brings new details to light and the accuracy of such information can often only be determined in a court of law. The restrictions imposed by subsection (e)(5) would restrict the ability of trained investigators, intelligence analysts, and government attorneys to exercise their judgment in collating and analyzing information and would impede the development of criminal or other intelligence necessary for effective law enforcement.

(11) From subsection (e)(8) because the individual notice requirements of subsection (e)(8) could present a serious impediment to law enforcement by revealing investigative techniques, procedures, evidence, or interest and interfering with the ability to issue warrants or subpoenas, and could give persons sufficient warning to evade investigative efforts.

(12) From subsections (f) and (g) because these subsections are inapplicable to the extent that the system is exempt from other specific subsections of the Privacy Act.

Dated: May 28, 2009.

Kirsten J. Moncada,

Acting Chief Privacy and Civil Liberties Officer.

[FR Doc. E9–12859 Filed 6–2–09; 8:45 am]

BILLING CODE 4410–14–P

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 52

[EPA–R09–OAR–2009–0314; FRL–8906–2]

Revisions to the California State Implementation Plan, San Diego Air Pollution Control District

AGENCY: Environmental Protection Agency (EPA).

ACTION: Proposed rule.

SUMMARY: EPA is proposing to approve revisions to the San Diego Air Pollution Control District (SDAPCD) portion of the California State Implementation Plan (SIP). The revisions concern the permitting of air pollution sources. We are proposing to approve SDAPCD Rule 27.1—Federal Requirements for the San Diego County Air Pollution Control District's Alternative Mobile Source Emission Reduction Program Approved on September 8, 2000, which is a local rule that regulates air pollution sources under the Clean Air Act as amended in 1990 (CAA or the Act).

DATES: Any comments on this proposal must arrive by July 6, 2009.

ADDRESSES: Submit comments, identified by docket number EPA–R09–OAR–2009–0314, by one of the following methods:

- *Federal eRulemaking Portal: www.regulations.gov.* Follow the on-line instructions.
- *E-mail: R9airpermits@epa.gov.*
- *Mail or deliver:* Gerardo Rios (Air-3), U.S. Environmental Protection Agency Region IX, 75 Hawthorne Street, San Francisco, CA 94105.

Instructions: All comments will be included in the public docket without change and may be made available online at *www.regulations.gov,* including any personal information provided, unless the comment includes Confidential Business Information (CBI) or other information whose disclosure is restricted by statute. Information that you consider CBI or otherwise protected should be clearly identified as such and should not be submitted through *www.regulations.gov* or e-mail. *www.regulations.gov* is an ''anonymous access'' system, and EPA will not know your identity or contact information unless you provide it in the body of your comment. If you send e-mail directly to EPA, your e-mail address will be automatically captured and included as part of the public comment. If EPA cannot read your comment due to technical difficulties and cannot contact you for clarification, EPA may not be able to consider your comment.

Docket: The index to the docket for this action is available electronically at *www.regulations.gov* and in hard copy at EPA Region IX, 75 Hawthorne Street, San Francisco, California. While all documents in the docket are listed in the index, some information may be publicly available only at the hard copy location (*e.g.,* copyrighted material), and some may not be publicly available in either location (*e.g.,* CBI). To inspect the hard copy materials, please schedule an appointment during normal business hours with the contact listed in the **FOR FURTHER INFORMATION CONTACT** section below.

FOR FURTHER INFORMATION CONTACT: Shaheerah Kelly, Permits Office (AIR–3), U.S. Environmental Protection Agency, Region IX, (415) 947–4156, *kelly.shaheerah@epa.gov.*

SUPPLEMENTARY INFORMATION: This proposal addresses the following local rule: Rule 27.1—Federal Requirements for the San Diego County Air Pollution Control District's Alternative Mobile Source Emission Reduction Program Approved on September 8, 2000. In the Rules and Regulations section of this **Federal Register,** we are approving this local rule in a direct final action without prior proposal because we believe the SIP revision is not controversial. If we receive adverse comments, however, we will publish a timely withdrawal of the direct final rule and address the comments in subsequent action based on this proposed rule. Please note that if we receive adverse comment on an amendment, paragraph, or section of this rule and if that provision may be severed from the remainder of the rule, we may adopt as final those provisions of the rule that are not the subject of an adverse comment.

We do not plan to open a second comment period, so anyone interested in commenting should do so at this time. If we do not receive adverse comments, no further activity is planned. For further information, please see the direct final action.

Dated: May 7, 2009.

Jane Diamond,

Acting Regional Administrator, Region IX.

[FR Doc. E9–12790 Filed 6–2–09; 8:45 am]

BILLING CODE 6560–50–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Part 412

[CMS–1406–P2]

RIN 0938–AP39

Medicare Program; Proposed Rate Year (RY) 2010 Medicare Severity-Long-Term Care Diagnosis-Related Group (MS–LTC–DRG) Relative Weights and High-Cost Outlier Fixed-Loss Amount

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

ACTION: Proposed rule; supplemental.

SUMMARY: This supplemental proposed rule presents both proposed rate year (RY) 2010 Medicare severity-long-term care diagnosis-related group (MS–LTC–DRG) relative weights and a proposed RY 2010 high cost outlier (HCO) fixed-loss amount based on the revised fiscal year (FY) 2009 MS–LTC–DRG relative weights presented in an interim final rule with comment period published elsewhere in this **Federal Register**.

DATES: To be assured consideration, comments must be received at one of the addresses provided below, no later than 5 p.m. on June 30, 2009.

ADDRESSES: In commenting, please refer to file code CMS–1406–P2. Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission.

You may submit comments in one of four ways (please choose only one of the ways listed):

1. *Electronically.* You may submit electronic comments on this regulation to *http://www.regulations.gov.* Follow the instructions under the ''More Search Options'' tab.

2. *By regular mail.* You may mail written comments to the following address only: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–1406–P2, P.O. Box 8011, Baltimore, MD 21244–8011.

Please allow sufficient time for mailed comments to be received before the close of the comment period.

3. *By express or overnight mail.* You may send written comments to the following address only: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–1406–P2, Mail Stop C4–26–05, 7500 Security Boulevard, Baltimore, MD 21244–1850.

4. *By hand or courier.* If you prefer, you may deliver (by hand or courier) your written comments before the close of the comment period to either of the following addresses: a. For delivery in Washington, DC—Centers for Medicare & Medicaid Services, Department of Health and Human Services, Room 445–G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201.

(Because access to the interior of the Hubert H. Humphrey Building is not readily available to persons without Federal government identification, commenters are encouraged to leave their comments in the CMS drop slots located in the main lobby of the building. A stamp-in clock is available for persons wishing to retain a proof of filing by stamping in and retaining an extra copy of the comments being filed.)

b. For delivery in Baltimore, MD—Centers for Medicare & Medicaid Services, Department of Health and Human Services, 7500 Security Boulevard, Baltimore, MD 21244–1850.

If you intend to deliver your comments to the Baltimore address, please call telephone number (410) 786–7195 in advance to schedule your arrival with one of our staff members.

Comments mailed to the addresses indicated as appropriate for hand or courier delivery may be delayed and received after the comment period.

For information on viewing public comments, see the beginning of the **SUPPLEMENTARY INFORMATION** section.

FOR FURTHER INFORMATION CONTACT: Tzvi Hefter, (410) 786–4487.

SUPPLEMENTARY INFORMATION: *Inspection of Public Comments:* All comments received before the close of the comment period are available for viewing by the public, including any personally identifiable or confidential business information that is included in a comment. We post all comments received before the close of the comment period on the following Web site as soon as possible after they have been received: *http://www.regulations.gov.* Follow the search instructions on that Web site to view public comments.

Comments received timely will also be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, at the headquarters of the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland 21244, Monday through Friday of each week from 8:30 a.m. to 4 p.m. To schedule an appointment to view public comments, phone 1–800–743–3951.

I. Background

A. Legislative and Regulatory Authority

Section 123 of the Medicare, Medicaid, and SCHIP (State Children's Health Insurance Program) Balanced Budget Refinement Act of 1999 (BBRA) (Pub. L. 106–113) as amended by section 307(b) of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA) (Pub. L. 106–554) provides for payment for both the operating and capital-related costs of hospital inpatient stays in long-term care hospitals (LTCHs) under Medicare Part A based on prospectively set rates. The Medicare prospective payment system (PPS) for LTCHs applies to hospitals that are described in section 1886(d)(1)(B)(iv) of the Social Security Act (the Act), effective for cost reporting periods beginning on or after October 1, 2002.

In the August 30, 2002 (67 FR 55954) **Federal Register**, we issued a final rule that implemented the LTCH PPS authorized under the BBRA and BIPA. The same final rule established regulations for the LTCH PPS under 42 CFR Part 412, Subpart O. This system currently uses information from LTCH patient records to classify patients into distinct Medicare Severity-long-term care diagnosis-related groups (MS–LTC–DRGs) based on clinical characteristics and expected resource needs. Payments are calculated for each MS–LTC–DRG and provisions are made for appropriate payment adjustments. Payment rates under the LTCH PPS are updated annually and published in the **Federal Register**. We refer readers to the August 30, 2002 (67 FR 55954) final rule for a comprehensive discussion of the research and data that supported the establishment of the LTCH PPS.

B. Annual Updates to the LTCH PPS

For RYs 2004 through 2009, annual payment rate update and policy changes under the LTCH PPS were effective beginning on July 1 of each year (RY 2009 is the 15-month rate period July 1, 2008 through September 30, 2009 (see § 412.503)). However, the annual update of the LTC–DRG (and, beginning in FY 2008, the MS–LTC–DRG) classifications and relative weights for LTCHs are linked to the annual update of the acute care hospital inpatient prospective payment system (IPPS) DRGs and are effective each October 1.

The most recent annual update to the payment rates and policy changes under the LTCH PPS was established in the RY 2009 LTCH PPS final rule (73 FR 26788 through 26874), and is currently effective for the 15-month rate year of July 1, 2008 through September 30, 2009. The most recent annual update to the MS–LTC–DRGs was established in the FY 2009 IPPS final rule (73 FR 48528 through 48551), and is currently effective October 1, 2008 through September 30, 2009. In an interim final rule with comment period published elsewhere in this **Federal Register**, we revised the FY 2009 MS–LTC–DRG relative weights. The revised FY 2009 MS–LTC–DRG relative weights are effective for the remainder of FY 2009 (that is, from June 3, 2009 through September 30, 2009).

Beginning October 1, 2009, the annual updates to the LTCH PPS rates, and factors, including the MS–LTC–DRG relative weights, and other payment policy changes are effective on October 1. The proposed changes to the LTCH PPS payment rates, factors, and other payment policies under the LTCH PPS for RY 2010, including the proposed standard federal rate, proposed MS–LTC–DRG relative weights and proposed high cost outlier fixed-loss amount, are presented in the proposed rule entitled ''Medicare Program; Proposed Changes to the Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and Fiscal Year 2010 Rates and to the Long-Term Care Hospital Prospective Payment System and Rate Year 2010 Rates'' issued in the May 22, 2009 **Federal Register** (74 FR 24080) and hereinafter referred to as the FY 2010 IPPS and RY 2010 LTCH PPS proposed rule. These proposed changes would be applicable to LTCH PPS discharges occurring on or after October 1, 2009.

II. Provisions of the Proposed Regulations

A. Proposed RY 2010 MS–LTC–DRG Relative Weights

Beginning with the FY 2008 update, we established a budget neutral requirement for the annual update to the MS–LTC–DRG classifications and relative weights at 42 CFR 412.517(b) (in conjunction with § 412.503), such that estimated aggregate LTCH PPS payments would be unaffected, that is, would be neither greater than nor less than the estimated aggregate LTCH PPS payments that would have been made without the classification and relative weight changes. (See the May 11, 2007 LTCH PPS final rule (72 FR 26882 through 26884).)

Consistent with § 412.517(b), we apply a two-step budget neutrality methodology, which is based on the current year MS–LTC–DRG classifications and relative weights. (For additional information on the established two-step budget neutrality methodology, refer to the FY 2008 IPPS final rule (72 FR 47295 through 47296).) Thus, the annual update to the MS–LTC–DRG classifications and relative weights for RY 2010 will be based on the FY 2009 MS–LTC–DRG classifications and relative weights. In the FY 2010 IPPS and LTCH PPS proposed rule (74 FR 24218 through 24227), we proposed RY 2010 MS–LTC–DRG relative weights based on the FY 2009 MS–LTC–DRG relative weights published in the FY 2009 IPPS final rule (73 FR 48528 through 48551 and 49041 through 49062). In an interim final rule with comment period published elsewhere in this **Federal Register**, we have revised the published FY 2009 MS–LTC–DRG relative weights based on the appropriate application of the FY 2009 budget neutrality factor determined consistent with our established methodology.

Based on the revised FY 2009 MS–LTC–DRG relative weights published in an interim final rule with comment period published elsewhere in this **Federal Register**, we are proposing budget neutral RY 2010 MS–LTC DRG relative weights in this supplemental proposed rule.

Specifically, we are proposing to apply the same two-step budget neutrality methodology described in the FY 2010 IPPS and RY 2010 LTCH PPS proposed rule (74 FR 24226 through 24227), which involves calculating and applying a proposed normalization factor and a proposed budget neutrality factor to determine proposed budget neutral MS–LTC DRG relative weights for RY 2010. These proposed RY 2010 MS–LTC–DRG relative weights, which would be effective for LTCH PPS discharges occurring on after October 1, 2009 through September 30, 2010, are shown in Table 11 (Amended) of this supplemental proposed rule. We recalibrated the MS–LTC–DRG relative weights using FY 2008 LTCH claims data from the December 2008 update of the MedPAR files, as described in section VIII.B.3. of the preamble of the FY 2010 IPPS and RY 2010 LTCH PPS proposed rule (74 FR 24218 through 24226). After recalibration, we applied our two-step budget neutrality methodology. First we calculated a proposed normalization factor of 1.07264 using the following steps: (1) We used the most recent available LTCH claims data (FY 2008) and grouped them using the proposed RY 2010 GROUPER (Version 27.0) and the proposed recalibrated RY 2010 MS–LTC–DRG relative weights to calculate the average case-mix index (CMI); (2) we grouped the same LTCH claims data (FY 2008) using the FY 2009 GROUPER (Version 26.0) and the revised FY 2009 MS–LTC–DRG relative weights shown in Table 11 of the interim final rule with comment period published elsewhere in this **Federal Register** to calculate the average CMI; and (3) we computed the ratio of these average CMIs by dividing the average CMI for FY 2009 (determined in Step 2) by the average CMI for RY 2010 (determined in Step 1). In determining the proposed RY 2010 MS–LTC–DRG relative weights, each recalibrated proposed MS–LTC–DRG relative weight is multiplied by 1.07264 in the first step of the proposed budget neutrality process to produce proposed RY 2010 ''normalized relative weights.''

In the second step of the proposed RY 2010 budget neutrality methodology, we determined a proposed budget neutrality factor of 0.993343 using the following steps: (1) We simulated estimated total RY 2010 LTCH PPS payments using the proposed RY 2010 MS–LTC–DRG classifications (proposed GROUPER Version 27.0) and the proposed normalized RY 2010 MS–LTC–DRG relative weights; (2) we simulated estimated total RY 2009 LTCH PPS payments using the FY 2009 GROUPER (Version 26.0) and the revised FY 2009 MS–LTC–DRG relative weights shown in Table 11 of the interim final rule with comment period published elsewhere in this **Federal Register**; and (3) we calculated the ratio of these simulated estimated total LTCH PPS payments by dividing the estimated total RY 2009 LTCH PPS payments using the FY 2009 GROUPER and revised FY 2009 MS–LTC–DRG relative weights (determined in Step 2) by the estimated total RY 2010 LTCH PPS payments using the proposed RY 2010 GROUPER and the proposed RY 2010 normalized MS–LTC–DRG relative weights (determined in Step 1). Then, each of the proposed RY 2010 normalized relative weights is multiplied by the proposed RY 2010 budget neutrality adjustment factor of 0.993343 to determine the proposed budget neutral RY 2010 relative weight for each proposed MS–LTC–DRG.

The proposed RY 2010 MS–LTC–DRG relative weights, that would be effective for LTCH PPS discharges occurring on after October 1, 2009 through September 30, 2010, are shown in Table 11 (Amended) of this supplemental proposed rule. These proposed RY 2010 MS–LTC–DRG relative weights reflect the application of the proposed RY 2010 normalization factor of 1.07264 and the proposed RY 2010 budget neutrality factor 0.993343. (For the convenience of the reader, in addition to the proposed budget neutral RY 2010 MS–LTC–DRG relative weights, Table 11 (Amended) also includes the proposed geometric mean length of stay and five-sixths of the geometric mean length of stay (Short-Stay Outlier (SSO) Threshold for payments under § 412.529) for each proposed MS–LTC–DRG for RY 2010.) The proposed RY 2010 MS–LTC–DRG relative weights do not affect the calculation of the geometric mean length of stay and the SSO threshold for RY 2010 that were presented in Table 11 of the FY 2010 IPPS and RY 2010 LTCH PPS proposed rule (74FR 24589 through 24608).

B. Proposed RY 2010 High Cost Outlier Fixed-Loss Amount

In the FY 2010 IPPS and RY 2010 LTCH PPS proposed rule (74 FR 24268 through 24269), we proposed a high cost outlier (HCO) fixed-loss amount of $16,059 for RY 2010 to maintain that total estimated HCO payments are projected to equal 8 percent of total estimated payments under the LTCH PPS as required under § 412.523(d)(1). This proposed HCO fixed-loss amount of $16,059 for RY 2010 was calculated based in part on the proposed RY 2010 MS–LTC–DRG relative weights presented in Table 11 of that same proposed rule (74 FR 24589 through 24608). Because the estimated payment for most LTCH PPS cases, including any applicable HCO payment, is based in-part on the proposed relative weight of the MS–LTC–DRG presented, in this supplemental proposed rule, we have determined based on the proposed RY 2010 MS–LTC–DRG relative weights presented in Table 11 (Amended) of this

supplemental proposed rule, a proposed fixed-loss amount of $18,868 for RY 2010, which would maintain that total estimated HCO payments are projected to equal 8 percent of total estimated payments under the LTCH PPS in RY 2010.

