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and ("2") designations are changed to "(a)" and "(b)", respectively.

#### § 417.560 [Amended]

- 4. In § 417.560, the following changes are made:
  - a. Paragraph (d)(2) is removed.
- b. In paragraph (d)(1), the designation "(1)", and the clause "Except as provided in paragraph (d)(2) of this section," are removed, and the word "the", preceding "Medicare share" is revised to read "The".

## § 417.562 [Removed]

- 5. § 417.562 is removed.
- 6. In § 417.576, paragraph (b)(2)(i) is revised to read as follows:

#### § 417.576 Final settlement.

\* \* \* \* \*

(b) \* \* \*

- (2) Content of cost report. The cost report and supporting documents must include the following:
- (i) The per capita costs incurred in furnishing covered services to its Medicare enrollees, determined in accordance with subpart O of this part and including—
- (A) The costs incurred by entities related to the HMO or CMP by common ownership or control; and
- (B) For reports for cost-reporting periods that begin on or after January 1, 1996, the costs of hospital and SNF services paid by Medicare's intermediaries under the option provided by § 417.532(d).
- 7.  $\S$  417.800 is amended to revise the heading and paragraph (c)(2) to read as follows:

## § 417.800 Payment to HCPPs: Definitions and basic rules.

\* \* \* \* \*

- (c) Payment of reasonable cost. \* \* \*
- (2) Payment for Part B services: Basic rules—(i) Cost basis payment. Except as provided in paragraph (d) of this section, HCFA pays an HCPP on the basis of the reasonable costs it incurs, as specified in subpart O of this part, for the covered Part B services furnished to its Medicare enrollees.
- (ii) *Deductions*. In determining the amount due an HCPP for covered Part B services furnished to its Medicare enrollees, HCFA deducts, from the reasonable cost actually incurred by the HCPP, the following:
- (A) The actuarial value of the Part B deductible.
- (B) An amount equal to 20 percent of the cost incurred for any service that is subject to the Medicare coinsurance.

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

Dated: April 20, 1995.

#### Bruce C. Vladeck,

Administrator, Health Care Financing Administration.

Dated: June 19, 1995.

## Donna E. Shalala,

Secretary.

[FR Doc. 95–16411 Filed 7–3–95; 8:45 am] BILLING CODE 4120–01–P

# FEDERAL EMERGENCY MANAGEMENT AGENCY

#### 44 CFR Part 65

## Changes in Flood Elevation Determinations

**AGENCY:** Federal Emergency Management Agency, FEMA.

**ACTION:** Final rule.

**SUMMARY:** Modified base flood elevations are finalized for the communities listed below. These modified elevations will be used to calculate flood insurance premium rates for new buildings and their contents.

**EFFECTIVE DATES:** The effective dates for these modified base flood elevations are indicated on the following table and revise the Flood Insurance Rate Map(s) (FIRMs) in effect for each listed community prior to this date.

ADDRESSES: The modified base flood elevations for each community are available for inspection at the office of the Chief Executive Officer of each community. The respective addresses are listed in the following table.

FOR FURTHER INFORMATION CONTACT: Michael K. Buckley, P.E., Chief, Hazard Identification Branch, Mitigation Directorate, 500 C Street, SW., Washington, DC 20472, (202) 646–2756.

SUPPLEMENTARY INFORMATION: The Federal Emergency Management Agency makes the final determinations listed below of modified base flood elevations for each community listed. These modified elevations have been published in newspapers of local circulation and ninety (90) days have elapsed since that publication. The Associate Director has resolved any appeals resulting from this notification.

The modified base (100-year) flood elevations are not listed for each community in this notice. However, this rule includes the address of the Chief Executive Officer of the community where the modified base flood elevation determinations are available for inspection.

The modifications are made pursuant to section 206 of the Flood Disaster Protection Act of 1973, 42 U.S.C. 4105, and are in accordance with the National Flood Insurance Act of 1968, 42 U.S.C. 4001 et seq., and with 44 CFR part 65.

For rating purposes, the currently effective community number is shown and must be used for all new policies and renewals.

The modified base (100-year) flood elevations are the basis for the floodplain management measures that the community is required to either adopt or to show evidence of being already in effect in order to qualify or to remain qualified for participation in the National Flood Insurance Program.

These modified elevations, 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 modified 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.

The changes in base flood elevations are in accordance with 44 CFR 65.4.

National Environmental Policy Act. This rule is categorically excluded from the requirements of 44 CFR Part 10, Environmental Consideration. No environmental impact assessment has been prepared.

Regulatory Flexibility Act. The Associate Director, Mitigation Directorate, certifies that this rule is exempt from the requirements of the Regulatory Flexibility Act because modified base flood elevations are required by the Flood Disaster Protection Act of 1973, 42 U.S.C. 4105, and are required to maintain community eligibility in the National Flood Insurance Program. No regulatory flexibility analysis has been prepared.

Regulatory Classification. This final rule is not a significant regulatory action under the criteria of section 3(f) of Executive Order 12866 of September 30, 1993, Regulatory Planning and Review, 58 FR 51735.

Executive Order 12612, Federalism. This rule involves no policies that have federalism implications under Executive