

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

Privacy Act of 1974; Computer Matching Program (Match Number 2001-04)

AGENCY: Department of Health and Human Services (HHS), Health Care Financing Administration (HCFA).

ACTION: Notice of Computer Matching Program (CMP).

SUMMARY: In accordance with the requirements of the Privacy Act of 1974, as amended, this notice announces a CMP agreement that HCFA plans to conduct with the Department of Defense (DOD). We have provided background information about the proposed matching program in the **SUPPLEMENTARY INFORMATION** section below. Although the Privacy Act requires only that HCFA provide an opportunity for interested persons to comment on the CMP, HCFA invites comments on all portions of this notice. See **EFFECTIVE DATES** section below for comment period.

EFFECTIVE DATES: HCFA 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 May 16, 2001. 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 do so.

ADDRESS: The public should address comments to: Director, Division of Data Liaison and Distribution (DDL), HCFA, Mailstop N2-04-27, 7500 Security Boulevard, Baltimore, Maryland 21244-1850. Comments received will be available for review at this location, by appointment, during hours specified, Monday through Friday from 9 a.m.-3 p.m., Eastern Time zone.

FOR FURTHER INFORMATION CONTACT: Maribel Franey, Health Insurance Specialist, Division of Data Liaison and Distribution, Enterprise Database Group, Office of Information Services, HCFA, Mailstop N2-04-27, 7500 Security Boulevard, Baltimore, Maryland 21244-1850. The telephone number is (410) 786-0757 or facsimile (410) 786-5636. The e-mail address is mfraney@hcfa.gov.

SUPPLEMENTARY INFORMATION:

I. Description of the Matching Program

A. General

The Computer Matching and Privacy Protection Act (CMPPA) of 1988 (Public Law (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 added 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 CMPs:

1. Negotiate written agreements with the other agencies participating in matching programs;
2. Obtain the Data Integrity Board's (DIB) approval of the match agreement;
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. HCFA Computer Matches Subject to the Privacy Act

HCFA has taken action to ensure that all of the computer match programs that this agency participates in comply with the requirements of the Privacy Act of 1974, as amended.

Michael McMullan,

Acting Deputy Administrator, Health Care Financing Administration.

Computer Match No. 2001-04

NAME:

Verification of TRICARE Eligibility.

SECURITY CLASSIFICATION:

Level Three Privacy Act Sensitive.

PARTICIPATING AGENCIES:

The Health Care Financing Administration (HCFA); and the Department of Defense (DOD).

AUTHORITY FOR CONDUCTING MATCHING PROGRAM:

The Computer Matching Agreement is executed to comply with the Privacy Act of 1974 (5 U.S.C. 552a), as amended, the Office of Management and Budget (OMB) Circular A-130, titled

"Management of Federal Information Resources" (61 FR 6435, February 20, 1996), and OMB guidelines pertaining to computer matching (54 FR 25818, June 19, 1989).

This agreement provides for information matching necessary to implement the information provisions of the National Defense Authorization Act (NDAA) 2001 (Pub. L. 106-398) sections 711 and 712; the NDAA for fiscal year (FY) 1993 (Pub. L. 102-484) section 705, and the NDAA for FY 1992 (Pub. L. 102-190) sections 704 and 713.

PURPOSE(S) OF THE MATCHING PROGRAM:

The purpose of this agreement is to establish the conditions, safeguards, and procedures under which the Health Care Financing Administration (HCFA) will disclose Medicare enrollment information to the Department of Defense (DOD), Defense Manpower Data Center (DMDC), Defense Enrollment and Eligibility Reporting System Office (DEERS), and the Office of the Assistant Secretary of Defense (Health Affairs)/TRICARE Management Activity (TMA). This disclosure will provide TMA with the information necessary to determine if an individual is eligible to receive extended TRICARE coverage.

Current law requires TMA to provide health care and medical benefits to Medicare—Part A eligible beneficiaries who are enrolled in the medical insurance program under Part B of the Medicare program. In order for TMA to meet these requirements, HCFA agrees to disclose Part A entitlement and Part B enrollment data on this dual-eligible population, which will be used to determine a beneficiary's eligibility for care under TRICARE. DEERS will receive the results of the computer match and provide the information to TMA for use in its program.

CATEGORIES OF RECORDS AND INDIVIDUALS COVERED BY THE MATCH:

DEERS will furnish HCFA with an electronic file on a monthly basis extracted from DEERS system of records identified as S322.50, entitled "Defense Eligibility Records (DER)," containing social security numbers (SSNs) and date of birth for all DOD-eligible beneficiaries who may also be eligible for Medicare benefits. HCFA will match the DEERS file against its "Enrollment Database (EDB)" system of records (formerly known as the Health Insurance Master Record), System No. 09-70-0502, and will validate the identification of the beneficiary by providing the Health Insurance Claim

Number (HICN) that matches against the SSN and date of birth provided by DEERS. The HICN uniquely identifies a Medicare eligible individual. Since Medicare remains the primary payer for many retiree health services, TRICARE will need this information to determine when Medicare has already paid for retiree benefits, so that TRICARE only pays when appropriate. HCFA will also provide the Medicare Part A entitlement and Part B enrollment status of the beneficiary. HCFA's data will help TMA to determine a beneficiary's eligibility for care under TRICARE. DEERS will receive the results of the computer match and provide the information provided in the reply file to TMA for use in its program.