To determine the proposed fixed-loss amount for RY 2010 for this supplemental proposed rule, we are proposing to use the same proposed methodology used to calculate the proposed RY 2010 fixed-loss amount in the FY 2010 IPPS and RY 2010 LTCH PPS proposed rule (74 FR 24268). Specifically, we propose to use LTCH claims data from the December 2008 update of the FY 2008 MedPAR files and cost-to-charge (CCRs) from the December 2008 update of the provider-specific file (PSF) to calculate the proposed RY 2010 fixed-loss amount. Furthermore, we propose to calculate the proposed RY 2010 fixed-loss amount using the MS–LTC–DRG classifications and relative weights from the version of the GROUPER that will be in effect as of the beginning of RY 2010 (October 1, 2009), that is, proposed Version 27.0 of the GROUPER and the proposed RY 2010 MS–LTC–DRG relative weights presented in Table 11 (Amended) of this supplemental proposed rule.

Applying the proposed methodology described above, we have determined that a proposed RY 2010 fixed-loss amount of $18,868 would result in estimated HCO payments equal to 8 percent of estimated total LTCH PPS payments, as required under § 412.523(d)(1), for LTCH PPS discharges occurring during RY 2010. Therefore, in this supplemental proposed rule, under the broad authority of section 123(a)(1) of the BBRA and section 307(b)(1) of BIPA, we are proposing a fixed-loss amount for RY 2010 of $18,868. The proposed RY 2010 fixed-loss amount of $18,868 would be effective for LTCH PPS discharges occurring on October 1, 2009 through September 30, 2010. Thus, for RY 2010, we would propose to pay a HCO case 80 percent of the difference between the estimated cost of the case and the proposed outlier threshold (the sum of the proposed adjusted Federal LTCH payment for the discharge and the proposed fixed-loss amount of $18,868).

As we proposed in the FY 2010 IPPS and RY 2010 LTCH PPS proposed rule and consistent with our historical practice of using the most recent data available, we are proposing in this supplemental proposed rule that if more recent LTCH data become available, we will use them for determining the fixed-loss amount for RY 2010 in the final rule.

III. Waiver of 60-Day Comment Period

We ordinarily publish a notice of proposed rulemaking in the **Federal Register** and permit a 60-day comment period, as provided in section 1871(b)(1) of the Act. This period, however, may be shortened, as provided under section 1871(b)(2)(C), when the Secretary finds good cause that a 60-day comment period would be impracticable, unnecessary, or contrary to the public interest and incorporates a statement of the finding and its reasons in the rule issued. For this supplemental proposed rule, we are waiving the 60-day comment period for good cause and allowing a comment period that coincides with the comment period provided for on the FY 2010 IPPS and RY 2010 LTCH PPS proposed rule (74 FR 24080).

Ordinarily, we begin our preparations for issuing an LTCH PPS proposed rule early so that our proposals may be on public display by May 1 of that year. This schedule allows for a 60-day comment period closing within a sufficient amount of time to also allow for a 1- to 2-month period to consider all comments received and appropriately respond to them. In this case, elsewhere in this **Federal Register** an interim final rule with public comment is issued that provides for revised FY 2009 MS–LTC–DRG relative weights. The revised MS–LTC–DRG relative weights affect some of the proposals contained in the FY 2010 IPPS and RY 2010 LTCH PPS proposed rule, which went on display on May 1, 2009, and was published in the **Federal Register** on May 22, 2009. Therefore, we need to immediately replace those affected proposals. A 60-day comment period on this supplemental proposed rule would be both impracticable and contrary to the public interest because it would not allow for coordinated consideration of the comments on this supplemental proposed rule with those on the FY 2010 IPPS and RY 2010 LTCH PPS proposed rule. Because the issues raised in this supplemental proposed rule are integral to our consideration of comments on certain proposals in the FY 2010 IPPS and RY 2010 LTCH PPS proposed rule, we do not believe it would be appropriate to review comments on the issues raised in this supplemental proposed rule in isolation from the comments received on the FY 2010 IPPS and RY 2010 LTCH PPS proposed rule. We further note that a full 60-day comment period would end on a date that would not allow the agency sufficient time to process the comments and respond to them in a meaningful manner by the August 1, 2009 date for issuing the final rule. Timely filed comments would receive a shorter period of time for consideration by the agency, and the agency would be left with insufficient time to properly respond to comments and appropriately resolve whether any of the proposed policies should be modified in light of comments received. For all of these reasons, we find good cause to waive the 60-day comment period for this rule of proposed rulemaking, and we are instead providing for a comment period that coincides with the comment period provided for on the FY 2010 IPPS and RY 2010 LTCH PPS proposed rule (74 FR 24080).

IV. Collection of Information Requirements

This document does not impose information collection and recordkeeping requirements. Consequently, it need not be reviewed by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35).

V. Response to Comments

Because of the large number of public comments we normally receive on **Federal Register** documents, we are not able to acknowledge or respond to them individually. We will consider all comments we receive by the date and time specified in the **DATES** section of this preamble, and, when we proceed with a subsequent document, we will respond to the comments in the preamble to that document.

VI. Regulatory Impact Analysis

A. Introduction and Overall Impact

In this section of this supplemental proposed rule, we discuss the impact of these proposed RY 2010 MS–LTC–DRG relative weights and proposed RY 2010 HCO threshold presented in the preamble of this supplemental proposed rule and the proposed rates, factors and policies presented in the FY 2010 IPPS and RY 2010 LTCH PPS proposed rule, in terms of their estimated fiscal impact on the Medicare budget and on LTCHs. We note that this impact analysis replaces the analysis included in the FY 2010 IPPS and RY 2010 LTCH PPS proposed rule (74 FR 24079). As discussed in the interim final rule with comment period published elsewhere in this **Federal Register**, we are revising the FY 2009 MS–LTC–DRG relative weights. This prospective revision to the FY 2009 MS–LTC–DRG relative weights affects the determination of the proposed RY 2010 MS–LTC–DRG relative weights. The FY 2009 MS–LTC–

DRG relative weights (73 FR 48528 through 48552) were the basis for determining the proposed normalization factor and proposed budget neutrality factor that were applied in determining the proposed RY 2010 MS–LTC–DRG relative weights presented in the FY 2010 IPPS and RY 2010 LTCH PPS proposed rule (74 FR 24079). Consequently, based on this revision to the FY 2009 MS–LTC–DRG relative weights issued in an interim rule with comment period published elsewhere in this **Federal Register**, we are proposing budget neutral MS–LTC–DRG relative weights for RY 2010 and a HCO fixed loss amount for RY 2010 in this supplemental proposed rule.

We have examined the impacts of this rule as required by Executive Order 12866 on Regulatory Planning and Review (September 30, 1993, as further amended), the Regulatory Flexibility Act (RFA) (September 19, 1980, Pub. L. 96–354), section 1102(b) of the Social Security Act, section 202 of the Unfunded Mandates Reform Act of 1995 (Pub. L. 104–4), Executive Order 13132 on Federalism (August 4, 1999), and the Congressional Review Act (5 U.S.C. 804(2)).

Executive Order 12866 directs agencies to assess all costs and benefits of available regulatory alternatives and, if regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety effects, distributive impacts, and equity). A regulatory impact analysis (RIA) must be prepared for major rules with economically significant effects ($100 million or more in any 1 year). Based on the 399 LTCHs in our database, we estimate RY 2009 LTCH PPS payments based on the FY 2009 MS–LTC–DRG relative weights issued in an interim final rule with comment period published elsewhere in this **Federal Register**, to be approximately $4.634 billion and RY 2010 LTCH PPS payments to be approximately $4.735 billion.

The RFA requires agencies to analyze options for regulatory relief of small businesses. For purposes of the RFA, small entities include small businesses, nonprofit organizations, and small government jurisdictions. Most hospitals and most other providers and suppliers are considered to be small entities, either by being nonprofit organizations or by meeting the Small Business Administration definition of a small business (having revenues of $34.5 million or less in any 1 year). (For details on the latest standards for health care providers, we refer readers to the Table of Small Business Size Standards for NAIC 622 found on the Small Business Administration Office of Size Standards Web site at: *http://www.sba.gov/contractingopportunities/officials/size/GC-SMALL-BUS-SIZE-STANDARDS.html*.) For purposes of the RFA, all hospitals and other providers and suppliers are considered to be small entities. Individuals and States are not included in the definition of a small entity. Because we lack data on individual hospital receipts, we cannot determine the number of small proprietary LTCHs. Therefore, we are assuming that all LTCHs are considered small entities for the purpose of this analysis. Because we acknowledge that many of the affected entities are small entities, the analysis discussed throughout the preamble of this supplemental proposed rule constitutes our proposed regulatory flexibility analysis. Therefore, we are soliciting public comments on our estimates and analysis of the impact of this supplemental proposed rule on those small entities.

In addition, section 1102(b) of the Act requires us to prepare a regulatory impact analysis for any proposed or final rule that may have a significant impact on the operations of a substantial number of small rural hospitals. This analysis must conform to the provisions of section 603 of the RFA. With the exception of hospitals located in certain New England counties, for purposes of section 1102(b) of the Act, we now define a small rural hospital as a hospital that is located outside of an urban area and has fewer than 100 beds. Section 601(g) of the Social Security Amendments of 1983 (Pub. L. 98–21) designated hospitals in certain New England counties as belonging to the adjacent urban area. Thus, for purposes of the LTCH PPS, we continue to classify these hospitals as urban hospitals.

Section 202 of the Unfunded Mandates Reform Act of 1995 (Pub. L. 104–4) also requires that agencies assess anticipated costs and benefits before issuing any rule whose mandates require spending in any 1 year of $100 million in 1995 dollars, updated annually for inflation. That threshold level is currently approximately $133 million. This supplemental proposed rule will not mandate any requirements for State, local, or tribal governments, nor would it affect private sector costs.

Executive Order 13132 establishes certain requirements that an agency must meet when it promulgates a proposed rule (and subsequent final rule) that imposes substantial direct requirement costs on State and local governments, preempts State law, or otherwise has Federalism implications. As stated above, this supplemental proposed rule would not have a substantial effect on State and local governments.

B. General Considerations

In the impact analysis of this supplemental proposed rule, we are using the revised FY 2009 MS–LTC–DRG relative weights as established in an interim final rule with comment period published elsewhere in this **Federal Register** and the rates, factors and policies established in the LTCH PPS RY 2009 final rule (73 FR 26788 through 24881) to estimate payments for the 2009 LTCH PPS rate year. To estimate payments for the RY 2010, we are using the proposed RY 2010 MS–LTC–DRG relative weights and the proposed RY 2010 HCO threshold presented in this supplemental proposed rule, and the proposed rates, factors, and policies presented in the FY 2010 IPPS and RY 2010 LTCH PPS proposed rule (74 FR 24079), including proposed updated wage index values the labor-related share, and the best available claims and CCR data. Furthermore, as discussed in section V.A.2. of the Addendum to the FY 2010 IPPS and RY 2010 LTCH PPS proposed rule (74 FR 24079), consistent with our historical policy, we have proposed to update the standard Federal rate for RY 2009 by 0.6 percent in order to calculate the proposed RY 2010 standard Federal rate at $39,349.05.

Moreover, in the FY 2010 IPPS and RY 2010 LTCH PPS proposed rule (74 FR 24079), we proposed a HCO threshold of $16,059. As discussed in detail in section II.B. of this supplemental proposed rule, this HCO threshold was calculated based in part on the proposed RY 2010 MS–LTC–DRG relative weights presented in Table 11 of that same proposed rule. Because the estimated payment for most LTCH PPS cases, including any applicable HCO payment, is based in-part on the relative weight of the MS–LTC–DRG, the revision to the proposed RY 2010 MS–LTC–DRG relative weights also affects the proposed HCO threshold for RY 2010. Therefore, in this supplemental proposed rule, we are proposing a HCO fixed-loss amount for RY 2010 of $18,868, based on the proposed RY 2010 MS–LTC–DRG relative weights presented in this supplemental proposed rule, that would maintain that total estimated HCO payments are projected to equal 8 percent of total estimated payments under the LTCH PPS in RY 2010. Currently, our database of 399 LTCHs includes the data for 81 nonprofit (voluntary ownership control)

LTCHs and 267 proprietary LTCHs. Of the remaining 51 LTCHs, 12 LTCHs are government-owned and operated and the ownership type of the other 39 LTCHs is unknown. Based on the best available data for the 399 LTCHs in our database used in the impact analysis for this supplemental proposed rule, we estimate that the proposed update to the standard Federal rate for RY 2010 and the proposed changes to the area wage adjustment for the 2010 LTCH PPS rate year would result in an increase in estimated payments from the 2009 LTCH PPS rate year of approximately $101 million (or about 2.2 percent). That is, based on the 399 LTCHs in our database, we estimate RY 2009 LTCH PPS payments based on the FY 2009 MS–LTC–DRG relative weights issued in an interim final rule with comment period published elsewhere in this **Federal Register** to be approximately $4.634 billion and RY 2010 LTCH PPS payments to be approximately $4.735 billion. We note that the impact analysis in this supplemental proposed rule replaces the impact analysis presented in the proposed rule published on May 22, 2009 in which we estimated RY 2009 LTCH PPS payments to be approximately $4.76 billion and RY 2010 LTCH PPS payments to be approximately $4.90 billion, resulting in a projected increase in estimated payments from RY 2009 to RY 2010 of approximately 2.8 percent. Because the combined distributional effects and estimated changes to the Medicare program payments would be greater than $100 million, this proposed rule is considered a major economic rule, as defined in this section.

As Table I shows, the proposed change in the standard Federal rate is projected to result in an increase of 0.5 percent in estimated payments per discharge from RY 2009 to RY 2010, on average, for all LTCHs. As discussed in the FY 2010 IPPS and RY 2010 LTCH PPS proposed rule (74 FR 24079), payments for cost-based SSO cases and a portion of payments for SSO cases that are paid based on the ''blend'' option (that is, SSO cases paid under § 412.529(c)(2)(iv)) are not affected by the proposed update to the standard Federal rate. Accordingly, we estimate that the effect of the proposed 0.6 percent update to the standard Federal rate would result in a 0.5 percent increase (as shown in Column 6 of Table I) on estimated aggregate LTCH PPS payments for all LTCH PPS cases, including SSO cases.

While the effect of the proposed change to the standard Federal rate is projected to increase estimated payments from RY 2009 to RY 2010, the proposed changes to the area wage adjustment from RY 2009 to RY 2010 are expected to result in neither an increase nor a decrease in estimated aggregate LTCH PPS payments from RY 2009 to RY 2010 (Column 7 of Table I).

We note that the overall percent change in estimated LTCH payments from RY 2009 to RY 2010 for all proposed changes (shown in Column 8) cannot be determined by adding the incremental effect of the proposed standard Federal rate (Column 6) and the proposed area wage adjustment changes (Column 7) on estimated aggregate LTCH PPS payments. Each of those two columns are intended to show the isolated impact of the respective change (that is, the proposed change to the standard Federal rate or the proposed change to the area wage adjustment) on estimated payments for RY 2010 as compared to RY 2009. Since, the interactive effects resulting from both the proposed change to the standard Federal rate and the proposed change to the area wage adjustment, as well as estimated changes to HCO and SSO payments, are not reflected in each of these columns the overall percent change in estimated LTCH payments from RY 2009 to RY 2010 for all proposed changes cannot be determined by simply adding Column 6 and Column 7. However, the interactive effects of all proposed changes, including the change in estimated HCO and SSO payments, are reflected in the estimated change in payments for all proposed changes for RY 2010 as compared to RY 2009 (shown in Column 8 of Table I).

Notwithstanding this limitation in comparing the various columns in Table I, the projected increase in payments per discharge from RY 2009 to RY 2010 is 2.2 percent (shown in Column 8). This projected increase in payments is attributable to the proposed impacts of the proposed change to the standard Federal rate (0.5 percent in Column 6), and the proposed change due to the area wage adjustment (0 percent in Column 7), and the effect of the estimated increase in payments for HCO and SSO cases in RY 2010 as compared to RY 2009, as well as interactive effects, as discussed previously. Specifically, estimated total HCO payments are projected to increase from RY 2009 to RY 2010 in order to ensure that estimated HCO payments will be 8 percent of total estimated LTCH PPS payments in RY 2010. As discussed in detail in the IPPS and RY 2010 LTCH PPS proposed rule (74 FR 24079), an analysis of the most recent available LTCH PPS claims data (that is, FY 2008 claims from the December 2008 update of the MedPAR files) indicates that the RY 2009 HCO threshold of $22,960 may result in HCO payments in RY 2009 that fall below the estimated 8 percent. Specifically, we currently estimate that HCO payments will be approximately 6.7 percent of estimated total LTCH PPS payments in RY 2009. Consequently, it is necessary to propose to decrease the HCO threshold for RY 2010 in order to ensure that estimated HCO payments will be 8 percent of total estimated LTCH PPS payments in RY 2010. We estimate that the impact of the increase in HCO payments would result in approximately a 1.3 percent increase in estimated payments from RY 2009 to RY 2010. Furthermore, in calculating the estimated increase in payments from RY 2009 to RY 2010 for HCO and SSO cases, we increased estimated costs by the applicable market basket percentage increase as projected by our actuaries. We note that estimated payments for SSO cases comprise approximately 15 percent of estimated total LTCH PPS payments, and estimated payments for HCO cases comprise approximately 8 percent of estimated total LTCH PPS payments. Payments for HCO cases are based on 80 percent of the estimated cost above the HCO threshold, and the majority of the payments for SSO cases (over 70 percent) are based on the estimated cost of the SSO case. Accordingly, we estimate that of the 2.2 percent increase in payments per discharge from RY 2009 to RY 2010, 1.3 percent is attributable to the projected increase in HCO payments and 0.4 percent is attributable to the projected increase in costs of SSO cases and the interactive effects which we have discussed previously.

The results of this impact analysis are summarized in Table I. As we discuss in detail throughout this regulatory impact analysis, based on the most recent available data, we believe that the proposed provisions of this supplemental proposed rule and the proposed provisions relating to the LTCH PPS contained in the FY 2010 IPPS and RY 2010 proposed rule (that is, the proposed update to the standard Federal rate and the proposed changes to the area wage adjustment) would result in an increase in estimated aggregate LTCH PPS payments and that the resulting LTCH PPS payment amounts result in appropriate Medicare payments.

