

Dated: March 29, 2004.

**Joseph E. Salter,**

*Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*

[FR Doc. 04-7558 Filed 4-2-04; 8:45 am]

BILLING CODE 4163-18-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60Day-04-37]

**Proposed Data Collections Submitted for Public Comment and Recommendations**

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404)498-1210.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the

burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-E11, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

**Proposed Project**

Program Evaluation and Monitoring System for Health Departments and Community-Based Organizations—New—National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC).

The purpose of this data collection is to collect HIV prevention evaluation data from health department and directly funded community-based organization (CBO) grantees using the electronic Program Evaluation and Monitoring System (PEMS). This proposed data collection will incorporate data elements from two currently approved data collections: Evaluating CDC Funded Health Department HIV Prevention Programs, OMB No. 0920-0497; and Assessing the Effectiveness of CBOs for the Delivery of HIV Prevention Programs, OMB No. 0920-0525.

CDC needs non-identifying, client-level, standardized evaluation data from health department and CBO grantees to: (1) More accurately determine the extent to which HIV prevention efforts have been carried out by assessing what types of agencies are providing services, what resources are allocated to those services, to whom services are being provided

and how these efforts have contributed to a reduction in HIV transmission; (2) improve ease of reporting to better meet that goal; and (3) be accountable to stakeholders by informing them of efforts made and use of funds in HIV prevention nationwide.

Although CDC receives evaluation data from grantees, the data received to date is insufficient for evaluation and accountability. Furthermore, there has not been standardization of required evaluation data from both health departments and CBOs. Changes to the evaluation and reporting process have become necessary to ensure CDC receives standardized, accurate, thorough evaluation data from both health department and CBO grantees. For these reasons, CDC developed PEMS and consulted with representatives from health departments, CBOs, and the National Alliance of State and Territorial AIDS Directors during the development of PEMS.

Respondents will report general agency information; program model and budget; intervention plan and delivery characteristics; and client demographics and behavioral characteristics. After initial set-up of the PEMS, data collection will include searching existing data sources, gathering and maintaining data, document compilation, review of data, and data entry into a web-based system. Respondents will submit data quarterly. It is estimated that this process will take each health department 99 hours per quarter, and community-based organizations will take approximately 67 hours per quarter. There are no costs to respondents.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Health Departments .....	65	4	99	25,740
CBOs .....	150	4	67	40,200
<b>Total .....</b>				<b>65,940</b>

Dated: March 26, 2004.

**Joseph E. Salter,**

*Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*

[FR Doc. 04-7559 Filed 4-2-04; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

**Privacy Act of 1974; Computer Matching Program (Match No. 2003-05)**

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

**ACTION:** Notice of Computer Matching Program (CMP).

**SUMMARY:** In accordance with the requirements of the Privacy Act of 1974, as amended, this notice announces the establishment of a CMP that CMS plans to conduct with the Illinois Department of Public Aid (IDPA). We have provided background information about the proposed matching program in the **SUPPLEMENTARY INFORMATION** section below. Although the Privacy Act requires only that CMS provide an

opportunity for interested persons to comment on the proposed matching program, CMS invites comments on all portions of this notice. See **EFFECTIVE DATES** section below for comment period.

**EFFECTIVE DATES:** CMS filed a report of the CMP with the Chair of the House Committee on Government Reform and Oversight, the Chair of the Senate Committee on Governmental Affairs, and the Administrator, Office of Information and Regulatory Affairs, Office of Management and Budget (OMB) on March 23, 2004. We will not disclose any information under a matching agreement until 40 days after filing a report to OMB and Congress or 30 days after publication. We may defer implementation of this matching program if we receive comments that persuade us to defer implementation.

**ADDRESSES:** The public should address comments to: Director, Division of Privacy Compliance Data Development (DPCDD), Enterprise Databases Group, Office of Information Services, CMS, Mail stop N2-04-27, 7500 Security Boulevard, Baltimore, Maryland 21244-1850. Comments received will be available for review at this location, by appointment, during regular business hours, Monday through Friday from 9 a.m.-3 p.m., eastern daylight time.

**FOR FURTHER INFORMATION CONTACT:** Mike McElliott, Government Task Leader, Centers for Medicare & Medicaid Services, Division of Medicare Financial Management, Program Integrity Branch, 233 N. Michigan Avenue, 6th Floor, Chicago, Illinois 60601. The telephone number is (312) 353-1754 and e-mail is [mmcelliot@cms.hhs.gov](mailto:mmcelliot@cms.hhs.gov).

#### **SUPPLEMENTARY INFORMATION:**

#### **I. Description of the Matching Program**

##### *A. General*

The Computer Matching and Privacy Protection Act of 1988 (Pub. L. 100-503), amended the Privacy Act (5 U.S.C. 552a) by describing the manner in which computer matching involving Federal agencies could be performed and adding certain protections for individuals applying for and receiving Federal benefits.

