

EPA-APPROVED REGULATIONS IN THE WEST VIRGINIA SIP

State citation [Chapter 16–20 or 45 CSR]	Title/subject	State effective date	EPA approval date	Additional explanation/ citation at 40 CFR 52.2565
*	*	*	*	*
[45 CSR] Series 8 Ambient Air Quality Standards				
45–8–1	General	6/1/12	10/29/12	Filing and effective dates are re-
			[Insert page number where the document begins].	vised.
45–8–2	Definitions	6/1/12.	10/29/12.	
			[Insert page number where the document begins].	
45–8–3	Adoption of Standards	6/1/12	10/29/12	Effective date is revised.
			[Insert page number where the document begins].	
45–8–4	Inconsistency Between Rules	6/1/12	10/29/12.	
			[Insert page number where the document begins].	
*	*	*	*	*

[FR Doc. 2012–26390 Filed 10–26–12; 8:45 am]

BILLING CODE 6560–50–P

**DEPARTMENT OF HEALTH AND
HUMAN SERVICES****Centers for Medicare & Medicaid
Services****42 CFR Parts 412, 413, 424, and 476****[CMS–1588–CN3]****RIN 0938–AR12****Medicare Program; Hospital Inpatient
Prospective Payment Systems for
Acute Care Hospitals and the Long
Term Care Hospital Prospective
Payment System and Fiscal Year 2013
Rates; Hospitals' Resident Caps for
Graduate Medical Education Payment
Purposes; Quality Reporting
Requirements for Specific Providers
and for Ambulatory Surgical Centers;
Corrections****AGENCY:** Centers for Medicare &
Medicaid Services (CMS), HHS.**ACTION:** Final rule; correction.

SUMMARY: This document corrects technical errors that appeared in the final rule that appeared in the August 31, 2012 **Federal Register** entitled “Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long Term Care Hospital Prospective Payment System and Fiscal Year 2013 Rates; Hospitals' Resident Caps for Graduate Medical Education Payment Purposes; Quality Reporting Requirements for Specific

Providers and for Ambulatory Surgical Centers.”

DATES: *Effective Date:* October 26, 2012.
FOR FURTHER INFORMATION CONTACT: Tzvi Hefter, (410) 786–4487.

SUPPLEMENTARY INFORMATION:**I. Background**

In FR Doc. 2012–19079 of August 31, 2012 (77 FR 53258) (hereinafter referred to as the FY 2013 IPPS/LTCH PPS final rule), there were technical and typographical errors that are identified and corrected in the Correction of Errors section of this correcting document. We note that in the October 3, 2012 **Federal Register** (77 FR 60315), we corrected a number of the errors in the FY 2013 IPPS/LTCH PPS final rule including an error in the table regarding the final performance standards for the FY 2015 Hospital Value-Based Purchasing (HVBP) program. (For more detailed information, see sections II.A. and IV.A.11. of the October 3, 2012 correcting document).

II. Summary of Errors*A. Errors in the Preamble*

On pages 53601 and 53602, we have determined that there were also errors in the achievement thresholds and benchmark values presented in the Clinical Process of Care measures section of the final performance standards for the FY 2015 HVBP Program table. The omission of the label for the HF–1 measure resulted in the performance standards for all subsequent measures being shifted up one line each. The table now reflects the corrections for all finalized Clinical Process of Care measures.

B. Errors in the Addendum

On page 53695, we made typographical errors in the charge inflation factor for the FY 2013 IPPS outlier threshold.

**III. Waiver of Proposed Rulemaking
and Delay of 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)). 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. 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.

In our view, this correcting document does not constitute a rule that would be subject to the APA notice and comment or delayed effective date requirements. This correcting document corrects technical and typographical errors in the preamble and addendum, 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 preamble and addendum, accurately reflects the policies adopted in that final rule.

In addition, even if this were a rule to which the notice and comment 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. Furthermore, such procedures would be unnecessary, as we are not altering the policies that were already subject to comment and finalized in our final rule. Therefore, we believe we have good cause to waive the notice and comment and effective date requirements.

