

summary, a statement of certain worksheet totals found within the electronic file, and a certification statement. After publication, we realized that making this requirement effective for cost reporting periods ending on or after October 1, 1994, did not make sense since cost reporting periods generally end on the last day of a month. To eliminate any confusion associated with this requirement, we are making a technical correction to § 413.24(f)(4)(iii) to specify that the replacement of the submission of a hard copy of the cost report with the revised documentation is effective for cost reporting periods ending on or after September 30, 1994, rather than for periods ending on or after October 1, 1994.

IV. Collection of Information Requirements

As discussed in our May 25, 1994 final rule with comment period (59 FR 26963), § 413.24 contains information collection and recordkeeping requirements related to cost reporting that are subject to review by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1980 (44 U.S.C. 3501 *et seq.*). The overall recordkeeping and information collection burden associated with filing the hospital cost report has been approved by OMB through August 31, 1996 under OMB No. 0938-0050.

In the May 25, 1994 final rule with comment period, we revised § 413.24 to implement the statutory requirement that hospitals submit their cost reports in a uniform electronic format. As we stated in the May 25, 1994 document, approximately 90 percent of hospitals participating in Medicare already file their cost reports electronically and thus are essentially unaffected by the requirement that hospitals submit cost reports in an electronic format. For the remaining hospitals, we stated that it was possible they would initially experience a small additional reporting burden. However, once these hospitals become familiar with electronic reporting, there will no longer be an additional burden and there may be a decrease in burden since the time needed to compute the cost report will no longer be required.

This final rule responds to comments on the May 25, 1994 document and makes only minor technical changes to § 413.24. We received no comments relating to the discussion in the May 25, 1994 document of the information collection and recordkeeping burden. The technical changes contained in this final rule have no effect for information collection and recordkeeping purposes.

However, as stated in the May 25, 1994 final rule with comment period, the information collection and recordkeeping requirements contained in § 413.24 are not effective until they have been approved by OMB. A notice will be published in the **Federal Register** when approval is obtained. Organizations and individuals desiring to submit comments on the information collection and recordkeeping requirements set forth in § 413.24 should direct them to the Office of Information and Regulatory Affairs, Office of Management and Budget, Human Resources and Housing Branch, Room 10235, New Executive Office Building, Washington, D.C. 20503, Attention: Allison Herron Eydt, HCFA Desk Officer.

V. Impact Statement

Unless we certify that a final rule will not have a significant economic impact on a substantial number of small entities, we generally prepare a regulatory flexibility analysis that is consistent with the Regulatory Flexibility Act (RFA) (5 U.S.C. 601 through 612). For purposes of the RFA, all hospitals and small businesses that distribute cost-report software to hospitals are considered to be small entities. Intermediaries are not included in the definition of a small entity.

Section 1102(b) of the Act requires us to prepare a regulatory impact analysis if a final rule may have a significant impact on the operations of a substantial number of small rural hospitals. Such an analysis must conform to the provisions of section 604 of the RFA. For purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that has fewer than 50 beds and is located outside of a Metropolitan Statistical Area.

This final rule is merely making clarifying and technical changes to the regulations and will not have a significant effect on Medicare-participating hospitals or software suppliers. Therefore, a regulatory flexibility analysis is not required. We are not preparing a rural impact statement since we certify that this final rule will not have a significant economic impact on the operation of a substantial number of small rural hospitals.

In accordance with the provisions of Executive Order 12866, this regulation was not reviewed by the Office of Management and Budget.

List of Subjects in 42 CFR Part 413

Health facilities, Kidney diseases, Medicare, Puerto Rico, Reporting and recordkeeping requirements.

42 CFR part 413 is amended as follows:

PART 413—PRINCIPLES OF REASONABLE COST REIMBURSEMENT; PAYMENT FOR END-STAGE RENAL DISEASE SERVICES

1. The authority citation for part 413 continues to read as follows:

Authority: Secs. 1102, 1122, 1814(b), 1815, 1833(a), (i), and (n), 1861(v), 1871, 1881, 1883, and 1886 of the Social Security Act (42 U.S.C. 1302, 1302a-1, 1395f(b), 1395g, 13951(a), (i), and (n), 1395x(v), 1395hh, 1395rr, 1395tt, and 1395ww).

Subpart B—Accounting Records and Reports

2. In § 413.24, the headings for paragraphs (f) and (f)(4) are republished, paragraph (f)(4)(ii) and the first sentence of paragraph (f)(4)(iii) are revised to read as follows:

§ 413.24 Adequate cost data and cost finding.

* * * * *

(f) *Cost reports.* * * *

(4) *Electronic submission of cost reports.* * * *

(ii) The fiscal intermediary stores the hospital's as-filed electronic cost report and may not alter that file for any reason. The fiscal intermediary makes a "working copy" of the as-filed electronic cost report to be used, as necessary, throughout the settlement process (that is, desk review, processing audit adjustments, final settlement, etc.). The hospital's electronic program must be able to disclose if any changes have been made to the as-filed electronic cost report after acceptance by the intermediary. If the as-filed electronic cost report does not pass all specified edits, the fiscal intermediary rejects the cost report and returns it to the hospital for correction. For purposes of the requirements in paragraph (f)(2) of this section concerning due dates, an electronic cost report is not considered to be filed until it is accepted by the intermediary.

(iii) Effective for cost reporting periods ending on or after September 30, 1994, a hospital must submit a hard copy of a settlement summary, a statement of certain worksheet totals found within the electronic file, and a statement signed by its administrator or chief financial officer certifying the accuracy of the electronic file or the manually prepared cost report. * * *

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(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance)