

RETRIEVABILITY:

Information is most frequently retrieved by HICN, provider number (facility, physician, IDs), service dates, and beneficiary state code.

SAFEGUARDS:

CMS has safeguards in place for authorized users and monitors such users to ensure against excessive or unauthorized use. Personnel having access to the system have been trained in the Privacy Act and information security requirements. Employees who maintain records in this system are instructed not to release data until the intended recipient agrees to implement appropriate management, operational and technical safeguards sufficient to protect the confidentiality, integrity and availability of the information and information systems and to prevent unauthorized access.

This system will conform to all applicable Federal laws and regulations and Federal, HHS, and CMS policies and standards as they relate to information security and data privacy. These laws and regulations include but are not limited to: the Privacy Act of 1974; the Federal Information Security Management Act of 2002; the Computer Fraud and Abuse Act of 1986; the Health Insurance Portability and Accountability Act of 1996; the E-Government Act of 2002, the Clinger-Cohen Act of 1996; the Medicare Modernization Act of 2003, and the corresponding implementing regulations. OMB Circular A-130, Management of Federal Resources, Appendix III, Security of Federal Automated Information Resources also applies. Federal, HHS, and CMS policies and standards include but are not limited to: All pertinent National Institute of Standards and Technology publications; the HHS Information Systems Program Handbook and the CMS Information Security Handbook.

RETENTION AND DISPOSAL:

Records are maintained with identifiers for all transactions after they

are entered into the system for a period of 20 years. Records are housed in both active and archival files. All claims-related records are encompassed by the document preservation order and will be retained until notification is received from the Department of Justice.

SYSTEM MANAGER AND ADDRESS:

Director, Division of Program Analysis and Performance, Medicare Drug Benefit Group, Centers for Beneficiary Choices, CMS, Room S1-06-14, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

NOTIFICATION PROCEDURE:

For purpose of notification, the subject individual should write to the system manager who will require the system name, and the retrieval selection criteria (e.g., HICN, facility/pharmacy number, service dates, etc.).

RECORD ACCESS PROCEDURE:

For purpose of access, use the same procedures outlined in Notification Procedures above. Requestors should also reasonably specify the record contents being sought. (These procedures are in accordance with Department regulation 45 CFR 5b.5(a)(2)).

CONTESTING RECORD PROCEDURES:

The subject individual should contact the system manager named above, and reasonably identify the record and specify the information to be contested. State the corrective action sought and the reasons for the correction with supporting justification. (These procedures are in accordance with Department regulation 45 CFR 5b.7).

RECORD SOURCE CATEGORIES:

Summary prescription drug claim information contained in this system is obtained from the Prescription Benefit Package (PBP) Plans and Medicare Advantage (MA-PBP) Plans daily and monthly drug event transaction reports, Medicare Beneficiary Database (09-70-0530), and other payer information to be provided by the TROOP Facilitator.

SYSTEMS EXEMPTED FROM CERTAIN PROVISIONS OF THE ACT:

None.

[FR Doc. 05-19905 Filed 10-5-05; 8:45 am]

BILLING CODE 4120-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Medicare & Medicaid Services****Privacy Act of 1974; Deletion of System of Records**

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

ACTION: Notice to delete 14 systems of records.

SUMMARY: CMS proposes to delete 14 systems of records from its inventory subject to the Privacy Act of 1974 (Title 5 United States Code 552a).

DATES: *Effective Date:* The deletions will be effective on September 27, 2005.

ADDRESSES: The public should address comments to: CMS Privacy Officer, Division of Privacy Compliance Data Development, Enterprise Databases Group, Office of Information Services, CMS, Room N2-04-27, 7500 Security Boulevard, Baltimore, Maryland 21244-1850. The telephone number is (410) 786-5357. 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 time zone.

SUPPLEMENTARY INFORMATION: CMS is reorganizing its databases because of the amount of information it collects to administer the Medicare program. Retention and destruction of the data contained in these systems will follow the schedules listed in the system notice. CMS is deleting the following systems of records.

Deletions

System No.	Title	System manager
09-70-0030	National Long-Term Care Study Follow-up	HHS/CMS/ORDI
09-70-0039	Evaluation of the Medicare Alzheimer's Disease Demonstration	HHS/CMS/ORDI
09-70-0040	Health Care Financing Administration Medicare Heart Transplant Data File	HHS/CMS/ORDI
09-70-0045	Evaluation of the Arizona Health Care Cost Containment and Long Term Care Systems Demonstration	HHS/CMS/ORDI
09-70-0046	Home Health Quality Indicator System	HHS/CMS/ORDI
09-70-0049	Evaluation of the Home Health Agency Prospective Payment Demonstration	HHS/CMS/ORDI
09-70-0050	The Medicare/Medicaid Multi-State Case Mix and Quality Data Base for Nursing Home Residents	HHS/CMS/ORDI
09-70-0051	Quality Assurance for the Home Health Agency Prospective Payment Demonstration	HHS/CMS/ORDI
09-70-0052	Post-Hospitalization Outcomes Studies	HHS/CMS/ORDI
09-70-0057	Evaluation of the Medicaid Extension of Eligibility to Certain Low Income Families Not Otherwise Qualified to Receive Medicaid Benefits Demonstration.	HHS/CMS/ORDI
09-70-0058	Evaluation of the Medicare SELECT Program	HHS/CMS/ORDI
09-70-0059	The Medicaid Necessity Appropriateness and Outcomes of Care Study	HHS/CMS/ORDI

