that the recalculated wage index budget neutrality factor remained

0.9996 and the IPF federal per diem base rate remained \$876.53.

III. Waiver of Proposed Rulemaking

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)). However, we can waive this notice and comment procedure if the Secretary finds, for good cause, that the notice and comment process is impracticable, unnecessary, or contrary to the public interest, and incorporates a statement of the finding and the reasons therefore in the notice.

Section 553(d) of the APA ordinarily requires a 30-day delay in effective date of final rules after the date of their publication in the **Federal Register**. This 30-day delay in effective date can be waived, however, if an agency finds for good cause that the delay is impracticable, unnecessary, or contrary to the public interest, and the agency incorporates a statement of the findings and its reasons in the rule issued.

We believe that this correcting document does not constitute a rule that would be subject to the notice and comment or delayed effective date requirements. This document corrects technical errors in the preamble of the FY 2025 IPF PPS final rule, as well as two tables on the Centers for Medicare & Medicaid Services (CMS) website, but does not make substantive changes to the policies or payment methodologies that were adopted in the final rule. As a result, this correcting document is intended to ensure that the information in the FY 2025 IPF PPS final rule accurately reflects the policies adopted in that document.

In addition, even if this were a rule to which the notice and comment procedures and delayed effective date requirements applied, we find that there is good cause to waive such requirements. Undertaking further notice and comment procedures to incorporate the corrections in this document into the final rule or delaying the effective date would be contrary to the public interest because it is in the public’s interest for IPFs to receive appropriate payments in a timely manner to ensure that the FY 2025 IPF PPS final rule accurately reflects our policies as of the date they take effect and are applicable. Furthermore, such procedures would be unnecessary, as we are not altering our payment methodologies or policies, but rather, we are simply correctly implementing the policies that we previously

proposed, received comment on, and subsequently finalized. This correcting document is intended solely to ensure that the FY 2025 IPF PPS final rule accurately reflects these payment methodologies and policies. For these reasons, we believe we have good cause

to waive the notice and comment and effective date requirements.

IV. Correction of Errors in the Preamble

In FR Doc. 2024–16909 of August 7, 2024 (89 FR 64582), make the following corrections:

1. On pages 64670 and 64671, TABLE 24: FY 2025 IPF PPS PAYMENT IMPACTS is corrected to read as follows:

TABLE 24—FY 2025 IPF PPS PAYMENT SYSTEMS

[Percent change in columns 3 through 6]

Facility by type (1)	Number of facilities (2)	Outlier (3)	Refinement of patient-level adjustments and ECT (4)	Wage index FY25, LRS, and 5% Cap (5)	Total percent change ¹ (6)
All Facilities	1,419	−0.3	0.0	0.0	2.5
Total Urban	1,162	−0.3	0.0	−0.2	2.3
Urban unit	645	−0.4	0.5	−0.6	2.3
Urban hospital	517	−0.1	−0.5	0.2	2.5
Total Rural	257	−0.1	−0.3	1.4	3.9
Rural unit	197	−0.1	0.1	1.1	4.0
Rural hospital	60	−0.2	−1.1	2.1	3.6
By Type of Ownership:					
Freestanding IPFs:					
Urban Psychiatric Hospitals:					
Government	119	−0.5	1.1	−0.6	2.7
Non-Profit	97	−0.1	−0.1	−0.3	2.3
For-Profit	301	0.0	−0.9	0.6	2.5
Rural Psychiatric Hospitals:					
Government	30	−0.3	1.6	−0.3	3.9
Non-Profit	12	−0.5	−1.5	0.3	1.0
For-Profit	18	0.0	−2.3	3.7	4.2
IPF Units:					
Urban:					
Government	93	−0.8	0.8	−0.1	2.7
Non-Profit	430	−0.4	0.7	−0.9	2.1
For-Profit	122	−0.2	−0.5	0.1	2.3
Rural:					
Government	44	−0.1	−0.1	0.7	3.4
Non-Profit	113	−0.2	0.4	1.2	4.3
For-Profit	40	−0.1	−0.1	1.3	4.0
By Teaching Status:					
Non-teaching	1,217	−0.2	−0.2	0.3	2.7
Less than 10% interns and residents to beds	100	−0.5	0.6	−1.1	1.9
10% to 30% interns and residents to beds	76	−0.6	1.2	−1.2	2.2
More than 30% interns and residents to beds	26	−0.7	1.2	−0.1	3.2
By Region:					
New England	99	−0.4	0.9	−1.5	1.8
Mid-Atlantic	191	−0.4	0.3	−1.7	0.9
South Atlantic	228	−0.2	0.4	1.3	4.4
East North Central	225	−0.2	0.0	0.5	3.2
East South Central	140	−0.1	−0.2	2.6	5.0
West North Central	95	−0.5	1.1	0.0	3.4
West South Central	213	−0.1	−1.2	1.6	3.2
Mountain	102	−0.2	−0.3	0.8	3.1
Pacific	126	−0.3	−0.5	−1.8	0.1
By Bed Size:					
Psychiatric Hospitals:					
Beds: 0–24	87	−0.1	−0.9	0.8	2.5
Beds: 25–49	86	0.0	−1.3	1.3	2.7
Beds: 50–75	91	−0.1	−0.4	0.9	3.2
Beds: 76 +	313	−0.1	−0.3	0.0	2.3
Psychiatric Units:					
Beds: 0–24	440	−0.2	0.0	0.3	2.9
Beds: 25–49	229	−0.3	0.5	−0.7	2.3
Beds: 50–75	103	−0.4	0.7	0.1	3.2
Beds: 76 +	70	−0.7	0.6	−1.2	1.5

¹ This column includes the impact of the updates in columns (3) through (6) above, and of the IPF market basket percentage for FY 2025 of 3.3 percent, reduced by 0.5 percentage point for the productivity adjustment as required by section 1886(s)(2)(A)(i) of the Act.