C. Impact on Rural Hospitals

For purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside of a Metropolitan Statistical Area and has fewer than 100 beds. As shown in Table

I, we are projecting a 3.1 percent increase in estimated payments per discharge for the 2010 LTCH PPS rate year as compared to the 2009 LTCH PPS rate year for rural LTCHs that would result from the proposed changes presented in this supplemental proposed rule and the FY 2010 IPPS and RY 2010 LTCH PPS proposed rule (74 FR 24079) (that is, the update to the standard Federal rate and the proposed changes to the area wage adjustment). This estimated impact is based on the data of the 26 rural LTCHs in our database of 399 LTCHs for which complete data were available.

The estimated increase in LTCH PPS payments from the 2009 LTCH PPS rate year to the 2010 LTCH PPS rate year for rural LTCHs is due to the proposed change to the standard Federal rate, and the proposed change in the area wage adjustments, as well as the estimated change in HCO payments. That is, estimated HCO payments in RY 2009 are currently projected to be less than 8 percent of total estimated LTCH PPS payments. We believe that the proposed changes to the area wage adjustments presented in the FY 2010 IPPS and RY 2010 LTCH PPS 2010 proposed rule (74 FR 24079) (that is, the proposed use of updated wage data and the proposed change in the labor-related share) would result in accurate and appropriate LTCH PPS payments in RY 2010 because they are based on the most recent available data. Such updated data appropriately reflect national differences in area wage levels and appropriately identify the portion of the standard Federal rate that should be adjusted to account for such differences in area wages, thereby resulting in accurate and appropriate LTCH PPS payments.

D. Anticipated Effects

We discuss the impact of the proposed changes to the payment rates, factors, and other payment rate policies under the LTCH PPS for RY 2010 (in terms of their estimated fiscal impact on the Medicare budget and on LTCHs) in this supplemental proposed rule. We note that this impact analysis replaces the analysis included in the FY 2010 IPPS and RY 2010 LTCH PPS proposed rule (74 FR 24079).

1. Budgetary Impact

As discussed in this section of the supplemental proposed rule, we project an increase in aggregate RY 2010 LTCH PPS payments of approximately $101 million (or 2.2 percent) based on the 399 LTCHs in our database.

2. Impact on Providers

The basic methodology for determining a per discharge LTCH PPS payment is set forth in § 412.515 through § 412.536. In addition to the basic MS–LTC–DRG payment (standard Federal rate multiplied by the MS–LTC–DRG relative weight), we make adjustments for differences in area wage levels, COLA for Alaska and Hawaii, and SSOs. Furthermore, LTCHs may also receive HCO payments for those cases that qualify based on the threshold established each rate year.

To understand the impact of the proposed changes to the LTCH PPS payments presented in this supplemental proposed rule on different categories of LTCHs for the 2010 LTCH PPS rate year, it is necessary to estimate payments per discharge for the 2009 LTCH PPS rate year using the rates, factors and policies established in the RY 2009 LTCH PPS final rule (73 FR 26788 through 26874) including the FY 2009 GROUPER (Version 26.0), and FY 2009 MS–LTC–DRG relative weights, revised in the FY 2009 interim final rule with comment period published elsewhere in this **Federal Register**. Furthermore, we note that RY 2009 was a 15-month rate year due to the consolidation of the LTCH PPS updating cycles while RY 2010 is a 12-month rate year. In order to produce a meaningful comparison of the change in estimated payments from RY 2009 to RY 2010, for purposes of this impact analysis, we estimated payments for RY 2009 as if it was a 12-month rate year (that is, October 1, 2008 through September 30, 2009). To estimate the payments per discharge for RY 2010 the proposed LTCH PPS rates, factors, policies, and GROUPER for the 2010 LTCH PPS rate year (as discussed in section II. of the preamble and section V. of the Addendum to the FY 2010 IPPS and RY 2010 LTCH PPS proposed rule (74 FR 24079)) and the proposed MS–LTC–DRG relative weights and HCO fixed-loss amount (as discussed in section II. of this supplemental proposed rule). These estimates of both RY 2009 and RY 2010 LTCH PPS payments are based on the best available (FY 2008) LTCH claims data (that is, for both the RY 2009 and RY 2010 estimates we used only 12 months of claims data) and other factors such as the application of inflation factors to estimate costs for SSO and HCO cases in each year. We also evaluated the change in estimated 2009 LTCH PPS rate year payments to estimated 2010 LTCH PPS rate year payments (on a per discharge basis) for each category of LTCHs.

Hospital groups were based on characteristics provided in the OSCAR data, FY 2004 through FY 2006 cost report data in HCRIS, and Provider-Specific File data. Hospitals with incomplete characteristics were grouped into the ''unknown'' category. Hospital groups include the following:

- Location: Large urban/other urban/rural.
- Participation date.
- Ownership control.
- Census region.
- Bed size.

To estimate the impacts of the proposed payment rates and policy changes among the various categories of existing providers, we used LTCH cases from the FY 2008 MedPAR file to estimate payments for RY 2009 and to estimate payments for RY 2010 for 399 LTCHs. While currently there are just over 400 LTCHs, the most recent growth is predominantly in for-profit LTCHs that provide respiratory and ventilator-dependent patient care. We believe that the discharges based on the FY 2008 MedPAR data for the 399 LTCHs in our database, which includes 267 proprietary LTCHs, provide sufficient representation in the MS–LTC–DRGs containing discharges for patients who received LTCH care for the most commonly treated LTCH patients' diagnoses.

3. Calculation of Prospective Payments

For purposes of this impact analysis, to estimate per discharge payments under the LTCH PPS, we simulated payments on a case-by-case basis using LTCH claims from the FY 2008 MedPAR files. For modeling estimated LTCH PPS payments for RY 2009, we applied the RY 2009 standard Federal rate (that is, $39,114.36, which is effective for LTCH discharges occurring on or after July 1, 2008, and through September 30, 2009). For modeling estimated LTCH PPS payments for RY 2010, we applied the proposed RY 2010 standard Federal rate of $39,349.05, which would be effective for LTCH discharges occurring on or after October 1, 2009, and through September 30, 2010).

Furthermore, in modeling estimated LTCH PPS payments for both RY 2009 and RY 2010 in this impact analysis, we applied the RY 2009 and proposed RY 2010 adjustments for area wage differences and the COLA for Alaska and Hawaii. Specifically, we adjusted for area wage differences for estimated 2009 LTCH PPS rate year payments using the current LTCH PPS labor-related share of 75.662 percent (73 FR 26815), the wage index values established in the Tables 1 and 2 of the Addendum of the RY 2009 LTCH final

rule (73 FR 26840 through 26863) and the COLA factors established in Table III of the preamble of the RY 2009 LTCH final rule (73 FR 26819). Similarly, we adjusted for area wage differences for estimated proposed 2010 LTCH PPS rate year payments using the LTCH PPS proposed RY 2010 labor-related share of 75.904 percent (72 FR 24079), the proposed RY 2010 wage index values presented in the Tables 12A and 12B of the Addendum to the FY 2010 IPPS and RY 2010 LTCH PPS proposed rule (74 FR 24079), and the proposed RY 2010 COLA factors shown in the table in section V. of the Addendum to the FY 2010 IPPS and RY 2010 LTCH PPS proposed rule (74 FR 24079).

As discussed above, our impact analysis reflects an estimated change in payments for SSO cases. In modeling payments for SSO cases in RY 2009, we applied an inflation factor of 1.024 percent (determined by OACT) to the estimated costs of each case determined from the charges reported on the claims in the FY 2008 MedPAR files and the best available Cost-to-Charge Ratios (CCRs) from the December 2008 update of the Provider-Specific File. In modeling proposed payments for SSO cases in RY 2010, we applied an inflation factor of 1.049 (determined by OACT) to the estimated costs of each case determined from the charges reported on the claims in the FY 2008 MedPAR files and the best available CCRs from the December 2008 update of the Provider-Specific File.

These impacts reflect the estimated ''losses'' or ''gains'' among the various classifications of LTCHs from the 2009 LTCH PPS rate year to the 2010 LTCH PPS rate year based on the proposed payment rates and policy changes presented in this supplemental proposed rule and the FY 2010 IPPS and RY 2010 LTCH PPS proposed rule (74 FR 24079). Table I illustrates the estimated aggregate impact of the LTCH PPS among various classifications of LTCHs.

- The first column, LTCH Classification, identifies the type of LTCH.
- The second column lists the number of LTCHs of each classification type.
- The third column identifies the number of LTCH cases.
- The fourth column shows the estimated payment per discharge for the 2009 LTCH PPS rate year (as described above).
- The fifth column shows the estimated payment per discharge for the 2010 LTCH PPS rate year (as described above).
- The sixth column shows the percentage change in estimated payments per discharge from the 2009 LTCH PPS rate year to the 2010 LTCH PPS rate year for proposed changes to the standard Federal rate (as discussed in section V. of the Addendum to the FY 2010 IPPS and RY 2010 LTCH PPS proposed rule (74 FR 24079)).
- The seventh column shows the percentage change in estimated payments per discharge from the 2009 LTCH PPS rate year to the 2010 LTCH PPS rate year for proposed changes to the area wage adjustment at § 412.525(c) (as discussed in section V.B.4. of the Addendum to the FY 2010 IPPS and RY 2010 LTCH PPS proposed rule (74 FR 24079)).
- The eighth column shows the percentage change in estimated payments per discharge from the 2009 LTCH PPS rate year (Column 4) to the 2010 LTCH PPS rate year (Column 5) for all proposed changes (and includes the effect of estimated changes to SSO payments).

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TABLE I: Impact of Proposed Payment Rate and Payment Rate Policy Changes to LTCH PPS Payments for RY 2010 (Estimated 2009 LTCH PPS Rate Year Payments Compared to Estimated Proposed 2010 LTCH PPS Rate Year Payments*)

LTCH Classification (1)	Number of LTCHs (2)	Number of LTCH PPS Cases (3)	Average RY 2009 LTCH PPS Rate Year Payment Per Case[1] (4)	Average Proposed RY 2010 LTCH PPS Rate Year Payment Per Case[2] (5)	Percent Change in Estimated Payments Per Discharge from RY 2009 to RY 2010 for Proposed Changes to the Federal Rate[3] (6)	Percent Change in Estimated Payments Per Discharge from RY 2009 to RY 2010 for Proposed Changes to the Area Wage Adjustment[4] (7)	Percent Change in Payments Per Discharge from RY 2009 to RY 2010 for All Proposed Changes[5] (8)
ALL PROVIDERS	399	132,383	$35,002	$35,765	0.5	0	2.2
BY LOCATION:							
RURAL	26	5,906	$30,424	$31,369	0.6	0.4	3.1
URBAN	373	126,477	$35,216	$35,970	0.5	-0.1	2.1
LARGE	192	76,045	$36,615	$37,440	0.5	0.1	2.3
OTHER	181	50,432	$33,107	$33,755	0.5	-0.3	2.0
BY PARTICIPATION DATE:							
BEFORE OCT. 1983	17	6,762	$30,940	$31,887	0.5	0.6	3.1
OCT. 1983 - SEPT. 1993	44	18,751	$35,383	$36,333	0.5	0.2	2.7
OCT. 1993 - SEPT. 2002	191	66,982	$34,615	$35,306	0.5	-0.1	2.0
AFTER OCTOBER 2002	136	37,643	$35,923	$36,658	0.5	-0.3	2.0
UNKNOWN PARTICIPATION DATE	11	2,245	$40,191	$41,427	0.5	0.7	3.1
BY OWNERSHIP TYPE:							
VOLUNTARY	81	21,914	$35,613	$36,495	0.5	-0.2	2.5
PROPRIETARY	267	100,286	$34,592	$35,285	0.5	0	2.0
GOVERNMENT	12	1,961	$39,728	$40,843	0.5	-0.3	2.8
UNKNOWN OWNERSHIP TYPE	39	8,147	$37,279	$38,495	0.6	0.2	3.3
BY REGION:							
NEW ENGLAND	15	8,102	$30,283	$31,278	0.5	0.8	3.3
MIDDLE ATLANTIC	29	8,368	$36,310	$36,747	0.5	-0.5	1.2
SOUTH ATLANTIC	49	13,592	$39,537	$40,404	0.5	-0.4	2.2
EAST NORTH CENTRAL	66	19,721	$38,816	$39,305	0.5	-0.7	1.3
EAST SOUTH CENTRAL	31	8,385	$35,466	$36,294	0.5	-0.1	2.3
WEST NORTH CENTRAL	21	5,234	$36,627	$37,425	0.5	0.2	2.2

LTCH Classification (1)	Number of LTCHs (2)	Number of LTCH PPS Cases (3)	Average RY 2009 LTCH PPS Rate Year Payment Per Case[1] (4)	Average Proposed RY 2010 LTCH PPS Rate Year Payment Per Case[2] (5)	Percent Change in Estimated Payments Per Discharge from RY 2009 to RY 2010 for Proposed Changes to the Federal Rate[3] (6)	Percent Change in Estimated Payments Per Discharge from RY 2009 to RY 2010 for Proposed Changes to the Area Wage Adjustment[4] (7)	Percent Change in Payments Per Discharge from RY 2009 to RY 2010 for All Proposed Changes[5] (8)
WEST SOUTH CENTRAL	138	50,716	$30,438	$31,062	0.5	-0.2	2.1
MOUNTAIN	25	6,217	$37,634	$38,899	0.5	0.8	3.4
PACIFIC	25	11,973	$42,713	$44,139	0.5	1.3	3.3
BY BED SIZE:							
BEDS: 0-24	42	6,439	$31,948	$32,851	0.6	0	2.8
BEDS: 25-49	191	44,236	$35,388	$36,036	0.5	-0.3	1.8
BEDS: 50-74	82	28,272	$35,014	$35,810	0.5	0	2.3
BEDS: 75-124	48	24,272	$37,078	$37,930	0.5	0.1	2.3
BEDS: 125-199	23	16,799	$33,448	$34,207	0.5	0	2.3
BEDS: 200 +	13	12,365	$33,227	$34,077	0.5	0.4	2.6

[1] Estimated 2009 LTCH PPS rate year payments based on the rates, factors and policies established in the RY 2009 LTCH PPS final rule (73 FR 26788) the FY 2009 GROUPER Version 26.0 (73 FR 26788) and revised FY 2009 relative weights established in the FY 2009 interim final rule with comment period published elsewhere in this **Federal Register**.

[2] Estimated 2010 LTCH PPS rate year payments based on the revised proposed RY 2010 relative weights and revised proposed RY 2010 HCO threshold presented in this supplemental proposed rule the proposed payment rates and proposed policy changes presented in the preamble and the Addendum of the FY 2010 IPPS and RY 2010 LTCH PPS proposed rule (74 FR 24079).

[3] Percent change in estimated payments per discharge from the 2009 LTCH PPS rate year to the 2010 LTCH PPS rate year for the proposed changes to the standard Federal rate, as discussed in section V.A. of the Addendum to the FY 2010 IPPS and RY 2010 LTCH PPS proposed rule.

[4] Percent change in estimated payments per discharge from the 2009 LTCH PPS rate year to the 2010 LTCH PPS rate year for proposed changes to the area wage adjustment at §412.525(c) (as discussed in section V.B.4. of the Addendum to the FY 2010 IPPS and RY 2010 LTCH PPS proposed rule).

[5] Percent change in estimated payments per discharge from the 2009 LTCH PPS rate year (shown in Column 4) to the 2010 LTCH PPS rate year (shown in Column 5), including all of the proposed changes presented in the preamble of this supplemental proposed rule. Note, this column, which shows the percent change in estimated payments per discharge for all proposed changes, does not equal the sum of the percent changes in estimated payments per discharge for proposed changes to the standard Federal rate (column 6) and the proposed changes to the area wage adjustment (Column 7) due to the effect of estimated changes in proposed payments to SSO cases that are paid based on estimated costs (as discussed in this impact analysis), as well as other interactive effects that cannot be isolated.

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4. Results

Based on the most recent available data (as described previously for 399 LTCHs), we have prepared the following summary of the impact (as shown in Table I) of the proposed LTCH PPS payment rate and policy changes presented in this supplemental proposed rule and those presented in the FY 2010 IPPS and RY 2010 LTCH proposed rule for the 2010 LTCH rate year. The impact analysis in Table I shows that estimated payments per discharge are expected to increase approximately 2.2 percent, on average, for all LTCHs from the 2009 LTCH PPS rate year to the 2010 LTCH PPS rate year as a result of the proposed payment rate and policy changes presented in FY 2010 IPPS and RY 2010 proposed rule and the proposed MS–LTC–DRG relative weights and HCO fixed-loss amount presented in this supplemental proposed rule, as well as estimated increases in HCO and SSO payments. We note that we are proposing a 0.6 percent increase to the standard Federal rate for RY 2010, based on the latest market basket estimate (2.4 percent) and the proposed documentation and coding adjustment (−1.8 percent). We noted earlier in this section that for most categories of LTCHs, as shown in Table I (Column 6), the impact of the proposed increase of 0.6 percent to the standard Federal rate is projected to result in a 0.5 percent increase in estimated payments per discharge from the 2009 LTCH PPS rate year to the 2010 LTCH PPS rate year. In addition to the proposed 0.6 percent increase to the standard Federal rate for RY 2010, the projected percent increase in estimated payments per discharge from the 2009 LTCH PPS rate year to the 2010 LTCH PPS rate year of 2.2 percent shown in Table I (Column 8) reflects the effect of estimated increases in HCO and SSO payments, as discussed previously. Furthermore, as discussed previously in this regulatory impact analysis, the average increase in estimated payments per discharge from the 2009 LTCH PPS rate year to the 2010 LTCH PPS rate year for all LTCHs of approximately 2.2 percent (as shown in Table I) was determined by comparing estimated proposed RY 2010 LTCH PPS payments (using the proposed rates and policies discussed in the FY 2010 IPPS and RY 2010 LTCH PPS proposed rule and those discussed in this supplemental proposed rule) to estimated RY 2009 LTCH PPS payments.

a. Location

Based on the most recent available data, the majority of LTCHs are in urban areas. Approximately 7 percent of the LTCHs are identified as being located in a rural area, and approximately 5 percent of all LTCH cases are treated in these rural hospitals. The impact analysis presented in Table I shows that the average percent increase in estimated payments per discharge from the 2009 LTCH PPS rate year to the 2010 LTCH PPS rate year for all hospitals is 2.2 percent for all proposed changes. For rural LTCHs, the percent change for all proposed changes is estimated to be 3.1 percent, while for urban LTCHs, we estimate this increase to be nearly average, that is 2.1 percent. Large urban LTCHs are projected to experience a near to average increase (2.3 percent) in estimated payments per discharge from the 2009 LTCH PPS rate year to the 2010 LTCH PPS rate year, while other urban LTCHs are projected to experience a slightly lower than average increase (2.0 percent) in estimated payments per discharge from the 2009 LTCH PPS rate year to the 2010 LTCH PPS rate year, as shown in Table I.

b. Participation Date

LTCHs are grouped by participation date into four categories: (1) Before October 1983; (2) between October 1983 and September 1993; (3) between October 1993 and September 2002; and (4) after October 2002. Based on the most recent available data, the majority (approximately 51 percent) of the LTCH cases are in hospitals that began participating between October 1993 and September 2002, and are projected to experience a near average increase (2.0 percent) in estimated payments per discharge from the 2009 LTCH PPS rate year to the 2010 LTCH PPS rate year, as shown in Table I.