System No.	Title	System manager
09-70-0063	Evaluation of the Medicaid Demonstration for Improving Access to Care for Substance Abusing Pregnant Women.	HHS/CMS/ORDI
09-70-0066	Evaluation of and External Quality Assurance for the Community Nursing Organization Demonstration	HHS/CMS/ORDI

Dated: September 27, 2005.

Charlene Brown,

Acting Chief Operating Officer, Centers for Medicare & Medicaid Services.

[FR Doc. 05-19906 Filed 10-5-05; 8:45 am]

BILLING CODE 4120-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Privacy Act of 1974; Report of a New System of Records

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

ACTION: Notice of a new System of Records (SOR).

SUMMARY: In accordance with the requirements of the Privacy Act of 1974, we are proposing to establish a new SOR titled "Medicare Care Management Performance Demonstration (MCMP)," System No. 09-70-0562. MCMP demonstration tests a payment methodology for physician practices that combines Medicare fee-for-service payments with performance-based payments for improvements in information technology systems, patient education, care management, and quality of care. Improvements in these areas are expected to generate savings to the Medicare program to offset the costs of the performance payments. Mandated by Section 649 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), the MCMP Demonstration seeks to provide incentives for physicians to adopt and integrate information technology systems into their practices, and to improve quality as defined by key measurable outcomes.

The primary purpose of the system is to establish a pay-for-performance three year pilot with physicians to promote the adoption and use of health information technology to improve the quality of patient care for chronically ill Medicare patients. Information retrieved from this system will also be disclosed to: (1) Support regulatory, reimbursement, and policy functions performed within the agency or by a contractor or consultant; (2) assist another Federal or state agency with

information to enable such agency to administer a Federal health benefits program, or to enable such agency to fulfill a requirement of Federal statute or regulation that implements a health benefits program funded in whole or in part with Federal funds; (3) assist an individual or organization for a research project or in support of an evaluation project related to the prevention of disease or disability, the restoration or maintenance of health, or payment related projects; (4) support constituent requests made to a congressional representative; (5) support litigation involving the agency; and (6) combat fraud and abuse in certain health benefits programs. We have provided background information about the new system 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 routine uses, CMS invites comments on all portions of this notice. See "Effective Dates" section for comment period.

EFFECTIVE DATES: CMS filed a new system report 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 September 27, 2005. In any event, we will not disclose any information under a routine use until 40 days after publication. We may defer implementation of this system or one or more of the routine use statements listed below if we receive comments that persuade us to defer implementation.

ADDRESSES: The public should address comments to: CMS Privacy Officer, Division of Privacy Compliance Data Development, 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 time zone.

FOR FURTHER INFORMATION CONTACT: Jody Blatt, Research Analyst, Division of Payment Policy, Medicare Demonstration Programs Group, Office of Research Development and Information, CMS, Mail Stop C4-17-27,

7500 Security Boulevard, Baltimore, Maryland 21244-1850. The telephone number is (410) 786-6921 or e-mail jody.blatt@cms.hhs.gov.

SUPPLEMENTARY INFORMATION: Section 649 of (MMA) requires the Secretary of Health and Human Services to "establish a pay-for-performance demonstration program with physicians to meet the needs of eligible beneficiaries through the adoption and use of health information technology and evidence-based outcomes measures." The resulting demonstration, known as MCMP Demonstration, provides incentives to primary care physician practices for (1) clinical systems, which encompasses the implementation and use of information technology, patient education, and care management, and (2) clinical quality, which encompasses using evidence-based outcome measures. The objectives of the demonstration are to: (1) Promote continuity of care, (2) stabilize medical conditions, (3) reduce adverse health outcomes, and (4) prevent or minimize acute episodes of chronic conditions that require an emergency room visit or hospitalization.

In the demonstration, payments will be made to physician practices that meet or exceed performance standards established by CMS. There will be two categories of performance payments. One payment will be made for clinical systems based on the number of patients who are Medicare beneficiaries with a chronic condition; and the other will be made for clinical quality based on the number of beneficiaries with the specific diseases of diabetes, congestive heart failure, or coronary artery disease. Payment for clinical quality will also be made for meeting standards on various screening measures. Payments can vary based on performance.

The three year demonstration project will be launched in four states, with up to 2,800 physicians from solo and small to medium-sized group practices participating, including practices in both urban and rural areas. The project is expected to become operational in 2006, with physicians being paid in 2006, 2007, and 2008. It will operate in the same four states as initiated the Doctor's Office Quality—Information Technology project (California, Utah,