Section 7201 of the Omnibus Budget Reconciliation Act of 1990 (Pub. L. 100-508) further amended the Privacy Act regarding protections for such individuals. The Privacy Act, as amended, regulates the use of computer matching by Federal agencies when records in a system of records are matched with other Federal, state, or local government records. It requires

Federal agencies involved in computer matching programs to:

1. Negotiate written agreements with the other agencies participating in the matching programs;
2. Obtain the Data Integrity Board approval of the match agreements;
3. Furnish detailed reports about matching programs to Congress and OMB;
4. Notify applicants and beneficiaries that the records are subject to matching; and,
5. Verify match findings before reducing, suspending, terminating, or denying an individual's benefits or payments.

#### *B. CMS Computer Matches Subject to the Privacy Act*

CMS has taken action to ensure that all CMPs that this Agency participates in comply with the requirements of the Privacy Act of 1974, as amended.

Dated: March 23, 2004.

**Dennis Smith,**

*Acting Administrator, Centers for Medicare & Medicaid Services.*

#### **Computer Match No. 2003-05**

##### **NAME:**

"Computer Matching Agreement Between the Centers for Medicare & Medicaid Services (CMS) and the Illinois Department of Public Aid (IDPA) for Disclosure of Medicare and Medicaid Information."

##### **SECURITY CLASSIFICATION:**

Level Three Privacy Act Sensitive.

##### **PARTICIPATING AGENCIES:**

Centers for Medicare & Medicaid Services, and Illinois Department of Public Aid.

##### **AUTHORITY FOR CONDUCTING MATCHING PROGRAM:**

This CMA is executed to comply with the Privacy Act of 1974 (Title 5 United States Code (U.S.C.) 552a), (as amended by Public Law (Pub. L.) 100-503, the Computer Matching and Privacy Protection Act (CMPPA) of 1988), the Office of Management and Budget (OMB) Circular A-130, titled "Management of Federal Information Resources" at 65 **Federal Register** (FR) 77677 (December 12, 2000), and OMB guidelines pertaining to computer matching at 54 FR 25818 (June 19, 1989).

This Agreement provides for information matching fully consistent with the authority of the Secretary of the Department of Health and Human Services (Secretary). Section 1816 of the Social Security Act (the Act) permits the Secretary to contract with fiscal

intermediaries to "make such audits of the records of providers as may be necessary to ensure that proper payments are made under this part," and to "perform such other functions as are necessary to carry out this subsection" (42 U.S.C. 1395h(a)).

Section 1842 of the Act provides that the Secretary may contract with entities known as carriers to "make such audits of the records of providers of services as may be necessary to assure that proper payments are made" (42 U.S.C. 1395u(a)(1)(C)); "assist in the application of safeguards against unnecessary utilization of services furnished by providers of services and other persons to individuals entitled to benefits" (42 U.S.C. 1395u(a)(2)(B)); and "to otherwise assist \* \* \* in discharging administrative duties necessary to carry out the purposes of this part" (42 U.S.C. 1395u(a)(4)).

Furthermore, § 1874(b) of the Act authorizes the Secretary to contract with any person, agency, or institution to secure on a reimbursable basis such special data, actuarial information, and other information as may be necessary in the carrying out of his functions under this title (42 U.S.C. 1395kk(b)).

Section 1893 of the Act establishes the Medicare Integrity Program, under which the Secretary may contract with eligible entities to conduct a variety of program safeguard activities, including fraud review employing equipment and software technologies that surpass the existing capabilities of Fiscal Intermediaries and carriers (42 U.S.C. 1395ddd). The contracting entities are called Program Safeguards Contractors (PSC).

IDPA is charged with the administration of the Medicaid program in Illinois and is the single state agency for such purpose (Illinois Public Aid Code (ILPAC) 305 Illinois Combined Statutes (ILCS) 5/5-1 *et seq.*). IDPA may act as an agent or representative of the Federal government for any purpose in furtherance of IDPA's function or administration of the Federal funds granted to the state. ILPAC 305 ILCS 5/1-1 *et seq.* In Illinois, the Medical Assistance Program provides qualifying individuals with health care related remedial or preventive services, including both Medicaid services and services authorized under state law that are not provided under Federal law (ILPAC 305 ILCS 5/5-1 *et seq.*).

IDPA's disclosure of the Medicaid/IDPA data pursuant to this agreement is for purposes directly connected with the administration of the Medicaid program, in compliance with Illinois Public Aid Code sections 11-9 and 12-13.1 (305 ILCS 5/11-9 and 5/12-13.1). Those

purposes are the detection, prosecution and deterrence of F&A in the Medicaid program.