In the two participation categories where LTCHs began participating in Medicare before September 1993, LTCHs are projected to experience higher than average percent increases (3.1 percent and 2.7 percent, respectively) in estimated payments per discharge from the 2009 LTCH PPS rate year to the 2010 LTCH PPS rate year, as shown in Table I, due to proposed changes in the wage index and an estimated increase in HCO and SSO payments. Approximately 4 percent of LTCHs began participating in Medicare before October 1983. The LTCHs in this category are projected to experience a higher than average increase in estimated payments because 65 percent of these LTCHs are located in areas where the proposed RY 2010 wage index value is greater than the RY 2009 wage index value, and also because the majority of these LTCHs have a proposed wage index value greater than 1.0. Approximately 11 percent of LTCHs began participating in Medicare between October 1983 and September 1993. These LTCHs are projected to experience a higher than average increase in estimated payments because the majority (57 percent) are located in areas where the proposed RY 2010 wage index value would be greater than the RY 2009 wage index value. The majority of LTCHs, that is, those that began participating in Medicare since October 1993, are projected to experience near average increases in estimated payments per discharge from the 2009 LTCH PPS rate year to the 2010 LTCH PPS rate year, as shown in Table I.

c. Ownership Control

Other than LTCHs whose ownership control type is unknown, LTCHs are grouped into three categories based on ownership control type: Voluntary, proprietary, and government. Based on the most recent available data, approximately 20 percent of LTCHs are identified as voluntary (Table I). We expect that, for these LTCHs in the voluntary category, estimated 2010 LTCH PPS rate year payments per discharge would increase higher than average (2.5 percent) in comparison to estimated payments in the 2009 LTCH PPS rate year, as shown in Table I, primarily because the change in estimated HCO payments is projected to be higher than average for these LTCHs. The majority (67 percent) of LTCHs are identified as proprietary and these LTCHs are projected to experience a near average (2.0 percent) increase in estimated payments per discharge from the 2009 LTCH PPS rate year to the 2010 LTCH PPS rate year. Finally, government owned and operated LTCHs (3.0 percent) are expected to experience a higher than the average increase (2.8 percent) in estimated payments primarily due to a larger than average increase in estimated HCO payments.

d. Census Region

Of the 9 census regions, we project that the increase in estimated payments per discharge would have the largest impact on LTCHs in the New England, Mountain, and Pacific regions (3.3 percent, 3.4 percent, 3.3 percent, respectively, as shown in Table I). As explained in greater detail above, the estimated percent increase in payments per discharge from the 2009 LTCH PPS rate year to the 2010 LTCH PPS rate year for most regions is attributable to the projected increase in estimated HCO and SSO payments, the proposed increase in the standard Federal rate and the proposed changes to the area wage adjustment. Specifically, for the

New England region, all the LTCHs located in this region have a proposed wage index value greater than 1.0; and the majority (87 percent) of these LTCHs are located in areas where the proposed RY 2010 wage index value is greater than the RY 2009 wage index value. The projected increase in estimated payments per discharge from the 2009 LTCH PPS rate year to the 2010 LTCH PPS rate year for LTCHs in the Mountain and Pacific regions is also due to the projected increase in estimated HCO and SSO payments and the significantly higher than average estimated impact from the proposed changes to the area wage adjustment. That is, the majority (60 percent) of the LTCHs located in the Mountain region have a proposed wage index value greater than 1.0, and in addition, most of these LTCHs are located in areas where the proposed RY 2010 wage index value is greater than the RY 2009 wage index value. Furthermore, all the LTCHs located in the Pacific region have a proposed wage index value greater than 1.0 and are located in areas where the proposed RY 2010 wage index value would be greater than the RY 2009 wage index value.

In contrast, LTCHs located in the Middle Atlantic and East North Central regions are projected to experience a lower than average increase in estimated payments per discharge from the 2009 LTCH PPS rate year to the 2010 LTCH PPS rate year. The projected increase in payments of 1.2 percent for LTCHs in the Middle Atlantic region is primarily due to the 59 percent of LTCHs in this region that are located in areas where the proposed RY 2010 wage index value would be less than the RY 2009 wage index value. Similarly, the lower than average increase (1.3 percent) in payments per discharge for LTCHs in the East North Central region is largely due to the majority of LTCHs in this region that are expected to experience a decrease in estimated payments per discharge due to the proposed changes in the area wage adjustment. The remaining regions, South Atlantic, East South Central, West North Central, and West South Central, are expected to experience near the national average increase in estimated payments per discharge from the 2009 LTCH PPS rate year to the 2010 LTCH PPS rate year.

e. Bed Size

LTCHs were grouped into six categories based on bed size: 0–24 beds; 25–49 beds; 50–74 beds; 75–124 beds; 125–199 beds; and greater than 200 beds.

We are projecting an increase in estimated 2010 LTCH PPS rate year payments per discharge in comparison to the 2009 LTCH PPS rate year for all bed size categories. Approximately 38 percent of LTCHs are in bed size categories where estimated 2010 LTCH PPS rate year payments per discharge are projected to increase near the average increase for all LTCHs in comparison to estimated 2009 LTCH PPS rate year payments per discharge. That is, LTCHs in bed size categories of 50–74 beds, 75–124 beds, and 125–199 beds are projected to experience an overall increase of 2.3 percent. LTCHs in the bed size category of 0–24 beds are projected to experience a higher than average increase (2.8 percent) in estimated payments per discharge from the 2009 LTCH PPS rate year to the 2010 LTCH PPS rate year due primarily to their estimated increase in HCO payments. For LTCHs with 200+ beds, the higher than average projected increase in estimated payments of 2.6 percent is due to the projected increase in estimated HCO and SSO payments and the significantly higher than average impact from the proposed changes to the area wage adjustment. Specifically, 69 percent of LTCHs in this category are expected to have a proposed RY 2010 wage index value greater than 1.0, and 62 percent of the LTCHs in this category are located in areas where the proposed RY 2010 wage index value is greater than the RY 2009 wage index value. We are projecting a lower than the average increase in estimated 2010 LTCH PPS rate year payments per discharge in comparison to the 2009 LTCH PPS rate year for LTCHs in bed size category 25–49 beds, which is largely due to the 87 percent of LTCHs in this category expected to have a proposed RY 2010 wage index value of less than 1.0. In addition, 54 percent of the LTCHs in this category are located in areas where the proposed RY 2010 wage index value is less than the RY 2009 wage index value.

E. Effect on the Medicare Program

As noted previously, we project that the provisions of the FY 2010 IPPS and RY 2010 proposed rule relating to the LTCH PPS and the provisions of this supplemental proposed rule would result in an increase in estimated aggregate LTCH PPS payments in RY 2010 of approximately $101 million (or about 2.2 percent) for the 399 LTCHs in our database.

F. Effect on Medicare Beneficiaries

Under the LTCH PPS, hospitals receive payment based on the average resources consumed by patients for each diagnosis. We do not expect any changes in the quality of care or access to services for Medicare beneficiaries under the LTCH PPS, but we expect that paying prospectively for LTCH services would enhance the efficiency of the Medicare program.

G. Alternatives Considered

The preamble of this supplemental proposed rule provides descriptions of the statutory provisions that are addressed, identifies implementing policies where discretion has been exercised, and presents rationales for our decisions and, where relevant, alternatives that were considered.

H. Overall Conclusion

Overall, LTCHs are projected to experience an increase in estimated payments per discharge in RY 2010. In the impact analysis, we are using the proposed rates, factors, and policies presented in this supplemental proposed rule and those in the FY 2010 IPPS and RY 2010 LTCH PPS proposed rule, including proposed MS–DRG relative weights, updated proposed wage index values, and the best available claims and CCR data to estimate the change in payments for the 2010 LTCH PPS rate year. Accordingly, based on the best available data for the 399 LTCHs in our database, we estimate that RY 2010 LTCH PPS payments will increase approximately $101 million (or about 2.2 percent).

I. Accounting Statement

As discussed previously, the impact analysis for the proposed changes to the LTCH PPS presented in the FY 2010 IPPS and RY 2010 LTCH PPS proposed rule and those presented in this proposed rule projects an increase in estimated aggregate payments of approximately $101 million (or about 2.2 percent) for the 399 LTCHs in our database that are subject to payment under the LTCH PPS. Therefore, as required by OMB Circular A 4 (available at *http://www.whitehouse.gov/omb/circulars/a004/a-4.pdf*), in Table II we have prepared an accounting statement showing the classification of the expenditures associated with these provisions as they relate to proposed changes to the LTCH PPS. Table II provides our best estimate of the proposed increase in Medicare payments under the LTCH PPS as a result of the proposed provisions presented in FY 2010 IPPS and RY 2010 LTCH PPS proposed rule and those presented in this supplemental proposed rule based on the data for the 399 LTCHs in our database. All expenditures are classified as transfers to Medicare providers (that is, LTCHs).

TABLE II: Accounting Statement: Classification of Estimated Expenditures, from the 2009 LTCH PPS Rate Year to the 2010 LTCH PPS Rate Year

Category	Transfers
Annualized Monetized Transfers	Positive transfer - Estimated increase in expenditures: $101 million
From Whom To Whom	Federal Government to LTCH Medicare Providers

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

Dated: May 21, 2009.

Charlene Frizzera,

Acting Administrator, Centers for Medicare & Medicaid Services.

Approved: May 27, 2009.

Kathleen Sebelius,

Secretary.

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TABLE 11(Amended).—PROPOSED MS-LTC-DRGS, RELATIVE WEIGHTS, GEOMETRIC AVERAGE LENGTH OF STAY, AND SHORT-STAY OUTLIER (SSO) THRESHOLD FOR DISCHARGES OCCURRING FROM OCTOBER 1, 2009 THROUGH SEPTEMBER 30, 2010 UNDER THE LTCH PPS

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Title	FY 2008 LTCH Cases	Proposed Relative Weight	Proposed Geometric Average Length of Stay	Proposed Short-Stay Outlier (SSO) Threshold[1]
1	1	Heart transplant or implant of heart assist system w MCC	0	0.0000	0.0	0.0
2	1	Heart transplant or implant of heart assist system w/o MCC	0	0.0000	0.0	0.0
3	3	ECMO or trach w MV 96+ hrs or PDX exc face, mouth & neck w maj O.R.	281	4.4673	64.3	53.6
4	4	Trach w MV 96+ hrs or PDX exc face, mouth & neck w/o maj O.R.	1,385	3.1117	45.3	37.8
5	5	Liver transplant w MCC or intestinal transplant	0	0.0000	0.0	0.0
6	5	Liver transplant w/o MCC	0	0.0000	0.0	0.0
7	7	Lung transplant	0	0.0000	0.0	0.0
8	8	Simultaneous pancreas/kidney transplant	0	0.0000	0.0	0.0
9	9	Bone marrow transplant	0	1.6485	37.2	31.0
10	10	Pancreas transplant	0	0.0000	0.0	0.0
11	11	Tracheostomy for face,mouth & neck diagnoses w MCC*	2	1.6485	37.2	31.0
12	11	Tracheostomy for face,mouth & neck diagnoses w CC*	0	1.1740	24.3	20.3
13	11	Tracheostomy for face,mouth & neck diagnoses w/o CC/MCC*	0	1.1740	24.3	20.3
20	20	Intracranial vascular procedures w PDX hemorrhage w MCC	0	1.6485	37.2	31.0
21	20	Intracranial vascular procedures w PDX hemorrhage w CC	0	0.6453	21.6	18.0
22	20	Intracranial vascular procedures w PDX hemorrhage w/o CC/MCC	0	0.6453	21.6	18.0
23	23	Craniotomy w major device implant or acute complex CNS PDX w MCC*	1	0.7541	23.8	19.8
24	23	Craniotomy w major device implant or acute complex CNS PDX w/o MCC*	0	0.7541	23.8	19.8
25	25	Craniotomy & endovascular intracranial procedures w MCC*	3	1.6485	37.2	31.0
26	25	Craniotomy & endovascular intracranial procedures w CC*	1	0.4806	19.3	16.1
27	25	Craniotomy & endovascular intracranial procedures w/o CC/MCC*	0	0.4806	19.3	16.1
28	28	Spinal procedures w MCC	15	1.0755	27.0	22.5
29	28	Spinal procedures w CC	12	0.7541	23.8	19.8
30	28	Spinal procedures w/o CC/MCC	1	0.7541	23.8	19.8

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Title	FY 2008 LTCH Cases	Proposed Relative Weight	Proposed Geometric Average Length of Stay	Proposed Short-Stay Outlier (SSO) Threshold[1]
31	31	Ventricular shunt procedures w MCC	4	1.6485	37.2	31.0
32	31	Ventricular shunt procedures w CC	2	0.6453	21.6	18.0
33	31	Ventricular shunt procedures w/o CC/MCC	1	0.6453	21.6	18.0
34	34	Carotid artery stent procedure w MCC	0	1.6485	37.2	31.0
35	34	Carotid artery stent procedurew CC	0	1.6485	37.2	31.0
36	34	Carotid artery stent procedure w/o CC/MCC	0	1.6485	37.2	31.0
37	37	Extracranial procedures w MCC	18	1.6485	37.2	31.0
38	37	Extracranial procedures w CC	4	1.6485	37.2	31.0
39	37	Extracranial procedures w/o CC/MCC	0	1.6485	37.2	31.0
40	40	Periph & cranial nerve & other nerv syst proc w MCC	122	1.4166	35.3	29.4
41	40	Periph & cranial nerve & other nerv syst proc w CC	90	0.9456	29.9	24.9
42	40	Periph & cranial nerve & other nerv syst proc w/o CC/MCC	5	0.6453	21.6	18.0
52	52	Spinal disorders & injuries w CC/MCC	86	1.0011	33.6	28.0
53	52	Spinal disorders & injuries w/o CC/MCC	8	0.4806	19.3	16.1
54	54	Nervous system neoplasms w MCC	39	0.9077	22.6	18.8
55	54	Nervous system neoplasms w/o MCC	38	0.6058	22.6	18.8
56	56	Degenerative nervous system disorders w MCC	1,141	0.7924	25.8	21.5
57	56	Degenerative nervous system disorders w/o MCC	1,435	0.5898	24.0	20.0
58	58	Multiple sclerosis & cerebellar ataxia w MCC	14	0.7541	23.8	19.8
59	58	Multiple sclerosis & cerebellar ataxia w CC	31	0.5861	21.5	17.9
60	58	Multiple sclerosis & cerebellar ataxia w/o CC/MCC	4	0.4806	19.3	16.1
61	61	Acute ischemic stroke w use of thrombolytic agent w MCC	0	0.8288	24.7	20.6
62	61	Acute ischemic stroke w use of thrombolytic agent w CC	0	0.6630	24.1	20.1
63	61	Acute ischemic stroke w use of thrombolytic agent w/o CC/MCC	0	0.4806	19.3	16.1
64	64	Intracranial hemorrhage or cerebral infarction w MCC	152	0.8814	24.6	20.5
65	64	Intracranial hemorrhage or cerebral infarction w CC	60	0.5560	23.7	19.8
66	64	Intracranial hemorrhage or cerebral infarction w/o CC/MCC	8	0.4806	19.3	16.1
67	67	Nonspecific cva & precerebral occlusion w/o infarct w MCC	3	0.6453	21.6	18.0
68	67	Nonspecific cva & precerebral occlusion w/o infarct w/o MCC	2	0.4806	19.3	16.1
69	69	Transient ischemia	6	0.4806	19.3	16.1
70	70	Nonspecific cerebrovascular disorders w MCC	141	0.8288	24.7	20.6
71	70	Nonspecific cerebrovascular disorders w CC	74	0.6630	24.1	20.1
72	70	Nonspecific cerebrovascular disorders w/o CC/MCC	9	0.4806	19.3	16.1
73	73	Cranial & peripheral nerve disorders w MCC	104	0.9597	26.8	22.3
74	73	Cranial & peripheral nerve disorders w/o MCC	128	0.5849	23.5	19.6
75	75	Viral meningitis w CC/MCC	19	0.7541	23.8	19.8