IV. Correction of Errors

In FR Doc. 2012–19079 of August 31, 2012 (77 FR 53258), make the following corrections:

CLINICAL PROCESS OF CARE MEASURES

Measure ID	Description	Achievement threshold	Benchmark
AMI–7a	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	0.80000	1.00000
AMI–8a	Primary PCI Received Within 90 Minutes of Hospital Arrival	0.95349	1.00000
HF–1	Discharge Instructions	0.94118	1.00000
PN–3b	Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital.	0.97783	1.00000
PN–6	Initial Antibiotic Selection for CAP in Immunocompetent Patient	0.95918	1.00000
SCIP–Card–2 ...	Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period.	0.97175	1.00000
SCIP–Inf–1	Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision	0.98639	1.00000
SCIP–Inf–2	Prophylactic Antibiotic Selection for Surgical Patients	0.98637	1.00000
SCIP–Inf–3	Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time	0.97494	1.00000
SCIP–Inf–4	Cardiac Surgery Patients With Controlled 6AM Postoperative Serum Glucose	0.95798	0.99767
SCIP–Inf–9	Urinary Catheter Removed on Postoperative Day 1 or Postoperative Day 2	0.94891	0.99991
SCIP–VTE–2 ...	Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxes Within 24 Hours Prior to Surgery to 24 Hours After Surgery.	0.97403	0.99998

B. Correct of Errors in the Addendum

1. On page 53695, third column, first paragraph, line 2, the figures “8.94 percent (1.0866203)” are corrected to read “8.66 percent (1.0866203)”.

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

Dated: October 18, 2012.

Oliver Potts,

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

[FR Doc. 2012–26505 Filed 10–26–12; 8:45 am]

BILLING CODE 4120–01–P

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

48 CFR Part 1812

RIN 2700–AD64

Commercial Acquisition; Anchor Tenancy

AGENCY: National Aeronautics and Space Administration.

ACTION: Final rule.

SUMMARY: NASA has adopted as final, with minor changes, a proposed rule amending the NASA FAR Supplement (NFS) to include authority, under limited conditions, to issue Anchor Tenancy contracts. Anchor Tenancy means “an arrangement in which the United States Government agrees to procure sufficient quantities of a commercial space product or service needed to meet Government mission requirements so that a commercial venture is made viable.”

DATES: *Effective Date:* November 28, 2012.

FOR FURTHER INFORMATION CONTACT:

Leigh Pomponio, NASA, Office of Procurement, Contract Management Division (Suite 5G84); (202) 358–0592; email: leigh.pomponio@nasa.gov.

SUPPLEMENTARY INFORMATION:

A. Background

NASA published a proposed rule in the **Federal Register** at 76 FR 30301 on May 25, 2011. NASA’s Federal Acquisition Regulation Supplement (NFS) currently contains an inaccurate prohibition on anchor tenancy contracts. The prohibition is included in the NFS based on The Space Act, as amended by NASA’s FY 1992 Appropriations Act (42 U.S.C. 2459d).

A. Corrections of Errors in the Preamble

1. On pages 53601 and 53602, the table entitled “FINAL PERFORMANCE STANDARDS FOR THE FY 2015 HOSPITAL VBP PROGRAM CLINICAL PROCESS OF CARE, OUTCOME, AND EFFICIENCY DOMAINS,” the entries for the clinical process of care measures are corrected as follows:

The NFS states no appropriated funds may be used to enter into contracts, grants, or other agreements for more than 1 year if the primary effect is to provide a guaranteed customer base for or establish an anchor tenancy in new commercial space hardware or services unless an appropriations Act specifies the new commercial space hardware or services to be developed/used or the contract, grant, or agreement is specified in an appropriations Act. However, subsequent to the prohibition, as part of NASA’s FY 1993 Authorization Act, 15 U.S.C. 5806 was added to the Commercial Space Competitiveness Act (CSCA). The latter statute includes limited authority for NASA to enter into multi-year anchor tenancy contracts for the purchase of a good or service if the Agency receives an appropriation that (1) authorizes a multi-year anchor tenancy contract and (2) specifies the commercial space product or service to be developed or used. Furthermore, the NASA Administrator would be required to make a determination that addresses the following six criteria:

- (1) The good or service meets the mission requirements of NASA;
- (2) The commercially procured good or service is cost effective;