

PART 52—APPROVAL AND PROMULGATION OF IMPLEMENTATION PLANS

■ 1. The authority citation for part 52 continues to read as follows:

Authority: 42 U.S.C. 7401 *et seq.*

■ 2. In § 52.1870, the table in paragraph (d) is amended by revising the entry for “P.H. Glatfelter Co.—Chillicothe” to read as follows:

§ 52.1870 Identification of plan.

* * * * *
(d) * * *

EPA-APPROVED OHIO SOURCE-SPECIFIC PROVISIONS

Name of source	Number	Ohio effective date	EPA approval date	Comments
P.H. Glatfelter Co.—Chillicothe ...	P0118907	07/20/15	03/04/16, [Insert Federal Register citation].	Regional haze BART emissions limits.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Part 435

Eligibility in the States, District of Columbia, the Northern Mariana Islands, and American Samoa

CFR Correction

In Title 42 of the Code of Federal Regulations, Parts 430 to 481, revised as of October 1, 2015, on page 161, in § 435.301, in paragraph (b)(2)(iii), remove the term “425.330.320” and add the term “425.320” in its place.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Part 495

[CMS-3310 & 3311-F2]

RINs 0938-AS26 and AS58

Medicare and Medicaid Programs; Electronic Health Record Initiative Program—Stage 3 and Modifications to Meaningful Use in 2015 Through 2017; Corrections and Correcting Amendment

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.
ACTION: Final rule; corrections and correcting amendment.

SUMMARY: This document corrects certain technical and typographical errors that appeared in the October 16, 2015 final rule with comment period titled “Medicare and Medicaid Programs; Electronic Health Record Incentive Program—Stage 3 and Modifications to Meaningful Use in 2015 through 2017.”

DATES: This document is effective on March 4, 2016.

FOR FURTHER INFORMATION CONTACT: Kateisha Martin, (410) 786-4651.

SUPPLEMENTARY INFORMATION:

I. Background

In FR Doc. 2015-25595 of October 16, 2015 (80 FR 62762), in the final rule with comment period titled “Medicare and Medicaid Programs; Electronic Health Record Incentive Program—Stage 3 and Modifications to Meaningful Use in 2015 through 2017” (hereafter referred to as the “2015 EHR Incentive Programs final rule with comment period”), there were a number of technical errors that are identified and corrected in this correcting amendment. The provisions in this document are treated as if they had been included in the 2015 EHR Incentive Programs final rule with comment period.

In the 2015 EHR Incentive Programs final rule with comment period, we specified the requirements that eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) must meet in order to participate in the Medicare and Medicaid EHR Incentive Programs and successfully demonstrate meaningful use of certified EHR technology. In addition, it changed the Medicare and Medicaid EHR Incentive Programs reporting period in 2015 to a 90-day period aligned with the calendar year. It also removed reporting requirements on measures that have become redundant, duplicative, or topped out from the Medicare and

Medicaid EHR Incentive Programs. In addition, it established the requirements for Stage 3 of the program as optional in 2017 and required for all participants beginning in 2018. The final rule with comment period continues to encourage the electronic submission of clinical quality measure (CQM) data, establishes requirements to transition the program to a single stage, and aligns reporting for providers in the Medicare and Medicaid EHR Incentive Programs.

II. Summary of Errors

A. Summary of Errors in the Preamble

On page 62767, in our discussion of certified EHR technology requirements for the EHR Incentive Program, we made a typographical error in the word “use” in the sentence specifying that providers may continue to use technology certified to the 2014 Edition until EHR technology certified to the 2015 Edition is required with an EHR reporting period beginning in 2018.

On page 62801, in our response to the public comment regarding “Objective 4: Electronic Prescribing” we made a typographical error in the word “distinguish” in the sentence specifying that we will no longer distinguish between prescriptions for controlled substances.

On page 62806, in our response to a public comment regarding “Objective 4: Electronic Prescribing” and the pathways acceptable for transmitting Summary of Care records, we inadvertently omitted the word “have” in the sentence specifying that to count in the numerator the sending provider must have reasonable certainty of receipt of the summary of care document. In addition, there is typographical error and the word “obtain” was omitted causing an incomplete sentence which reads “Instead, r the referring provider must confirmation”. This sentence is