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Title	FY 2008 LTCH Cases	Proposed Relative Weight	Proposed Geometric Average Length of Stay	Proposed Short-Stay Outlier (SSO) Threshold[1]
76	75	Viral meningitis w/o CC/MCC	0	0.7541	23.8	19.8
77	77	Hypertensive encephalopathy w MCC	2	1.0755	27.0	22.5
78	77	Hypertensive encephalopathy w CC	1	0.4806	19.3	16.1
79	77	Hypertensive encephalopathy w/o CC/MCC	0	0.4546	18.9	15.8
80	80	Nontraumatic stupor & coma w MCC	23	0.6453	21.6	18.0
81	80	Nontraumatic stupor & coma w/o MCC	11	0.4806	19.3	16.1
82	82	Traumatic stupor & coma, coma >1 hr w MCC	11	1.0755	27.0	22.5
83	82	Traumatic stupor & coma, coma >1 hr w CC	8	0.7541	23.8	19.8
84	82	Traumatic stupor & coma, coma >1 hr w/o CC/MCC	2	0.7541	23.8	19.8
85	85	Traumatic stupor & coma, coma <1 hr w MCC	99	0.8426	24.4	20.3
86	85	Traumatic stupor & coma, coma <1 hr w CC	80	0.6280	23.8	19.8
87	85	Traumatic stupor & coma, coma <1 hr w/o CC/MCC	18	0.6280	23.8	19.8
88	88	Concussion w MCC	2	0.6453	21.6	18.0
89	88	Concussion w CC	2	0.4806	19.3	16.1
90	88	Concussion w/o CC/MCC	1	0.4806	19.3	16.1
91	91	Other disorders of nervous system w MCC	229	0.8440	23.7	19.8
92	91	Other disorders of nervous system w CC	104	0.6421	22.6	18.8
93	91	Other disorders of nervous system w/o CC/MCC	12	0.4806	19.3	16.1
94	94	Bacterial & tuberculous infections of nervous system w MCC	258	1.0233	28.0	23.3
95	94	Bacterial & tuberculous infections of nervous system w CC	99	0.8026	26.9	22.4
96	94	Bacterial & tuberculous infections of nervous system w/o CC/MCC	16	0.6453	21.6	18.0
97	97	Non-bacterial infect of nervous sys exc viral meningitis w MCC	51	0.8959	22.1	18.4
98	97	Non-bacterial infect of nervous sys exc viral meningitis w CC	28	0.7558	22.0	18.3
99	97	Non-bacterial infect of nervous sys exc viral meningitis w/o CC/MCC	3	0.7541	23.8	19.8
100	100	Seizures w MCC	52	0.8766	24.9	20.8
101	100	Seizures w/o MCC	26	0.5898	23.3	19.4
102	102	Headaches w MCC	5	0.6453	21.6	18.0
103	102	Headaches w/o MCC	4	0.4806	19.3	16.1
113	113	Orbital procedures w CC/MCC	0	1.1740	24.3	20.3
114	113	Orbital procedures w/o CC/MCC	0	1.0348	26.4	22.0
115	115	Extraocular procedures except orbit	1	0.4806	19.3	16.1
116	116	Intraocular procedures w CC/MCC	0	0.6453	21.6	18.0
117	116	Intraocular procedures w/o CC/MCC	0	0.6453	21.6	18.0
121	121	Acute major eye infections w CC/MCC	5	0.7541	23.8	19.8
122	121	Acute major eye infections w/o CC/MCC	0	0.6453	21.6	18.0
123	123	Neurological eye disorders	0	0.6453	21.6	18.0
124	124	Other disorders of the eye w MCC	4	0.7541	23.8	19.8
125	124	Other disorders of the eye w/o MCC	12	0.6453	21.6	18.0

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Title	FY 2008 LTCH Cases	Proposed Relative Weight	Proposed Geometric Average Length of Stay	Proposed Short-Stay Outlier (SSO) Threshold[1]
129	129	Major head & neck procedures w CC/MCC or major device	0	1.1740	24.3	20.3
130	129	Major head & neck procedures w/o CC/MCC	0	1.0348	26.4	22.0
131	131	Cranial/facial procedures w CC/MCC	1	1.0755	27.0	22.5
132	131	Cranial/facial procedures w/o CC/MCC	0	1.0755	27.0	22.5
133	133	Other ear, nose, mouth & throat O.R. procedures w CC/MCC	9	1.0755	27.0	22.5
134	133	Other ear, nose, mouth & throat O.R. procedures w/o CC/MCC	0	1.0755	27.0	22.5
135	135	Sinus & mastoid procedures w CC/MCC	3	1.6485	37.2	31.0
136	135	Sinus & mastoid procedures w/o CC/MCC	0	1.0755	27.0	22.5
137	137	Mouth procedures w CC/MCC	0	1.0755	27.0	22.5
138	137	Mouth procedures w/o CC/MCC	0	1.0755	27.0	22.5
139	139	Salivary gland procedures	1	0.4806	19.3	16.1
146	146	Ear, nose, mouth & throat malignancy w MCC	52	1.1740	24.3	20.3
147	146	Ear, nose, mouth & throat malignancy w CC	31	1.0348	26.4	22.0
148	146	Ear, nose, mouth & throat malignancy w/o CC/MCC	3	1.0348	26.4	22.0
149	149	Dysequilibrium	8	0.4806	19.3	16.1
150	150	Epistaxis w MCC	0	0.7305	21.3	17.8
151	150	Epistaxis w/o MCC	0	0.6323	20.5	17.1
152	152	Otitis media & URI w MCC	29	0.7305	21.3	17.8
153	152	Otitis media & URI w/o MCC	30	0.6323	20.5	17.1
154	154	Nasal trauma & deformity w MCC	53	0.9479	24.2	20.2
155	154	Nasal trauma & deformity w CC	36	0.6465	21.1	17.6
156	154	Nasal trauma & deformity w/o CC/MCC	9	0.6465	21.1	17.6
157	157	Dental & Oral Diseases w MCC	15	1.0755	27.0	22.5
158	157	Dental & Oral Diseases w CC	16	0.7541	23.8	19.8
159	157	Dental & Oral Diseases w/o CC/MCC	6	0.6453	21.6	18.0
163	163	Major chest procedures w MCC	31	2.4091	39.2	32.7
164	163	Major chest procedures w CC	6	1.6485	37.2	31.0
165	163	Major chest procedures w/o CC/MCC	0	1.0352	29.2	24.3
166	166	Other resp system O.R. procedures w MCC	1,515	2.4688	42.2	35.2
167	166	Other resp system O.R. procedures w CC	296	1.9235	38.5	32.1
168	166	Other resp system O.R. procedures w/o CC/MCC	8	1.6485	37.2	31.0
175	175	Pulmonary embolism w MCC	152	0.8029	23.8	19.8
176	175	Pulmonary embolism w/o MCC	113	0.5688	20.4	17.0
177	177	Respiratory infections & inflammations w MCC	3,568	0.8929	23.4	19.5
178	177	Respiratory infections & inflammations w CC	2,231	0.7269	21.7	18.1
179	177	Respiratory infections & inflammations w/o CC/MCC	226	0.5756	18.6	15.5
180	180	Respiratory neoplasms w MCC	133	0.7815	19.9	16.6
181	180	Respiratory neoplasms w CC	84	0.6191	18.8	15.7
182	180	Respiratory neoplasms w/o CC/MCC	10	0.6191	18.8	15.7
183	183	Major chest trauma w MCC*	3	0.6453	21.6	18.0
184	183	Major chest trauma w CC*	1	0.4806	19.3	16.1

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Title	FY 2008 LTCH Cases	Proposed Relative Weight	Proposed Geometric Average Length of Stay	Proposed Short-Stay Outlier (SSO) Threshold[1]
185	183	Major chest trauma w/o CC/MCC*	0	0.4806	19.3	16.1
186	186	Pleural effusion w MCC	167	0.7928	21.7	18.1
187	186	Pleural effusion w CC	48	0.6627	20.9	17.4
188	186	Pleural effusion w/o CC/MCC	7	0.6627	20.9	17.4
189	189	Pulmonary edema & respiratory failure	7,708	0.9688	23.8	19.8
190	190	Chronic obstructive pulmonary disease w MCC	2,240	0.7247	20.3	16.9
191	190	Chronic obstructive pulmonary disease w CC	1,328	0.6113	18.9	15.8
192	190	Chronic obstructive pulmonary disease w/o CC/MCC	445	0.4800	16.4	13.7
193	193	Simple pneumonia & pleurisy w MCC	2,131	0.7650	21.2	17.7
194	193	Simple pneumonia & pleurisy w CC	1,793	0.5993	19.5	16.3
195	193	Simple pneumonia & pleurisy w/o CC/MCC	262	0.5121	17.0	14.2
196	196	Interstitial lung disease w MCC	105	0.7272	21.5	17.9
197	196	Interstitial lung disease w CC	70	0.5609	18.0	15.0
198	196	Interstitial lung disease w/o CC/MCC	12	0.4806	19.3	16.1
199	199	Pneumothorax w MCC	57	0.7832	20.7	17.3
200	199	Pneumothorax w CC	30	0.6088	18.7	15.6
201	199	Pneumothorax w/o CC/MCC	4	0.4806	19.3	16.1
202	202	Bronchitis & asthma w CC/MCC	128	0.6598	20.7	17.3
203	202	Bronchitis & asthma w/o CC/MCC	17	0.4806	19.3	16.1
204	204	Respiratory signs & symptoms	161	0.8294	23.1	19.3
205	205	Other respiratory system diagnoses w MCC	402	0.8588	22.6	18.8
206	205	Other respiratory system diagnoses w/o MCC	155	0.6720	20.6	17.2
207	207	Respiratory system diagnosis w ventilator support 96+ hours	14,524	2.0252	33.7	28.1
208	208	Respiratory system diagnosis w ventilator support <96 hours	1,657	1.1469	22.8	19.0
215	215	Other heart assist system implant	0	1.0352	29.2	24.3
216	216	Cardiac valve & oth maj cardiothoracic proc w card cath w MCC*	0	1.0755	27.0	22.5
217	216	Cardiac valve & oth maj cardiothoracic proc w card cath w CC*	0	1.0352	29.2	24.3
218	216	Cardiac valve & oth maj cardiothoracic proc w card cath w/o CC/MCC*	0	1.0352	29.2	24.3
219	219	Cardiac valve & oth maj cardiothoracic proc w/o card cath w MCC*	0	1.0755	27.0	22.5
220	219	Cardiac valve & oth maj cardiothoracic proc w/o card cath w CC*	0	1.0352	29.2	24.3
221	219	Cardiac valve & oth maj cardiothoracic proc w/o card cath w/o CC/MCC*	0	1.0352	29.2	24.3
222	222	Cardiac defib implant w cardiac cath w AMI/HF/shock w MCC	1	1.6485	37.2	31.0
223	222	Cardiac defib implant w cardiac cath w AMI/HF/shock w/o MCC	0	1.0755	27.0	22.5
224	224	Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC	0	1.6485	37.2	31.0

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Title	FY 2008 LTCH Cases	Proposed Relative Weight	Proposed Geometric Average Length of Stay	Proposed Short-Stay Outlier (SSO) Threshold[1]
225	224	Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC	0	1.0755	27.0	22.5
226	226	Cardiac defibrillator implant w/o cardiac cath w MCC	12	1.6485	37.2	31.0
227	226	Cardiac defibrillator implant w/o cardiac cath w/o MCC	2	1.6485	37.2	31.0
228	228	Other cardiothoracic procedures w MCC	0	1.4233	31.2	26.0
229	228	Other cardiothoracic procedures w CC	0	1.0352	29.2	24.3
230	228	Other cardiothoracic procedures w/o CC/MCC	0	1.0352	29.2	24.3
231	231	Coronary bypass w PTCA w MCC	0	1.0755	27.0	22.5
232	231	Coronary bypass w PTCA w/o MCC	0	1.0352	29.2	24.3
233	233	Coronary bypass w cardiac cath w MCC	0	1.0755	27.0	22.5
234	233	Coronary bypass w cardiac cath w/o MCC	0	1.0352	29.2	24.3
235	235	Coronary bypass w/o cardiac cath w MCC	0	1.0755	27.0	22.5
236	235	Coronary bypass w/o cardiac cath w/o MCC	0	1.0352	29.2	24.3
237	237	Major cardiovascular procedures w MCC	2	1.0755	27.0	22.5
238	237	Major cardiovascular procedures w/o MCC	0	1.0352	29.2	24.3
239	239	Amputation for circ sys disorders exc upper limb & toe w MCC	139	1.5225	38.4	32.0
240	239	Amputation for circ sys disorders exc upper limb & toe w CC	61	1.1094	33.8	28.2
241	239	Amputation for circ sys disorders exc upper limb & toe w/o CC/MCC	3	0.7541	23.8	19.8
242	242	Permanent cardiac pacemaker implant w MCC	5	1.6485	37.2	31.0
243	242	Permanent cardiac pacemaker implant w CC	7	1.0755	27.0	22.5
244	242	Permanent cardiac pacemaker implant w/o CC/MCC	3	1.0755	27.0	22.5
245	245	AICD generator procedures	1	1.6485	37.2	31.0
246	246	Percutaneous cardiovascular proc w drug-eluting stent w MCC	0	1.4233	31.2	26.0
247	246	Percutaneous cardiovascular proc w drug-eluting stent w/o MCC	0	1.0352	29.2	24.3
248	248	Percutaneous cardiovasc proc w non-drug-eluting stent w MCC	0	1.4233	31.2	26.0
249	248	Percutaneous cardiovasc proc w non-drug-eluting stent w/o MCC	0	1.0352	29.2	24.3
250	250	Perc cardiovasc proc w/o coronary artery stent or AMI w MCC	4	1.6485	37.2	31.0
251	250	Perc cardiovasc proc w/o coronary artery stent or AMI w/o MCC	0	1.6485	37.2	31.0
252	252	Other vascular procedures w MCC	130	1.4233	31.2	26.0
253	252	Other vascular procedures w CC	58	1.0352	29.2	24.3
254	252	Other vascular procedures w/o CC/MCC	1	1.0352	29.2	24.3
255	255	Upper limb & toe amputation for circ system disorders w MCC	46	1.3192	34.8	29.0

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Title	FY 2008 LTCH Cases	Proposed Relative Weight	Proposed Geometric Average Length of Stay	Proposed Short-Stay Outlier (SSO) Threshold[1]
256	255	Upper limb & toe amputation for circ system disorders w CC	28	0.8963	27.7	23.1
257	255	Upper limb & toe amputation for circ system disorders w/o CC/MCC	2	0.6453	21.6	18.0
258	258	Cardiac pacemaker device replacement w MCC	0	0.6453	21.6	18.0
259	258	Cardiac pacemaker device replacement w/o MCC	1	0.6453	21.6	18.0
260	260	Cardiac pacemaker revision except device replacement w MCC	7	1.6485	37.2	31.0
261	260	Cardiac pacemaker revision except device replacement w CC	0	0.6453	21.6	18.0
262	260	Cardiac pacemaker revision except device replacement w/o CC/MCC	0	0.6453	21.6	18.0
263	263	Vein ligation & stripping	0	0.4514	19.3	16.1
264	264	Other circulatory system O.R. procedures	539	1.0314	30.6	25.5
265	265	AICD lead procedures	0	0.6453	21.6	18.0
280	280	Circulatory disorders w AMI, discharged alive w MCC	265	0.7490	22.3	18.6
281	280	Circulatory disorders w AMI, discharged alive w CC	116	0.5626	20.1	16.8
282	280	Circulatory disorders w AMI, discharged alive w/o CC/MCC	25	0.5234	17.6	14.7
283	283	Circulatory disorders w AMI, expired w MCC	40	0.9573	19.6	16.3
284	283	Circulatory disorders w AMI, expired w CC	9	0.6453	21.6	18.0
285	283	Circulatory disorders w AMI, expired w/o CC/MCC	2	0.6453	21.6	18.0
286	286	Circulatory disorders except AMI, w card cath w MCC	10	1.0755	27.0	22.5
287	286	Circulatory disorders except AMI, w card cath w/o MCC	5	1.0755	27.0	22.5
288	288	Acute & subacute endocarditis w MCC	648	0.9964	26.2	21.8
289	288	Acute & subacute endocarditis w CC	210	0.8077	26.7	22.3
290	288	Acute & subacute endocarditis w/o CC/MCC	20	0.7541	23.8	19.8
291	291	Heart failure & shock w MCC	1,441	0.7432	21.6	18.0
292	291	Heart failure & shock w CC	740	0.6000	20.1	16.8
293	291	Heart failure & shock w/o CC/MCC	157	0.5266	18.7	15.6
294	294	Deep vein thrombophlebitis w CC/MCC	5	0.6453	21.6	18.0
295	294	Deep vein thrombophlebitis w/o CC/MCC	0	0.6453	21.6	18.0
296	296	Cardiac arrest, unexplained w MCC	0	0.9573	19.6	16.3
297	296	Cardiac arrest, unexplained w CC	0	0.6453	21.6	18.0
298	296	Cardiac arrest, unexplained w/o CC/MCC	0	0.6453	21.6	18.0
299	299	Peripheral vascular disorders w MCC	678	0.7862	23.5	19.6
300	299	Peripheral vascular disorders w CC	770	0.5905	22.2	18.5
301	299	Peripheral vascular disorders w/o CC/MCC	62	0.4514	19.3	16.1
302	302	Atherosclerosis w MCC	31	0.7367	23.0	19.2
303	302	Atherosclerosis w/o MCC	26	0.4398	17.5	14.6
304	304	Hypertension w MCC	9	1.0755	27.0	22.5
305	304	Hypertension w/o MCC	27	0.4546	18.9	15.8

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Title	FY 2008 LTCH Cases	Proposed Relative Weight	Proposed Geometric Average Length of Stay	Proposed Short-Stay Outlier (SSO) Threshold[1]
306	306	Cardiac congenital & valvular disorders w MCC	74	0.8028	21.8	18.2
307	306	Cardiac congenital & valvular disorders w/o MCC	37	0.7504	26.0	21.7
308	308	Cardiac arrhythmia & conduction disorders w MCC	112	0.7438	23.0	19.2
309	308	Cardiac arrhythmia & conduction disorders w CC	85	0.5771	20.6	17.2
310	308	Cardiac arrhythmia & conduction disorders w/o CC/MCC	23	0.4806	19.3	16.1
311	311	Angina pectoris	3	0.6453	21.6	18.0
312	312	Syncope & collapse	38	0.4687	19.1	15.9
313	313	Chest pain	2	0.4806	19.3	16.1
314	314	Other circulatory system diagnoses w MCC	1,372	0.8919	23.5	19.6
315	314	Other circulatory system diagnoses w CC	279	0.6202	21.4	17.8
316	314	Other circulatory system diagnoses w/o CC/MCC	43	0.5201	18.5	15.4
326	326	Stomach, esophageal & duodenal proc w MCC	25	2.1918	43.9	36.6
327	326	Stomach, esophageal & duodenal proc w CC	6	0.7541	23.8	19.8
328	326	Stomach, esophageal & duodenal proc w/o CC/MCC	0	0.4806	19.3	16.1
329	329	Major small & large bowel procedures w MCC	35	2.2244	39.6	33.0
330	329	Major small & large bowel procedures w CC	14	1.6485	37.2	31.0
331	329	Major small & large bowel procedures w/o CC/MCC	1	0.7541	23.8	19.8
332	332	Rectal resection w MCC	0	1.7146	37.0	30.8
333	332	Rectal resection w CC	0	1.2418	33.0	27.5
334	332	Rectal resection w/o CC/MCC	0	0.4806	19.3	16.1
335	335	Peritoneal adhesiolysis w MCC	6	1.6485	37.2	31.0
336	335	Peritoneal adhesiolysis w CC	1	1.6485	37.2	31.0
337	335	Peritoneal adhesiolysis w/o CC/MCC	0	1.6485	37.2	31.0
338	338	Appendectomy w complicated principal diag w MCC	1	1.0755	27.0	22.5
339	338	Appendectomy w complicated principal diag w CC	0	0.7092	22.5	18.8
340	338	Appendectomy w complicated principal diag w/o CC/MCC	0	0.5461	19.1	15.9
341	341	Appendectomy w/o complicated principal diag w MCC	0	0.9465	24.5	20.4
342	341	Appendectomy w/o complicated principal diag w CC	0	0.7092	22.5	18.8
343	341	Appendectomy w/o complicated principal diag w/o CC/MCC	0	0.5461	19.1	15.9
344	344	Minor small & large bowel procedures w MCC	1	1.0755	27.0	22.5
345	344	Minor small & large bowel procedures w CC	0	1.0755	27.0	22.5
346	344	Minor small & large bowel procedures w/o CC/MCC	0	1.0755	27.0	22.5
347	347	Anal & stomal procedures w MCC	4	1.0755	27.0	22.5
348	347	Anal & stomal procedures w CC	2	0.7541	23.8	19.8
349	347	Anal & stomal procedures w/o CC/MCC	0	0.7541	23.8	19.8
350	350	Inguinal & femoral hernia procedures w MCC*	1	0.4806	19.3	16.1
351	350	Inguinal & femoral hernia procedures w CC*	0	0.4806	19.3	16.1
352	350	Inguinal & femoral hernia procedures w/o CC/MCC*	0	0.4806	19.3	16.1
353	353	Hernia procedures except inguinal & femoral w MCC	1	1.0755	27.0	22.5
354	353	Hernia procedures except inguinal & femoral w CC	1	1.0755	27.0	22.5