2. On page 64672, in the first column, in the first full paragraph, in line 6, “3.8” is corrected to read “3.9”.

Elizabeth J. Gramling,

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

[FR Doc. 2024–22496 Filed 9–27–24; 4:15 pm]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 405, 412, 413, 431, 482, 485, 495, and 512

[CMS–1808–CN2]

RIN 0938–AV34

Medicare and Medicaid Programs and the Children’s Health Insurance Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2025 Rates; Quality Programs Requirements; and Other Policy Changes; Correction

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

ACTION: Final rule; correction

SUMMARY: This document corrects technical and typographical errors in the final rule that appeared in the August 28, 2024 **Federal Register** titled “Medicare and Medicaid Programs and the Children’s Health Insurance Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2025 Rates; Quality Programs Requirements; and Other Policy Changes” (referred to hereafter as the “FY 2025 IPPS/LTCH PPS final rule”).

DATES: The corrections in this document are effective October 1, 2024.

FOR FURTHER INFORMATION CONTACT:

Donald Thompson and Michele Hudson, *DAC@cms.hhs.gov*, (410) 786–4487, IPPS Payment Rate Issues.

Lily Yuan, *NewTech@cms.hhs.gov*, New Technology Add-On Payments Issues.

Benjamin Cohen, *benjamin.cohen@cms.hhs.gov*, Provider Reimbursement Review Board.

Mady Hue, *marilu.hue@cms.hhs.gov*, and Andrea Hazeley, *andrea.hazeley@cms.hhs.gov*, MS–DRG Classifications Issues.

Jennifer Tate, *jennifer.tate@cms.hhs.gov*, Hospital-Acquired Condition Reduction Program—Administration Issues.

Julia Venanzi, *julia.venanzi@cms.hhs.gov*, Hospital Inpatient Quality Reporting Program and Hospital Value-Based Purchasing Program—Administration Issues.

Jennifer Tate, *jennifer.tate@cms.hhs.gov*, PPS-Exempt Cancer Hospital Quality Reporting—Administration Issues.

Ariel Cress, *ariel.cress@cms.hhs.gov* or Lorraine Wickiser, *lorraine.wickiser@cms.hhs.gov*, Long-Term Care Hospital Quality Reporting Program—Administration Issues.

Jessica Warren, *jessica.warren@cms.hhs.gov* and Elizabeth Holland, *elizabeth.holland@cms.hhs.gov*, Medicare Promoting Interoperability Program.

SUPPLEMENTARY INFORMATION:

I. Background

In FR Doc. 2024–07567 of August 28, 2024 (89 FR 68986), there were a number of typographical and technical errors that are identified and corrected in this correcting document. The corrections in this correcting document are applicable to discharges occurring on or after October 1, 2024, as if they had been included in the document that appeared in the August 28, 2024 **Federal Register**.

II. Summary of Errors

A. Summary of Error in the Dates Section

On page 68986, we are correcting technical errors in our discussion of the regulatory provisions that are effective November 1, 2024.

B. Summary of Errors in the Preamble

On pages 69060 and 69095, in our discussion of the Change to Specific Medicare Severity Diagnosis-Related Group (MS–DRG) Classifications, we are correcting several inadvertent typographical errors.

Under our methodologies as finalized in the FY 2025 IPPS/LTCH PPS final rule, we exclude hospitals that have subsequently converted to rural emergency hospitals (REHs) from certain data and calculations used in the IPPS ratesetting. Specifically, we stated that we exclude REHs, including hospitals that subsequently became REHs after the period from which the data were taken for purposes of developing the MS–DRG relative weights for FY 2025 (89 FR 69109) and from the calculation of the standardized amount (89 FR 69942). In addition, we

stated that any hospital that is designated as a REH by 7 days prior to the publication of the preliminary wage index public use file (PUF) is excluded from the calculation of the wage index. We inadvertently treated a current IPPS hospital as a hospital that had converted to REH status, thereby erroneously excluding its data from the MS–DRG relative weight calculation and the wage index (CMS Certification Number (CCN) 260163). Therefore, we restored the applicable data for this hospital for these and other ratesetting calculations, as discussed further in section II.D. of this correcting document.

We are correcting an error in the version 42 MS–DRG assignment for some cases in the historical claims data in the FY 2023 MedPAR files used in the ratesetting for the FY 2025 IPPS/LTCH PPS final rule, which resulted in inadvertent errors in the MS–DRG relative weights. (We note this error did not change the associated average length-of-stay (LOS) for the impacted DRGs.) Additionally, the version 42 MS–DRG assignment and relative weights are used when determining total payments for purposes of all of the budget neutrality factors and the final outlier threshold. Therefore, the corrections to the MS–DRG assignment under the version 42 GROUPEE for some cases in the historical claims data in the FY 2023 MedPAR files (along with the restoration of the data for CCN 260163 as discussed previously) and the conforming recalculation of the relative weights directly affected the calculation of total payments and required the recalculation of all the budget neutrality factors and the final outlier threshold.

On page 69109, we are correcting the number of Medicare discharges from IPPS providers in the FY 2023 MedPAR file used in calculating the relative weights for FY 2025 due to the correction of the number of hospitals with REH status.

On page 69113, we are correcting the normalization adjustment factor used in calculating the relative weights for FY 2025 due to the correction of the number of hospitals with REH status, the error in the version 42 MS–DRG assignment for some cases in the historical claims data, and the conforming changes to the relative weights.

On page 69268, we are correcting the total number of hospitals that were removed from the FY 2025 IPPS wage index due to conversion to REH status and making a corresponding correction to the number of hospitals’ wage data used to calculate the FY 2025 wage index.