INCLUSIVE DATES OF THE MATCH:

The matching program 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**, whichever 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. 01-12763 Filed 5-21-01; 8:45 am]

BILLING CODE 4120-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Program Requirements and Review Criteria for Cooperative Agreements for Regional Centers for Health Workforce Studies

The Health Resources and Services Administration (HRSA) announces that applications will be accepted for Cooperative Agreements for fiscal year (FY) 2001 to establish or continue five Regional Centers for Health Workforce Studies (Regional Centers).

The purpose of these Cooperative Agreements is to support health workforce research, analysis and technical assistance with a State and regional focus, including issues regarding the impact of Federal initiatives aimed at improving the training of health professionals and health workforce development in general, both within specific disciplines and as they pertain to the three cross-discipline major trends (diversity, genetics, and geriatrics) identified by HRSA's Bureau of Health Professions (BHP). In addition, patient-focused cross-discipline research and analysis of

issues such as border, mental and oral health, cultural competence, and the impact of health workforce development on access to or financing of a State's or region's health care system will be addressed.

Authorizing Legislation

These Cooperative Agreements are governed by section 761 of title VII of the Public Health Service (PHS) Act (the Act), which authorizes the collection of data and the analysis of workforce related issues.

The Federal role in the conduct of these Cooperative Agreements allows for substantial Federal programmatic involvement with the planning, development, administration, and evaluation of the Regional Centers and their outputs. The BHP program officer will be assisted in this effort by program staff of the BHP Divisions. The Federal Government involvement will include:

- (a) Participation in the identification and selection of workforce study priorities;
- (b) Participation in the review and selection of research projects, which includes providing substantial guidance on Federal policy-relevant issues, or issues of particular national interest that require research and analysis. This includes identification of HRSA programmatic issues for special attention (e.g., diversity) through the Cooperative Agreements;
- (c) Participation in the approval of study protocols and methodologies;
- (d) Consultation regarding sub-contracts awarded under these Cooperative Agreements, including review of contracts and agreements developed during the implementation of project activities;
- (e) Assistance in supplying data relevant to Regional Center studies, or in identifying sources of such data, including other Federal agencies, or other public and private organizations; defining the mission, goals and objectives for the Center;
- (f) Assistance in the dissemination of results and, if appropriate, participation in their publication in peer-reviewed journals.

Availability of Funds

Approximately \$1,250,000 is available to fund five regional competitive Cooperative Agreements in FY 2001. The project period will be 5 years. This is a one time competition and is not expected to be an ongoing Cooperative Agreement program. Each applicant may request up to \$250,000 per year in total costs (direct plus indirect costs) for up to 5 years. Funding for years after the first year will depend on satisfactory

performance and the availability of appropriations.

The award recipient institution must share in the cost of the program as follows: for each year funds are awarded under this program, the matching contribution shall be at least one-third of the amount of the Federal award for that year. Up to 50 percent of the recipient's matching contribution may be in the form of in-kind donations such as faculty time, staff time, use of computers and other shared resources.

Because the Regional Centers will have a strong regional component, the BHP will consider the regional dimension of each center selected to ensure that the geographic distribution of the five selected centers will assure maximum geographic coverage of the nation. Five Regional Centers will be funded at this time, subject to the availability of funds, but only one Regional Center will be approved in each of five of the six geographic areas.

For purposes of this competition, the HRSA six geographic areas are:

- (a) HRSA Regions 1 (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont), 2 (New Jersey, New York, Puerto Rico, Virgin Islands), and 3 (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia);
- (b) HRSA Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee);
- (c) HRSA Regions 5 (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin) and 7 (Iowa, Kansas, Missouri, Nebraska);
- (d) HRSA Region 6 (Arkansas, Louisiana, New Mexico, Oklahoma, Texas);
- (e) HRSA Region 9 (American Samoa, Arizona, California, The Federated States of Micronesia, The Commonwealth of the Northern Mariana Islands, Guam, Hawaii, Nevada, The Republic of the Marshall Islands, and The Republic of Palau);
- (f) HRSA Regions 8 (Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming) and 10 (Alaska, Idaho, Oregon, Washington).

For a map and description of the HRSA Regions, see HRSA's web site at: <http://bhpr.hrsa.gov/healthworkforce/fieldoffices.htm>.

Background

The successful Regional Center applicant will have three overriding objectives:

- (1) Serve as a national resource in health workforce studies (This may include congressionally-mandated studies such as the recent Pharmacy Shortage Report or lead participation in