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Title	FY 2008 LTCH Cases	Proposed Relative Weight	Proposed Geometric Average Length of Stay	Proposed Short-Stay Outlier (SSO) Threshold[1]
355	353	Hernia procedures except inguinal & femoral w/o CC/MCC	0	1.0755	27.0	22.5
356	356	Other digestive system O.R. procedures w MCC	116	1.7146	37.0	30.8
357	356	Other digestive system O.R. procedures w CC	45	1.2418	33.0	27.5
358	356	Other digestive system O.R. procedures w/o CC/MCC	1	0.4806	19.3	16.1
368	368	Major esophageal disorders w MCC	35	1.0061	26.5	22.1
369	368	Major esophageal disorders w CC	13	1.0061	26.5	22.1
370	368	Major esophageal disorders w/o CC/MCC	1	0.4806	19.3	16.1
371	371	Major gastrointestinal disorders & peritoneal infections w MCC	845	0.9465	24.5	20.4
372	371	Major gastrointestinal disorders & peritoneal infections w CC	365	0.7092	22.5	18.8
373	371	Major gastrointestinal disorders & peritoneal infections w/o CC/MCC	37	0.5461	19.1	15.9
374	374	Digestive malignancy w MCC	110	1.0797	25.4	21.2
375	374	Digestive malignancy w CC	66	0.6695	21.6	18.0
376	374	Digestive malignancy w/o CC/MCC	4	0.4806	19.3	16.1
377	377	G.I. hemorrhage w MCC	76	0.9642	24.0	20.0
378	377	G.I. hemorrhage w CC	43	0.5858	20.1	16.8
379	377	G.I. hemorrhage w/o CC/MCC	8	0.5858	20.1	16.8
380	380	Complicated peptic ulcer w MCC	16	1.0755	27.0	22.5
381	380	Complicated peptic ulcer w CC	17	0.7541	23.8	19.8
382	380	Complicated peptic ulcer w/o CC/MCC	1	0.7541	23.8	19.8
383	383	Uncomplicated peptic ulcer w MCC	8	0.7541	23.8	19.8
384	383	Uncomplicated peptic ulcer w/o MCC	5	0.6453	21.6	18.0
385	385	Inflammatory bowel disease w MCC	32	1.2496	26.1	21.8
386	385	Inflammatory bowel disease w CC	19	0.6453	21.6	18.0
387	385	Inflammatory bowel disease w/o CC/MCC	2	0.4806	19.3	16.1
388	388	G.I. obstruction w MCC	185	1.0124	23.9	19.9
389	388	G.I. obstruction w CC	96	0.7251	21.3	17.8
390	388	G.I. obstruction w/o CC/MCC	14	0.6453	21.6	18.0
391	391	Esophagitis, gastroent & misc digest disorders w MCC	371	0.8812	23.4	19.5
392	391	Esophagitis, gastroent & misc digest disorders w/o MCC	236	0.6323	21.1	17.6
393	393	Other digestive system diagnoses w MCC	841	1.0982	27.2	22.7
394	393	Other digestive system diagnoses w CC	449	0.7419	22.8	19.0
395	393	Other digestive system diagnoses w/o CC/MCC	39	0.6016	19.8	16.5
405	405	Pancreas, liver & shunt procedures w MCC	10	1.6485	37.2	31.0
406	405	Pancreas, liver & shunt procedures w CC	4	1.6485	37.2	31.0
407	405	Pancreas, liver & shunt procedures w/o CC/MCC	0	1.6485	37.2	31.0
408	408	Biliary tract proc except only cholecyst w or w/o c.d.e. w MCC	0	0.7541	23.8	19.8

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Title	FY 2008 LTCH Cases	Proposed Relative Weight	Proposed Geometric Average Length of Stay	Proposed Short-Stay Outlier (SSO) Threshold[1]
409	408	Biliary tract proc except only cholecyst w or w/o c.d.e. w CC	0	0.7541	23.8	19.8
410	408	Biliary tract proc except only cholecyst w or w/o c.d.e. w/o CC/MCC	0	0.7541	23.8	19.8
411	411	Cholecystectomy w c.d.e. w MCC	0	0.6453	21.6	18.0
412	411	Cholecystectomy w c.d.e. w CC	0	0.6453	21.6	18.0
413	411	Cholecystectomy w c.d.e. w/o CC/MCC	0	0.6453	21.6	18.0
414	414	Cholecystectomy except by laparoscope w/o c.d.e. w MCC	6	1.6485	37.2	31.0
415	414	Cholecystectomy except by laparoscope w/o c.d.e. w CC	0	0.6453	21.6	18.0
416	414	Cholecystectomy except by laparoscope w/o c.d.e. w/o CC/MCC	0	0.6453	21.6	18.0
417	417	Laparoscopic cholecystectomy w/o c.d.e. w MCC	9	1.6485	37.2	31.0
418	417	Laparoscopic cholecystectomy w/o c.d.e. w CC	2	0.6453	21.6	18.0
419	417	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC	0	0.6453	21.6	18.0
420	420	Hepatobiliary diagnostic procedures w MCC	2	1.6485	37.2	31.0
421	420	Hepatobiliary diagnostic procedures w CC	0	0.7541	23.8	19.8
422	420	Hepatobiliary diagnostic procedures w/o CC/MCC	0	0.7541	23.8	19.8
423	423	Other hepatobiliary or pancreas O.R. procedures w MCC	18	1.0755	27.0	22.5
424	423	Other hepatobiliary or pancreas O.R. procedures w CC	4	0.7541	23.8	19.8
425	423	Other hepatobiliary or pancreas O.R. procedures w/o CC/MCC	0	0.7541	23.8	19.8
432	432	Cirrhosis & alcoholic hepatitis w MCC	67	0.6927	19.9	16.6
433	432	Cirrhosis & alcoholic hepatitis w CC	22	0.6453	21.6	18.0
434	432	Cirrhosis & alcoholic hepatitis w/o CC/MCC	0	0.6453	21.6	18.0
435	435	Malignancy of hepatobiliary system or pancreas w MCC	33	0.7659	21.2	17.7
436	435	Malignancy of hepatobiliary system or pancreas w CC	21	0.6453	21.6	18.0
437	435	Malignancy of hepatobiliary system or pancreas w/o CC/MCC	2	0.4806	19.3	16.1
438	438	Disorders of pancreas except malignancy w MCC	315	1.0704	24.5	20.4
439	438	Disorders of pancreas except malignancy w CC	126	0.8015	20.5	17.1
440	438	Disorders of pancreas except malignancy w/o CC/MCC	12	0.4806	19.3	16.1
441	441	Disorders of liver except malig,cirr,alc hepa w MCC	169	0.8210	22.0	18.3
442	441	Disorders of liver except malig,cirr,alc hepa w CC	69	0.6458	22.1	18.4
443	441	Disorders of liver except malig,cirr,alc hepa w/o CC/MCC	8	0.4806	19.3	16.1
444	444	Disorders of the biliary tract w MCC	118	0.8572	22.8	19.0
445	444	Disorders of the biliary tract w CC	47	0.5941	21.0	17.5

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Title	FY 2008 LTCH Cases	Proposed Relative Weight	Proposed Geometric Average Length of Stay	Proposed Short-Stay Outlier (SSO) Threshold[1]
446	444	Disorders of the biliary tract w/o CC/MCC	9	0.4806	19.3	16.1
453	453	Combined anterior/posterior spinal fusion w MCC	1	1.6485	37.2	31.0
454	453	Combined anterior/posterior spinal fusion w CC	1	1.6485	37.2	31.0
455	453	Combined anterior/posterior spinal fusion w/o CC/MCC	0	1.6485	37.2	31.0
456	456	Spinal fusion exc cerv w spinal curv, malig or 9+ fusions w MCC	1	1.6485	37.2	31.0
457	456	Spinal fusion exc cerv w spinal curv, malig or 9+ fusions w CC	1	1.6485	37.2	31.0
458	456	Spinal fusion exc cerv w spinal curv, malig or 9+ fusions w/o CC/MCC	0	1.6485	37.2	31.0
459	459	Spinal fusion except cervical w MCC	3	1.6485	37.2	31.0
460	459	Spinal fusion except cervical w/o MCC	0	1.6485	37.2	31.0
461	461	Bilateral or multiple major joint procs of lower extremity w MCC	0	1.6485	37.2	31.0
462	461	Bilateral or multiple major joint procs of lower extremity w/o MCC	0	1.6485	37.2	31.0
463	463	Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w MCC	584	1.4502	38.7	32.3
464	463	Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w CC	552	1.1308	36.3	30.3
465	463	Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w/o CC/MCC	60	0.9352	33.1	27.6
466	466	Revision of hip or knee replacement w MCC	5	1.6485	37.2	31.0
467	466	Revision of hip or knee replacement w CC	6	1.6485	37.2	31.0
468	466	Revision of hip or knee replacement w/o CC/MCC	0	1.6485	37.2	31.0
469	469	Major joint replacement or reattachment of lower extremity w MCC	1	1.6485	37.2	31.0
470	469	Major joint replacement or reattachment of lower extremity w/o MCC	3	1.6485	37.2	31.0
471	471	Cervical spinal fusion w MCC	3	1.0755	27.0	22.5
472	471	Cervical spinal fusion w CC	2	0.7541	23.8	19.8
473	471	Cervical spinal fusion w/o CC/MCC	0	0.7541	23.8	19.8
474	474	Amputation for musculoskeletal sys & conn tissue dis w MCC	89	1.3457	35.6	29.7
475	474	Amputation for musculoskeletal sys & conn tissue dis w CC	73	1.0602	32.3	26.9
476	474	Amputation for musculoskeletal sys & conn tissue dis w/o CC/MCC	4	0.7541	23.8	19.8
477	477	Biopsies of musculoskeletal system & connective tissue w MCC	34	1.3582	35.4	29.5
478	477	Biopsies of musculoskeletal system & connective tissue w CC	28	1.2963	39.1	32.6
479	477	Biopsies of musculoskeletal system & connective tissue w/o CC/MCC	3	0.6453	21.6	18.0

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Title	FY 2008 LTCH Cases	Proposed Relative Weight	Proposed Geometric Average Length of Stay	Proposed Short-Stay Outlier (SSO) Threshold[1]
480	480	Hip & femur procedures except major joint w MCC	13	1.6485	37.2	31.0
481	480	Hip & femur procedures except major joint w CC	8	1.6485	37.2	31.0
482	480	Hip & femur procedures except major joint w/o CC/MCC	0	1.6485	37.2	31.0
483	483	Major joint & limb reattachment proc of upper extremity w CC/MCC	0	1.6485	37.2	31.0
484	483	Major joint & limb reattachment proc of upper extremity w/o CC/MCC	0	1.6485	37.2	31.0
485	485	Knee procedures w pdx of infection w MCC	8	1.6485	37.2	31.0
486	485	Knee procedures w pdx of infection w CC	4	1.6485	37.2	31.0
487	485	Knee procedures w pdx of infection w/o CC/MCC	2	0.7541	23.8	19.8
488	488	Knee procedures w/o pdx of infection w CC/MCC*	4	1.0755	27.0	22.5
489	488	Knee procedures w/o pdx of infection w/o CC/MCC*	0	1.0755	27.0	22.5
490	490	Back & neck procedures except spinal fusion w CC/MCC or disc devices	4	1.0755	27.0	22.5
491	490	Back & neck procedures except spinal fusion w/o CC/MCC	0	1.0755	27.0	22.5
492	492	Lower extrem & humer proc except hip,foot,femur w MCC*	4	1.6485	37.2	31.0
493	492	Lower extrem & humer proc except hip,foot,femur w CC*	9	0.7541	23.8	19.8
494	492	Lower extrem & humer proc except hip,foot,femur w/o CC/MCC*	0	0.7541	23.8	19.8
495	495	Local excision & removal int fix devices exc hip & femur w MCC	30	1.2997	38.1	31.8
496	495	Local excision & removal int fix devices exc hip & femur w CC	41	1.1427	34.5	28.8
497	495	Local excision & removal int fix devices exc hip & femur w/o CC/MCC	5	0.6453	21.6	18.0
498	498	Local excision & removal int fix devices of hip & femur w CC/MCC	19	1.6485	37.2	31.0
499	498	Local excision & removal int fix devices of hip & femur w/o CC/MCC	1	0.7541	23.8	19.8
500	500	Soft tissue procedures w MCC	105	1.4011	36.9	30.8
501	500	Soft tissue procedures w CC	72	1.0149	32.9	27.4
502	500	Soft tissue procedures w/o CC/MCC	7	1.0149	32.9	27.4
503	503	Foot procedures w MCC	24	1.0755	27.0	22.5
504	503	Foot procedures w CC	29	1.0304	31.1	25.9
505	503	Foot procedures w/o CC/MCC	4	1.0304	31.1	25.9
506	506	Major thumb or joint procedures	0	1.0755	27.0	22.5
507	507	Major shoulder or elbow joint procedures w CC/MCC	2	1.6485	37.2	31.0
508	507	Major shoulder or elbow joint procedures w/o CC/MCC	0	1.6485	37.2	31.0
509	509	Arthroscopy	0	1.0304	31.1	25.9

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Title	FY 2008 LTCH Cases	Proposed Relative Weight	Proposed Geometric Average Length of Stay	Proposed Short-Stay Outlier (SSO) Threshold[1]
510	510	Shoulder,elbow or forearm proc,exc major joint proc w MCC	3	1.0755	27.0	22.5
511	510	Shoulder,elbow or forearm proc,exc major joint proc w CC	2	0.7541	23.8	19.8
512	510	Shoulder,elbow or forearm proc,exc major joint proc w/o CC/MCC	0	0.7541	23.8	19.8
513	513	Hand or wrist proc, except major thumb or joint proc w CC/MCC	9	1.0755	27.0	22.5
514	513	Hand or wrist proc, except major thumb or joint proc w/o CC/MCC	1	1.0755	27.0	22.5
515	515	Other musculoskelet sys & conn tiss O.R. proc w MCC	45	1.1904	30.1	25.1
516	515	Other musculoskelet sys & conn tiss O.R. proc w CC	20	1.0755	27.0	22.5
517	515	Other musculoskelet sys & conn tiss O.R. proc w/o CC/MCC	1	0.7541	23.8	19.8
533	533	Fractures of femur w MCC	0	1.6485	37.2	31.0
534	533	Fractures of femur w/o MCC	1	0.4806	19.3	16.1
535	535	Fractures of hip & pelvis w MCC	14	0.6453	21.6	18.0
536	535	Fractures of hip & pelvis w/o MCC	12	0.4806	19.3	16.1
537	537	Sprains, strains, & dislocations of hip, pelvis & thigh w CC/MCC	1	1.0755	27.0	22.5
538	537	Sprains, strains, & dislocations of hip, pelvis & thigh w/o CC/MCC	0	1.0755	27.0	22.5
539	539	Osteomyelitis w MCC	1,280	1.0288	30.0	25.0
540	539	Osteomyelitis w CC	1,286	0.8027	28.7	23.9
541	539	Osteomyelitis w/o CC/MCC	201	0.6973	26.6	22.2
542	542	Pathological fractures & musculoskelet & conn tiss malig w MCC	40	0.8081	23.8	19.8
543	542	Pathological fractures & musculoskelet & conn tiss malig w CC	34	0.6149	21.6	18.0
544	542	Pathological fractures & musculoskelet & conn tiss malig w/o CC/MCC	3	0.4806	19.3	16.1
545	545	Connective tissue disorders w MCC	55	0.8062	21.8	18.2
546	545	Connective tissue disorders w CC	31	0.5778	21.1	17.6
547	545	Connective tissue disorders w/o CC/MCC	4	0.4806	19.3	16.1
548	548	Septic arthritis w MCC	227	0.8513	26.5	22.1
549	548	Septic arthritis w CC	177	0.7361	25.6	21.3
550	548	Septic arthritis w/o CC/MCC	61	0.5232	23.4	19.5
551	551	Medical back problems w MCC	104	0.9024	27.3	22.8
552	551	Medical back problems w/o MCC	132	0.5926	23.1	19.3
553	553	Bone diseases & arthropathies w MCC	16	0.6453	21.6	18.0
554	553	Bone diseases & arthropathies w/o MCC	34	0.4690	19.9	16.6
555	555	Signs & symptoms of musculoskeletal system & conn tissue w MCC	7	0.7541	23.8	19.8

