The notices of applications stated in detail the qualifications, experience, and medical condition of each applicant for an exemption from the vision requirements. That information is available by consulting the above cited Federal Register publications.

Interested parties or organizations possessing information that would otherwise show that any, or all, of these drivers are not currently achieving the statutory level of safety should immediately notify FMCSA. The Agency will evaluate any adverse evidence submitted and, if safety is being compromised or if continuation of the exemption would not be consistent with the goals and objectives of 49 U.S.C. 31136(e) and 31315, FMCSA will take immediate steps to revoke the exemption of a driver.

Issued on: September 21, 2010.

Larry W. Minor,
Associate Administrator for Policy and Program Development.

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DEPARTMENT OF VETERANS AFFAIRS

Reasonable Charges for Inpatient MS–DRGs and SNF Medical Services; 2011 Fiscal Year Update

AGENCY: Department of Veterans Affairs.

ACTION: Notice.

SUMMARY: Section 17.101 of Title 38 of the Code of Federal Regulations sets forth the Department of Veterans Affairs (VA) medical regulations concerning “Reasonable Charges” for medical care or services provided or furnished by VA to a veteran:
—For a nonservice-connected disability for which the veteran is entitled to care (or the payment of expenses of care) under a health plan contract;
—For a nonservice-connected disability incurred incident to the veteran’s employment and covered under a worker’s compensation or plan that provides reimbursement or indemnification for such care and services; or
—For a nonservice-connected disability incurred as a result of a motor vehicle accident in a State that requires automobile accident reparations insurance.

The regulations include methodologies for establishing billed amounts for the following types of charges: Acute inpatient facility charges; skilled nursing facility/sub-acute inpatient facility charges; partial hospitalization facility charges; outpatient facility charges; physician and other professional charges, including professional charges for anesthesia services and dental services; pathology and laboratory charges; observation care facility charges; ambulance and other emergency transportation charges; and charges for durable medical equipment, drugs, injectables, and other medical services, items, and supplies identified by Healthcare Common Procedure Coding System (HCPCS) Level II codes. The regulations also provide that data for calculating actual charge amounts at individual VA facilities based on these methodologies will either be published in a notice in the Federal Register or will be posted on the Internet site of the Veterans Health Administration (VHA) Chief Business Office, currently at http://www1.va.gov/CBO/apps/rates/index.asp, under “Charge Data.” Certain charges are hereby updated as described in the Supplementary Information section of this notice. These changes are effective October 1, 2010.

When charges for medical care or services provided or furnished at VA expense by either VA or non-VA providers have not been established under other provisions of the regulations, the method for determining VA’s charges is set forth at 38 CFR 17.101(a)(8).

FOR FURTHER INFORMATION CONTACT:
Romona Greene, Chief Business Office (168), Veterans Health Administration, Department of Veterans Affairs, 810 Vermont Avenue, NW., Washington, DC 20420, (202) 461–1595. (This is not a toll free number.)

SUPPLEMENTARY INFORMATION: Of the charge types listed in the Summary section of this notice, only the acute inpatient facility charges and skilled nursing facility/sub-acute inpatient facility charges are being changed. Charges for the following charge types: partial hospitalization facility charges; outpatient facility charges; physician and other professional charges, including professional charges for anesthesia services and dental services; pathology and laboratory charges; observation care facility charges; ambulance and other emergency transportation charges; and charges for durable medical equipment, drugs, injectables, and other medical services, items, and supplies identified by HCPCS Level II codes are not being changed. These Outpatient facility charges and Professional charges remain the same as set forth in a notice published in the Federal Register on December 28, 2009 (74 FR 247).

Based on the methodologies set forth in 38 CFR 17.101(b), this document provides an update to acute inpatient charges that were based on 2010 Medicare severity diagnosis related groups (MS–DRGs). Acute inpatient facility charges by MS–DRGs are set forth in Table A and are posted on the Internet site of the VHA Chief Business Office, currently at http://www1.va.gov/CBO/apps/rates/index.asp, under “Charge Data.” This Table A corresponds to the Table A referenced in the September 17, 2009, Federal Register Notice. Table A referenced in this notice provides updated charges based on 2011 MS–DRGs and will replace Table A posted on the Internet site of the VHA Chief Business Office, which corresponds to the Table A referenced in the September 17, 2009, Federal Register notice.

Also, this document provides for an updated all-inclusive per diem charge for skilled nursing facility/sub-acute inpatient facility charge using the methodologies set forth in 38 CFR 17.101(c), and it is adjusted by a geographic area factor based on the location where the care is provided. The skilled nursing facility/sub-acute inpatient facility per diem charge is set forth in Table B and is posted on the Internet site of the VHA Chief Business Office, currently at http://www1.va.gov/CBO/apps/rates/index.asp, under “Charge Data.” This Table B corresponds to the Table B referenced in the September 17, 2009, Federal Register Notice. Table B referenced in this notice provides updated charges for the nationwide skilled nursing facility/sub-acute inpatient facility per diem charge and will replace Table B posted on the Internet site of the VHA Chief Business Office, which corresponds to the Table B referenced in the September 17, 2009, Federal Register notice.

The charges in this update for acute inpatient facility and skilled nursing facility/sub-acute inpatient facility services are effective October 1, 2010.

In this update, we are retaining the table designations used for acute inpatient facility charges by MS–DRGs which is posted on the Internet site of the VHA Chief Business Office, currently at http://www1.va.gov/CBO/apps/rates/index.asp, under “Charge Data.” We also are retaining the table designation used for skilled nursing facility/sub-acute inpatient facility charges which is posted on the Internet site of the VHA Chief Business Office, currently at http://www1.va.gov/CBO/apps/rates/index.asp, under “Charge Data.” Accordingly, we are identifying as being updated by this notice correspond to the applicable tables.
referenced in the September 17, 2009, notice, beginning with Table A through Table B.

We have updated the list of data sources presented in Supplementary Table 1 posted on the Internet site of the VHA Chief Business Office, currently at http://www1.va.gov/CBO/apps/rates/index.asp to reflect the updated data sources used to establish the updated charges described in this notice.

We have also updated the list of VA medical facility locations. As a reminder, in Supplementary Table 3 posted on the Internet site of the VHA Chief Business Office, currently at http://www1.va.gov/CBO/apps/rates/index.asp, we set forth the list of VA medical facility locations, which includes their three-digit ZIP Codes and provider-based/non-provider-based designations.

Consistent with VA’s regulations, the updated data tables and supplementary tables containing the changes described in this notice will be posted on the Internet site of the VHA Chief Business Office, currently at http://www1.va.gov/CBO/apps/rates/index.asp, under “Charge Data.”


John R. Gingrich,
Chief of Staff, Department of Veterans Affairs.

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