**PURPOSE(S) OF THE MATCHING PROGRAM:**

The purpose of this agreement is to establish the conditions, safeguards, and procedures under which the Centers for Medicare & Medicaid Services (CMS) will conduct a computer matching program with the Illinois Department of Public Aid (IDPA) to study claims, billing, and eligibility information to detect suspected instances of Medicare and Medicaid fraud and abuse (F&A) in the State of Illinois. CMS and IDPA will provide a CMS contractor (hereinafter referred to as the "Custodian") with Medicare and Medicaid records pertaining to eligibility, claims, and billing which the Custodian will match in order to merge the information into a single database. Utilizing fraud detection software, the information will then be used to identify patterns of aberrant practices requiring further investigation. The following are examples of the type of aberrant practices that may constitute F&A by practitioners, providers, and suppliers in the State of Illinois expected to be identified in this matching program: (1) Billing for provisions of more than 24 hours of services in one day, (2) providing treatment and services in ways more statistically significant than similar practitioner groups, and (3) up-coding and billing for services more expensive than those actually performed.

**CATEGORIES OF RECORDS AND INDIVIDUALS COVERED BY THE MATCH:**

This CMP will enhance the ability of CMS and IDPA to detect F&A by matching claims data, eligibility, and practitioner, provider, and supplier enrollment records of Medicare beneficiaries, practitioners, providers, and suppliers in the State of Illinois against records of Medicaid recipients, practitioners, providers, and suppliers in the State of Illinois.

**DESCRIPTION OF RECORDS TO BE USED IN THE MATCHING PROGRAM:**

The data for CMS are maintained in the following Systems of Records: National Claims History (NCH), System No. 09-70-0005 was most recently published in the **Federal Register**, at 67 FR 57015 (September 6, 2002). NCH contains records needed to facilitate obtaining Medicare utilization review data that can be used to study the operation and effectiveness of the Medicare program. Matched data will be released to IDPA pursuant to the routine use as set forth in the system notice.

Carrier Medicare Claims Record, System No. 09-70-0501 published in the **Federal Register** at 67 FR 54428 (August 22, 2002). Matched data will be released to IDPA pursuant to the routine use as set forth in the system notice.

Enrollment Database, System No. 09-70-0502 (formerly known as the Health Insurance Master Record) published at 67 FR 3203 (January 23, 2002). Matched data will be released to IDPA pursuant to the routine use set forth in the system notice.

Intermediary Medicare Claims Record, System No. 09-70-0503 published in the **Federal Register** at 67 FR 65982 (October 29, 2002). Matched data will be released to IDPA pursuant to the routine use as set forth in the system notice.

Unique Physician/Provider Identification Number (formerly known as the Medicare Physician Identification and Eligibility System), System No. 09-70-0525, was most recently published in the **Federal Register** at 53 FR 50584 (Dec 16, 1988). Matched data will be released to IDPA pursuant to the routine use as set forth in the system notice.

Medicare Supplier Identification File, System No. 09-70-0530 was most recently published in the **Federal Register**, at 67 FR 48184 (July 23, 2002). Matched data will be released to IDPA pursuant to the routine use as set forth in the system notice.

Medicare Beneficiary Database, System No. 09-70-0536 published in the **Federal Register** at 67 FR 63392 (December 6, 2001). Matched data will be released to IDPA pursuant to the routine use as set forth in the system notice.

Medicaid data are maintained within the IDPA Medical Data Warehouse. The warehouse includes claims history, beneficiary eligibility and identification data, and provider eligibility and identification data. IDPA may change file formats after giving reasonable notice to the Custodian.

**INCLUSIVE DATES OF THE MATCH:**

The CMP shall become effective no sooner, than 40 days after the report of the Matching Program is sent to OMB and Congress, or 30 days after publication in the **Federal Register**, which ever is later. The matching program will continue for 18 months from the effective date and may be extended for an additional 12 months thereafter, if certain conditions are met.

[FR Doc. 04-7623 Filed 4-2-04; 8:45 am]

**BILLING CODE 4120-03-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

**Privacy Act of 1974; Computer Matching Program (Match No. 2003-06)**

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

**ACTION:** Notice of Computer Matching Program (CMP).

**SUMMARY:** In accordance with the requirements of the Privacy Act of 1974, as amended, this notice announces the establishment of a CMP that CMS plans to conduct with the New Jersey Division of Medical Assistance and Health Services (DMAHS). We have provided background information about the proposed matching program in the **SUPPLEMENTARY INFORMATION** section below. Although the Privacy Act requires only that CMS provide an opportunity for interested persons to comment on the proposed matching program, CMS invites comments on all portions of this notice. See **EFFECTIVE DATES** section below for comment period.

**EFFECTIVE DATES:** CMS filed a report of the CMP with the Chair of the House Committee on Government Reform and Oversight, the Chair of the Senate Committee on Governmental Affairs, and the Administrator, Office of Information and Regulatory Affairs, Office of Management and Budget (OMB) on March 23, 2004. We will not disclose any information under a matching agreement until 40 days after filing a report to OMB and Congress or 30 days after publication. We may defer implementation of this matching program if we receive comments that persuade us to defer implementation.

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**FOR FURTHER INFORMATION CONTACT:** Lourdes Grindal Miller, Health Insurance Specialist, Centers for Medicare & Medicaid Services, Office of Financial Management, Program Integrity Group, Mailstop C3-02-16, 7500 Security Boulevard, Baltimore, Maryland 21244-1850. The telephone