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Title	FY 2008 LTCH Cases	Proposed Relative Weight	Proposed Geometric Average Length of Stay	Proposed Short-Stay Outlier (SSO) Threshold[1]
556	555	Signs & symptoms of musculoskeletal system & conn tissue w/o MCC	17	0.4806	19.3	16.1
557	557	Tendonitis, myositis & bursitis w MCC	112	0.8753	24.6	20.5
558	557	Tendonitis, myositis & bursitis w/o MCC	127	0.6876	22.9	19.1
559	559	Aftercare, musculoskeletal system & connective tissue w MCC	1,567	0.8163	25.7	21.4
560	559	Aftercare, musculoskeletal system & connective tissue w CC	1,588	0.6794	25.4	21.2
561	559	Aftercare, musculoskeletal system & connective tissue w/o CC/MCC	431	0.5369	22.2	18.5
562	562	Fx, sprn, strn & disl except femur, hip, pelvis & thigh w MCC	21	0.7247	24.0	20.0
563	562	Fx, sprn, strn & disl except femur, hip, pelvis & thigh w/o MCC	8	0.7247	24.0	20.0
564	564	Other musculoskeletal sys & connective tissue diagnoses w MCC	339	0.8900	24.5	20.4
565	564	Other musculoskeletal sys & connective tissue diagnoses w CC	263	0.6894	24.2	20.2
566	564	Other musculoskeletal sys & connective tissue diagnoses w/o CC/MCC	32	0.5183	21.4	17.8
573	573	Skin graft &/or debrid for skn ulcer or cellulitis w MCC	1,834	1.3675	37.8	31.5
574	573	Skin graft &/or debrid for skn ulcer or cellulitis w CC	1,350	1.0080	35.0	29.2
575	573	Skin graft &/or debrid for skn ulcer or cellulitis w/o CC/MCC	94	0.8021	28.7	23.9
576	576	Skin graft &/or debrid exc for skin ulcer or cellulitis w MCC	43	1.2401	32.3	26.9
577	576	Skin graft &/or debrid exc for skin ulcer or cellulitis w CC	23	1.0755	27.0	22.5
578	576	Skin graft &/or debrid exc for skin ulcer or cellulitis w/o CC/MCC	6	0.4806	19.3	16.1
579	579	Other skin, subcut tiss & breast proc w MCC	552	1.3169	35.7	29.8
580	579	Other skin, subcut tiss & breast proc w CC	292	0.9474	32.2	26.8
581	579	Other skin, subcut tiss & breast proc w/o CC/MCC	23	0.7541	23.8	19.8
582	582	Mastectomy for malignancy w CC/MCC	4	0.7541	23.8	19.8
583	582	Mastectomy for malignancy w/o CC/MCC	0	0.7541	23.8	19.8
584	584	Breast biopsy, local excision & other breast procedures w CC/MCC	2	1.0755	27.0	22.5
585	584	Breast biopsy, local excision & other breast procedures w/o CC/MCC	0	1.0755	27.0	22.5
592	592	Skin ulcers w MCC	3,617	0.9317	26.7	22.3
593	592	Skin ulcers w CC	2,502	0.6908	25.5	21.3
594	592	Skin ulcers w/o CC/MCC	228	0.5721	22.0	18.3
595	595	Major skin disorders w MCC	36	0.6878	23.2	19.3

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Title	FY 2008 LTCH Cases	Proposed Relative Weight	Proposed Geometric Average Length of Stay	Proposed Short-Stay Outlier (SSO) Threshold[1]
596	595	Major skin disorders w/o MCC	34	0.5088	19.6	16.3
597	597	Malignant breast disorders w MCC*	10	0.7541	23.8	19.8
598	597	Malignant breast disorders w CC*	8	0.6453	21.6	18.0
599	597	Malignant breast disorders w/o CC/MCC*	0	0.6453	21.6	18.0
600	600	Non-malignant breast disorders w CC/MCC	18	0.6453	21.6	18.0
601	600	Non-malignant breast disorders w/o CC/MCC	3	0.4806	19.3	16.1
602	602	Cellulitis w MCC	946	0.7103	22.6	18.8
603	602	Cellulitis w/o MCC	1,431	0.5154	19.3	16.1
604	604	Trauma to the skin, subcut tiss & breast w MCC	44	0.8457	25.6	21.3
605	604	Trauma to the skin, subcut tiss & breast w/o MCC	45	0.5806	21.0	17.5
606	606	Minor skin disorders w MCC	90	1.1968	27.3	22.8
607	606	Minor skin disorders w/o MCC	105	0.5751	21.7	18.1
614	614	Adrenal & pituitary procedures w CC/MCC	0	1.0388	31.6	26.3
615	614	Adrenal & pituitary procedures w/o CC/MCC	0	1.0388	31.6	26.3
616	616	Amputat of lower limb for endocrine,nutrit,& metabol dis w MCC	62	1.5700	38.2	31.8
617	616	Amputat of lower limb for endocrine,nutrit,& metabol dis w CC	143	1.0927	31.4	26.2
618	616	Amputat of lower limb for endocrine,nutrit,& metabol dis w/o CC/MCC	0	1.0927	31.4	26.2
619	619	O.R. procedures for obesity w MCC*	1	1.6485	37.2	31.0
620	619	O.R. procedures for obesity w CC*	2	0.7541	23.8	19.8
621	619	O.R. procedures for obesity w/o CC/MCC*	0	0.7541	23.8	19.8
622	622	Skin grafts & wound debrid for endoc, nutrit & metab dis w MCC	119	1.2595	33.7	28.1
623	622	Skin grafts & wound debrid for endoc, nutrit & metab dis w CC	334	0.9925	30.7	25.6
624	622	Skin grafts & wound debrid for endoc, nutrit & metab dis w/o CC/MCC	12	0.9925	30.7	25.6
625	625	Thyroid, parathyroid & thyroglossal procedures w MCC	0	1.4401	34.0	28.3
626	625	Thyroid, parathyroid & thyroglossal procedures w CC	0	1.0388	31.6	26.3
627	625	Thyroid, parathyroid & thyroglossal procedures w/o CC/MCC	0	1.0388	31.6	26.3
628	628	Other endocrine, nutrit & metab O.R. proc w MCC	60	1.4401	34.0	28.3
629	628	Other endocrine, nutrit & metab O.R. proc w CC	122	1.0388	31.6	26.3
630	628	Other endocrine, nutrit & metab O.R. proc w/o CC/MCC	0	1.0388	31.6	26.3
637	637	Diabetes w MCC	432	0.8765	25.8	21.5
638	637	Diabetes w CC	1,185	0.6982	24.3	20.3
639	637	Diabetes w/o CC/MCC	38	0.4078	18.0	15.0
640	640	Nutritional & misc metabolic disorders w MCC	679	0.8140	22.3	18.6
641	640	Nutritional & misc metabolic disorders w/o MCC	520	0.6492	21.5	17.9
642	642	Inborn errors of metabolism	7	1.6485	37.2	31.0

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Title	FY 2008 LTCH Cases	Proposed Relative Weight	Proposed Geometric Average Length of Stay	Proposed Short-Stay Outlier (SSO) Threshold[1]
643	643	Endocrine disorders w MCC	19	0.7541	23.8	19.8
644	643	Endocrine disorders w CC	18	0.6453	21.6	18.0
645	643	Endocrine disorders w/o CC/MCC	3	0.6453	21.6	18.0
652	652	Kidney transplant	0	0.0000	0.0	0.0
653	653	Major bladder procedures w MCC	0	0.7541	23.8	19.8
654	653	Major bladder procedures w CC	0	0.7541	23.8	19.8
655	653	Major bladder procedures w/o CC/MCC	0	0.7541	23.8	19.8
656	656	Kidney & ureter procedures for neoplasm w MCC	2	0.7541	23.8	19.8
657	656	Kidney & ureter procedures forneoplasm w CC	0	0.7541	23.8	19.8
658	656	Kidney & ureter procedures for neoplasm w/o CC/MCC	0	0.7541	23.8	19.8
659	659	Kidney & ureter procedures for non-neoplasm w MCC*	4	1.6485	37.2	31.0
660	659	Kidney & ureter procedures for non-neoplasm w CC*	9	0.7541	23.8	19.8
661	659	Kidney & ureter procedures for non-neoplasm w/o CC/MCC*	0	0.7541	23.8	19.8
662	662	Minor bladder procedures w MCC	1	1.6485	37.2	31.0
663	662	Minor bladder procedures w CC	3	0.6453	21.6	18.0
664	662	Minor bladder procedures w/o CC/MCC	0	0.6453	21.6	18.0
665	665	Prostatectomy w MCC	0	0.7541	23.8	19.8
666	665	Prostatectomy w CC	1	0.7541	23.8	19.8
667	665	Prostatectomy w/o CC/MCC	1	0.4806	19.3	16.1
668	668	Transurethral procedures w MCC	3	0.7541	23.8	19.8
669	668	Transurethral procedures w CC	7	0.7541	23.8	19.8
670	668	Transurethral procedures w/o CC/MCC	0	0.7541	23.8	19.8
671	671	Urethral procedures w CC/MCC	2	1.0755	27.0	22.5
672	671	Urethral procedures w/o CC/MCC	0	1.0755	27.0	22.5
673	673	Other kidney & urinary tract procedures w MCC	154	1.3309	32.1	26.8
674	673	Other kidney & urinary tract procedures w CC	56	0.9480	28.7	23.9
675	673	Other kidney & urinary tract procedures w/o CC/MCC	5	0.6453	21.6	18.0
682	682	Renal failure w MCC	1,476	0.8992	23.3	19.4
683	682	Renal failure w CC	587	0.7182	22.1	18.4
684	682	Renal failure w/o CC/MCC	36	0.5324	17.9	14.9
685	685	Admit for renal dialysis	10	0.6453	21.6	18.0
686	686	Kidney & urinary tract neoplasms w MCC*	31	0.8000	23.5	19.6
687	686	Kidney & urinary tract neoplasms w CC*	20	0.7541	23.8	19.8
688	686	Kidney & urinary tract neoplasms w/o CC/MCC*	0	0.7541	23.8	19.8
689	689	Kidney & urinary tract infections w MCC	895	0.6748	22.6	18.8
690	689	Kidney & urinary tract infections w/o MCC	703	0.5312	19.8	16.5
691	691	Urinary stones w esw lithotripsy w CC/MCC	1	1.0755	27.0	22.5
692	691	Urinary stones w esw lithotripsy w/o CC/MCC	0	0.4806	19.3	16.1
693	693	Urinary stones w/o esw lithotripsy w MCC	5	0.7541	23.8	19.8
694	693	Urinary stones w/ot esw lithotripsy w/o MCC	2	0.4806	19.3	16.1

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Title	FY 2008 LTCH Cases	Proposed Relative Weight	Proposed Geometric Average Length of Stay	Proposed Short-Stay Outlier (SSO) Threshold[1]
695	695	Kidney & urinary tract signs & symptoms w MCC	3	0.7541	23.8	19.8
696	695	Kidney & urinary tract signs & symptoms w/o MCC	2	0.4806	19.3	16.1
697	697	Urethral stricture	1	0.6453	21.6	18.0
698	698	Other kidney & urinary tract diagnoses w MCC	237	0.8692	23.2	19.3
699	698	Other kidney & urinary tract diagnoses w CC	142	0.7161	22.4	18.7
700	698	Other kidney & urinary tract diagnoses w/o CC/MCC	13	0.6453	21.6	18.0
707	707	Major male pelvic procedures w CC/MCC	0	0.7541	23.8	19.8
708	707	Major male pelvic procedures w/o CC/MCC	0	0.7541	23.8	19.8
709	709	Penis procedures w CC/MCC	2	1.6485	37.2	31.0
710	709	Penis procedures w/o CC/MCC	0	1.6485	37.2	31.0
711	711	Testes procedures w CC/MCC	8	1.0755	27.0	22.5
712	711	Testes procedures w/o CC/MCC	0	1.0755	27.0	22.5
713	713	Transurethral prostatectomy w CC/MCC	0	0.7541	23.8	19.8
714	713	Transurethral prostatectomy w/o CC/MCC	0	0.7541	23.8	19.8
715	715	Other male reproductive system O.R. proc for malignancy w CC/MCC	0	1.6485	37.2	31.0
716	715	Other male reproductive system O.R. proc for malignancy w/o CC/MCC	0	1.6485	37.2	31.0
717	717	Other male reproductive system O.R. proc exc malignancy w CC/MCC	12	1.6485	37.2	31.0
718	717	Other male reproductive system O.R. proc exc malignancy w/o CC/MCC	0	1.6485	37.2	31.0
722	722	Malignancy, male reproductive system w MCC	8	0.6453	21.6	18.0
723	722	Malignancy, male reproductive system w CC	10	0.6453	21.6	18.0
724	722	Malignancy, male reproductive system w/o CC/MCC	0	0.6453	21.6	18.0
725	725	Benign prostatic hypertrophy w MCC	4	0.4806	19.3	16.1
726	725	Benign prostatic hypertrophy w/o MCC	1	0.4806	19.3	16.1
727	727	Inflammation of the male reproductive system w MCC	66	0.7711	24.0	20.0
728	727	Inflammation of the male reproductive system w/o MCC	66	0.4981	20.7	17.3
729	729	Other male reproductive system diagnoses w CC/MCC	72	0.8481	23.7	19.8
730	729	Other male reproductive system diagnoses w/o CC/MCC	1	0.4806	19.3	16.1
734	734	Pelvic evisceration, rad hysterectomy & rad vulvectomy w CC/MCC	0	1.6485	37.2	31.0
735	734	Pelvic evisceration, rad hysterectomy & rad vulvectomy w/o CC/MCC	0	1.6485	37.2	31.0
736	736	Uterine & adnexa proc for ovarian or adnexal malignancy w MCC*	0	0.9344	22.3	18.6
737	736	Uterine & adnexa proc for ovarian or adnexal malignancy w CC*	0	0.6453	21.6	18.0
738	736	Uterine & adnexa proc for ovarian or adnexal malignancy w/o CC/MCC*	0	0.6453	21.6	18.0

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Title	FY 2008 LTCH Cases	Proposed Relative Weight	Proposed Geometric Average Length of Stay	Proposed Short-Stay Outlier (SSO) Threshold[1]
739	739	Uterine,adnexa proc for non-ovarian/adnexal malig w MCC*	0	1.4401	34.0	28.3
740	739	Uterine,adnexa proc for non-ovarian/adnexal malig w CC*	0	0.6453	21.6	18.0
741	739	Uterine,adnexa proc for non-ovarian/adnexal malig w/o CC/MCC*	0	0.6453	21.6	18.0
742	742	Uterine & adnexa proc for non-malignancy w CC/MCC*	0	0.6453	21.6	18.0
743	742	Uterine & adnexa proc for non-malignancy w/o CC/MCC*	0	0.6453	21.6	18.0
744	744	D&C, conization, laparascopy & tubal interruption w CC/MCC	0	0.7541	23.8	19.8
745	744	D&C, conization, laparascopy & tubal interruption w/o CC/MCC	0	0.7541	23.8	19.8
746	746	Vagina, cervix & vulva procedures w CC/MCC	1	0.6453	21.6	18.0
747	746	Vagina, cervix & vulva procedures w/o CC/MCC	1	0.6453	21.6	18.0
748	748	Female reproductive system reconstructive procedures	0	0.7541	23.8	19.8
749	749	Other female reproductive system O.R. procedures w CC/MCC	4	0.7541	23.8	19.8
750	749	Other female reproductive system O.R. procedures w/o CC/MCC	0	0.7541	23.8	19.8
754	754	Malignancy, female reproductive system w MCC	25	0.9344	22.3	18.6
755	754	Malignancy, female reproductive system w CC	19	0.6453	21.6	18.0
756	754	Malignancy, female reproductive system w/o CC/MCC	0	0.6453	21.6	18.0
757	757	Infections, female reproductive system w MCC	78	0.8759	24.2	20.2
758	757	Infections, female reproductive system w CC	34	0.7888	21.3	17.8
759	757	Infections, female reproductive system w/o CC/MCC	2	0.6453	21.6	18.0
760	760	Menstrual & other female reproductive system disorders w CC/MCC*	11	0.7541	23.8	19.8
761	760	Menstrual & other female reproductive system disorders w/o CC/MCC*	0	0.7541	23.8	19.8
765	765	Cesarean section w CC/MCC	0	1.0388	31.6	26.3
766	765	Cesarean section w/o CC/MCC	0	1.0388	31.6	26.3
767	767	Vaginal delivery w sterilization &/or D&C	0	1.0388	31.6	26.3
768	768	Vaginal delivery w O.R. proc except steril &/or D&C	0	1.0388	31.6	26.3
769	769	Postpartum & post abortion diagnoses w O.R. procedure	0	1.0388	31.6	26.3
770	770	Abortion w D&C, aspiration curettage or hysterotomy	0	1.0388	31.6	26.3
774	774	Vaginal delivery w complicating diagnoses	0	1.0388	31.6	26.3
775	775	Vaginal delivery w/o complicating diagnoses	0	1.0388	31.6	26.3
776	776	Postpartum & post abortion diagnoses w/o O.R. procedure	1	1.6485	37.2	31.0

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777	777	Ectopic pregnancy	0	1.0388	31.6	26.3
778	778	Threatened abortion	0	0.6453	21.6	18.0
779	779	Abortion w/o D&C	0	0.6453	21.6	18.0
780	780	False labor	0	0.6453	21.6	18.0
781	781	Other antepartum diagnoses w medical complications	3	0.7541	23.8	19.8
782	782	Other antepartum diagnoses w/o medical complications	0	0.7541	23.8	19.8
789	789	Neonates, died or transferred to another acute care facility	0	0.7541	23.8	19.8
790	790	Extreme immaturity or respiratory distress syndrome, neonate	0	0.7541	23.8	19.8
791	791	Prematurity w major problems	0	0.7541	23.8	19.8
792	792	Prematurity w/o major problems	0	0.7541	23.8	19.8
793	793	Full term neonate w major problems	0	0.7541	23.8	19.8
794	794	Neonate w other significant problems	0	0.7541	23.8	19.8
795	795	Normal newborn	0	0.7541	23.8	19.8
799	799	Splenectomy w MCC	0	1.0755	27.0	22.5
800	799	Splenectomy w CC	1	1.0755	27.0	22.5
801	799	Splenectomy w/o CC/MCC	0	1.0755	27.0	22.5
802	802	Other O.R. proc of the blood & blood forming organs w MCC*	2	0.6453	21.6	18.0
803	802	Other O.R. proc of the blood & blood forming organs w CC*	2	0.4806	19.3	16.1
804	802	Other O.R. proc of the blood & blood forming organs w/o CC/MCC*	0	0.4806	19.3	16.1
808	808	Major hematol/immun diag exc sickle cell crisis & coagul w MCC	12	0.6779	19.8	16.5
809	808	Major hematol/immun diag exc sickle cell crisis & coagul w CC	15	0.6779	19.8	16.5
810	808	Major hematol/immun diag exc sickle cell crisis & coagul w/o CC/MCC	0	0.5783	19.5	16.3
811	811	Red blood cell disorders w MCC	39	0.8280	22.1	18.4
812	811	Red blood cell disorders w/o MCC	40	0.5783	19.5	16.3
813	813	Coagulation disorders	41	0.8246	22.3	18.6
814	814	Reticuloendothelial & immunity disorders w MCC	11	1.0755	27.0	22.5
815	814	Reticuloendothelial & immunity disorders w CC	9	0.6453	21.6	18.0
816	814	Reticuloendothelial & immunity disorders w/o CC/MCC	4	0.6453	21.6	18.0
820	820	Lymphoma & leukemia w major O.R. procedure w MCC*	0	1.6485	37.2	31.0
821	820	Lymphoma & leukemia w major O.R. procedure w CC*	1	0.7541	23.8	19.8
822	820	Lymphoma & leukemia w major O.R. procedure w/o CC/MCC*	0	0.7541	23.8	19.8

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Title	FY 2008 LTCH Cases	Proposed Relative Weight	Proposed Geometric Average Length of Stay	Proposed Short-Stay Outlier (SSO) Threshold[1]
823	823	Lymphoma & non-acute leukemia w other O.R. proc w MCC	2	1.6485	37.2	31.0
824	823	Lymphoma & non-acute leukemia w other O.R. proc w CC	2	1.6485	37.2	31.0
825	823	Lymphoma & non-acute leukemia w other O.R. proc w/o CC/MCC	0	1.6485	37.2	31.0
826	826	Myeloprolif disord or poorly diff neopl w maj O.R. proc w MCC	1	1.0755	27.0	22.5
827	826	Myeloprolif disord or poorly diff neopl w maj O.R. proc w CC	1	1.0755	27.0	22.5
828	826	Myeloprolif disord or poorly diff neopl w maj O.R. proc w/o CC/MCC	0	1.0755	27.0	22.5
829	829	Myeloprolif disord or poorly diff neopl w other O.R. proc w CC/MCC	14	1.0755	27.0	22.5
830	829	Myeloprolif disord or poorly diff neopl w other O.R. proc w/o CC/MCC	0	1.0755	27.0	22.5
834	834	Acute leukemia w/o major O.R. procedure w MCC*	21	1.0755	27.0	22.5
835	834	Acute leukemia w/o major O.R. procedure w CC*	9	0.7541	23.8	19.8
836	834	Acute leukemia w/o major O.R. procedure w/o CC/MCC*	0	0.7541	23.8	19.8
837	837	Chemo w acute leukemia as sdx or w high dose chemo agent w MCC*	1	0.6453	21.6	18.0
838	837	Chemo w acute leukemia as sdx or w high dose chemo agent w CC*	0	0.6453	21.6	18.0
839	837	Chemo w acute leukemia as sdx or w high dose chemo agent w/o CC/MCC*	0	0.6453	21.6	18.0
840	840	Lymphoma & non-acute leukemia w MCC	85	1.0020	24.0	20.0
841	840	Lymphoma & non-acute leukemia w CC	58	0.8928	22.3	18.6
842	840	Lymphoma & non-acute leukemia w/o CC/MCC	10	0.6453	21.6	18.0
843	843	Other myeloprolif dis or poorly diff neopl diag w MCC*	14	0.7541	23.8	19.8
844	843	Other myeloprolif dis or poorly diff neopl diag w CC*	13	0.7541	23.8	19.8
845	843	Other myeloprolif dis or poorly diff neopl diag w/o CC/MCC*	0	0.7541	23.8	19.8
846	846	Chemotherapy w/o acute leukemia as secondary diagnosis w MCC	59	1.5105	29.5	24.6
847	846	Chemotherapy w/o acute leukemia as secondary diagnosis w CC	41	1.1015	25.0	20.8
848	846	Chemotherapy w/o acute leukemia as secondary diagnosis w/o CC/MCC	1	1.1015	25.0	20.8
849	849	Radiotherapy	141	0.7939	22.3	18.6
853	853	Infectious & parasitic diseases w O.R. procedure w MCC	748	1.7474	37.9	31.6

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Title	FY 2008 LTCH Cases	Proposed Relative Weight	Proposed Geometric Average Length of Stay	Proposed Short-Stay Outlier (SSO) Threshold[1]
854	853	Infectious & parasitic diseases w O.R. procedure w CC	182	1.2160	34.8	29.0
855	853	Infectious & parasitic diseases w O.R. procedure w/o CC/MCC	13	1.0755	27.0	22.5
856	856	Postoperative or post-traumatic infections w O.R. proc w MCC	319	1.3916	35.0	29.2
857	856	Postoperative or post-traumatic infections w O.R. proc w CC	173	1.0325	30.9	25.8
858	856	Postoperative or post-traumatic infections w O.R. proc w/o CC/MCC	24	0.7541	23.8	19.8
862	862	Postoperative & post-traumatic infections w MCC	1,465	0.9533	25.3	21.1
863	862	Postoperative & post-traumatic infections w/o MCC	1,108	0.6800	23.2	19.3
864	864	Fever of unknown origin	6	0.6453	21.6	18.0
865	865	Viral illness w MCC	34	0.7966	24.2	20.2
866	865	Viral illness w/o MCC	19	0.7541	23.8	19.8
867	867	Other infectious & parasitic diseases diagnoses w MCC	374	1.1330	24.0	20.0
868	867	Other infectious & parasitic diseases diagnoses w CC	69	0.6705	22.0	18.3
869	867	Other infectious & parasitic diseases diagnoses w/o CC/MCC	6	0.4806	19.3	16.1
870	870	Septicemia w MV 96+ hours	1,019	2.1463	32.1	26.8
871	871	Septicemia w/o MV 96+ hours w MCC	5,385	0.8653	23.4	19.5
872	871	Septicemia w/o MV 96+ hours w/o MCC	1,436	0.6393	21.6	18.0
876	876	O.R. procedure w principal diagnoses of mental illness	3	1.6485	37.2	31.0
880	880	Acute adjustment reaction & psychosocial dysfunction	7	0.4806	19.3	16.1
881	881	Depressive neuroses	24	0.4806	19.3	16.1
882	882	Neuroses except depressive	11	0.6453	21.6	18.0
883	883	Disorders of personality & impulse control	5	0.4806	19.3	16.1
884	884	Organic disturbances & mental retardation	84	0.5367	27.8	23.2
885	885	Psychoses	1,162	0.4047	22.9	19.1
886	886	Behavioral & developmental disorders	62	0.3967	22.5	18.8
887	887	Other mental disorder diagnoses	0	0.4806	19.3	16.1
894	894	Alcohol/drug abuse or dependence, left ama	1	0.6453	21.6	18.0
895	895	Alcohol/drug abuse or dependence w rehabilitation therapy	1	0.4806	19.3	16.1
896	896	Alcohol/drug abuse or dependence w/o rehabilitation therapy w MCC	16	0.7541	23.8	19.8
897	896	Alcohol/drug abuse or dependence w/o rehabilitation therapy w/o MCC	11	0.4806	19.3	16.1
901	901	Wound debridements for injuries w MCC	216	1.3007	34.0	28.3
902	901	Wound debridements for injuries w CC	143	1.1738	32.7	27.3
903	901	Wound debridements for injuries w/o CC/MCC	14	0.7541	23.8	19.8
904	904	Skin grafts for injuries w CC/MCC	77	1.4033	39.5	32.9

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Title	FY 2008 LTCH Cases	Proposed Relative Weight	Proposed Geometric Average Length of Stay	Proposed Short-Stay Outlier (SSO) Threshold[1]
905	904	Skin grafts for injuries w/o CC/MCC	4	0.7541	23.8	19.8
906	906	Hand procedures for injuries	2	0.7541	23.8	19.8
907	907	Other O.R. procedures for injuries w MCC	127	1.6745	38.1	31.8
908	907	Other O.R. procedures for injuries w CC	76	1.1842	33.7	28.1
909	907	Other O.R. procedures for injuries w/o CC/MCC	2	1.0755	27.0	22.5
913	913	Traumatic injury w MCC	65	0.8225	24.3	20.3
914	913	Traumatic injury w/o MCC	64	0.5835	21.7	18.1
915	915	Allergic reactions w MCC	0	0.4806	19.3	16.1
916	915	Allergic reactions w/o MCC	0	0.4806	19.3	16.1
917	917	Poisoning & toxic effects of drugs w MCC	15	1.0755	27.0	22.5
918	917	Poisoning & toxic effects of drugs w/o MCC	9	0.4806	19.3	16.1
919	919	Complications of treatment w MCC	1,400	1.1020	26.6	22.2
920	919	Complications of treatment w CC	908	0.7861	25.0	20.8
921	919	Complications of treatment w/o CC/MCC	82	0.6137	20.3	16.9
922	922	Other injury, poisoning & toxic effect diag w MCC	2	1.0755	27.0	22.5
923	922	Other injury, poisoning & toxic effect diag w/o MCC	2	1.0755	27.0	22.5
927	927	Extensive burns or full thickness burns w MV 96+ hrs w skin graft	1	1.0755	27.0	22.5
928	928	Full thickness burn w skin graft or inhal inj w CC/MCC	9	1.0755	27.0	22.5
929	928	Full thickness burn w skin graft or inhal inj w/o CC/MCC	0	0.8244	26.6	22.2
933	933	Extensive burns or full thickness burns w MV 96+ hrs w/o skin graft	7	1.0755	27.0	22.5
934	934	Full thickness burn w/o skin grft or inhal inj	36	0.8244	26.6	22.2
935	935	Non-extensive burns	40	0.9376	25.6	21.3
939	939	O.R. proc w diagnoses of other contact w health services w MCC	238	1.4023	34.2	28.5
940	939	O.R. proc w diagnoses of other contact w health services w CC	101	1.0029	32.4	27.0
941	939	O.R. proc w diagnoses of other contact w health services w/o CC/MCC	13	0.7541	23.8	19.8
945	945	Rehabilitation w CC/MCC	2,101	0.6424	21.8	18.2
946	945	Rehabilitation w/o CC/MCC	197	0.4199	18.5	15.4
947	947	Signs & symptoms w MCC	52	0.7660	22.9	19.1
948	947	Signs & symptoms w/o MCC	53	0.5069	19.9	16.6
949	949	Aftercare w CC/MCC	3,430	0.6846	22.2	18.5
950	949	Aftercare w/o CC/MCC	264	0.4418	17.0	14.2
951	951	Other factors influencing health status	74	1.4928	32.2	26.8
955	955	Craniotomy for multiple significant trauma	0	0.4806	19.3	16.1
956	956	Limb reattachment, hip & femur proc for multiple significant trauma	0	1.6485	37.2	31.0
957	957	Other O.R. procedures for multiple significant trauma w MCC	3	1.6485	37.2	31.0

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Title	FY 2008 LTCH Cases	Proposed Relative Weight	Proposed Geometric Average Length of Stay	Proposed Short-Stay Outlier (SSO) Threshold[1]
958	957	Other O.R. procedures for multiple significant trauma w CC	2	1.0755	27.0	22.5
959	957	Other O.R. procedures for multiple significant trauma w/o CC/MCC	0	1.0755	27.0	22.5
963	963	Other multiple significant trauma w MCC	17	1.0755	27.0	22.5
964	963	Other multiple significant trauma w CC	6	0.4806	19.3	16.1
965	963	Other multiple significant trauma w/o CC/MCC	2	0.4806	19.3	16.1
969	969	HIV w extensive O.R. procedure w MCC	19	1.6485	37.2	31.0
970	969	HIV w extensive O.R. procedure w/o MCC	3	1.6485	37.2	31.0
974	974	HIV w major related condition w MCC	218	1.0251	22.5	18.8
975	974	HIV w major related condition w CC	67	0.7645	20.0	16.7
976	974	HIV w major related condition w/o CC/MCC	8	0.6453	21.6	18.0
977	977	HIV w or w/o other related condition	54	0.6015	19.3	16.1
981	981	Extensive O.R. procedure unrelated to principal diagnosis w MCC	1,140	2.2994	42.4	35.3
982	981	Extensive O.R. procedure unrelated to principal diagnosis w CC	313	1.3292	34.1	28.4
983	981	Extensive O.R. procedure unrelated to principal diagnosis w/o CC/MCC	15	1.0755	27.0	22.5
984	984	Prostatic O.R. procedure unrelated to principal diagnosis w MCC	13	1.6485	37.2	31.0
985	984	Prostatic O.R. procedure unrelated to principal diagnosis w CC	5	1.6485	37.2	31.0
986	984	Prostatic O.R. procedure unrelated to principal diagnosis w/o CC/MCC	1	0.6453	21.6	18.0
987	987	Non-extensive O.R. proc unrelated to principal diagnosis w MCC	434	1.7369	37.5	31.3
988	987	Non-extensive O.R. proc unrelated to principal diagnosis w CC	185	1.0852	31.6	26.3
989	987	Non-extensive O.R. proc unrelated to principal diagnosis w/o CC/MCC	8	1.0852	31.6	26.3
998	998	Principal diagnosis invalid as discharge diagnosis	0	0	0.0	0.0
999	999	Ungroupable	0	0	0.0	0.0

[1] The SSO Threshold is calculated as 5/6th of the geometric average length of stay of the MS-LTC-DRG (as specified in §412.529(a) in conjunction with §412.503).

* In determining the proposed MS-LTC-DRG relative weights for RY 2010, these MS-LTC-DRGs were adjusted for nonmonotonicity as discussed in section VIII.B.3.f. (step 6) of the preamble of the FY 2010 IPPS and RY 2010 LTCH PPS proposed rule (74 FR 24079).

[FR Doc. E9–12907 Filed 5–29–09; 4:15 pm]
BILLING CODE C

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

44 CFR Part 67

[Docket ID FEMA–2008–0020; Internal Agency Docket No. FEMA–B–1056]

Proposed Flood Elevation Determinations

AGENCY: Federal Emergency Management Agency, DHS.

ACTION: Proposed rule.

SUMMARY: Comments are requested on the proposed Base (1% annual-chance) Flood Elevations (BFEs) and proposed BFE modifications for the communities listed in the table below. The purpose of this notice is to seek general information and comment regarding the proposed regulatory flood elevations for the reach described by the downstream and upstream locations in the table below. The BFEs and modified BFEs are a part of the floodplain management measures that the community is required either to adopt or show evidence of having in effect in order to qualify or remain qualified for participation in the National Flood Insurance Program (NFIP). In addition, these elevations, once finalized, will be used by insurance agents, and others to calculate appropriate flood insurance premium rates for new buildings and the contents in those buildings.

DATES: Comments are to be submitted on or before September 1, 2009.

ADDRESSES: The corresponding preliminary Flood Insurance Rate Map (FIRM) for the proposed BFEs for each community are available for inspection at the community's map repository. The respective addresses are listed in the table below.

You may submit comments, identified by Docket No. FEMA–B–1056, to William R. Blanton, Jr., Chief, Engineering Management Branch, Mitigation Directorate, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472, (202) 646–3151, or (e-mail) *bill.blanton@dhs.gov.*

FOR FURTHER INFORMATION CONTACT: William R. Blanton, Jr., Chief, Engineering Management Branch, Mitigation Directorate, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472, (202) 646–3151, or (e-mail) *bill.blanton@dhs.gov.*

SUPPLEMENTARY INFORMATION: The Federal Emergency Management Agency (FEMA) proposes to make determinations of BFEs and modified BFEs for each community listed below, in accordance with section 110 of the Flood Disaster Protection Act of 1973, 42 U.S.C. 4104, and 44 CFR 67.4(a).

These proposed BFEs and modified BFEs, together with the floodplain management criteria required by 44 CFR 60.3, are the minimum that are required. They should not be construed to mean that the community must change any existing ordinances that are more stringent in their floodplain management requirements. The community may at any time enact stricter requirements of its own, or pursuant to policies established by other Federal, State, or regional entities. These proposed elevations are used to meet the floodplain management requirements of the NFIP and are also used to calculate the appropriate flood insurance premium rates for new buildings built after these elevations are made final, and for the contents in these buildings.

Comments on any aspect of the Flood Insurance Study and FIRM, other than the proposed BFEs, will be considered. A letter acknowledging receipt of any comments will not be sent.

National Environmental Policy Act. This proposed rule is categorically excluded from the requirements of 44 CFR part 10, Environmental Consideration. An environmental impact assessment has not been prepared.

Regulatory Flexibility Act. As flood elevation determinations are not within the scope of the Regulatory Flexibility Act, 5 U.S.C. 601–612, a regulatory flexibility analysis is not required.

Executive Order 12866, Regulatory Planning and Review. This proposed rule is not a significant regulatory action under the criteria of section 3(f) of Executive Order 12866, as amended.

Executive Order 13132, Federalism. This proposed rule involves no policies that have federalism implications under Executive Order 13132.

Executive Order 12988, Civil Justice Reform. This proposed rule meets the applicable standards of Executive Order 12988.

List of Subjects in 44 CFR Part 67

Administrative practice and procedure, Flood insurance, Reporting and recordkeeping requirements.

Accordingly, 44 CFR part 67 is proposed to be amended as follows:

PART 67—[AMENDED]

1. The authority citation for part 67 continues to read as follows:

Authority: 42 U.S.C. 4001 *et seq.;* Reorganization Plan No. 3 of 1978, 3 CFR, 1978 Comp., p. 329; E.O. 12127, 44 FR 19367, 3 CFR, 1979 Comp., p. 376.

§ 67.4 [Amended]

2. The tables published under the authority of § 67.4 are proposed to be amended as follows:

Flooding source(s)	Location of referenced elevation **	* Elevation in feet (NGVD) + Elevation in feet (NAVD) # Depth in feet above ground ^ Elevation in meters (MSL)		Communities affected
		Effective	Modified	
Glenn County, California, and Incorporated Areas				
Butte Creek	Approximately 2,270 feet downstream of Aguas Frias Road.	None	+105	Unincorporated Areas of Glenn County.
	Just upstream of Aguas Frias Road	None	+108	
Butte Creek (*outside of Levee*).	Approximately 3,230 feet downstream of Aguas Frias Road.	None	+97	Unincorporated Areas of Glenn County.