

Type of respondents	Number of respondents per year	Number of responses per respondent	Avg. burden per response (in hours)
Evaluators .....	78 (13 sites, 6 per site) .....	1	1

Dated: June 6, 2002.

**Julie Fishman,**

*Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.*

[FR Doc. 02-15015 Filed 6-13-02; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

#### Notice of Hearing: Reconsideration of Disapproval of Iowa State Plan Amendment 01-19

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), HHS

**ACTION:** Notice of hearing.

**SUMMARY:** This notice announces an administrative hearing on August 2, 2002, at 10 a.m., Plaza Room; Richard Bolling Federal Building; 601 E. Twelfth Street; Kansas City, Missouri 64106 to reconsider our decision to disapprove Iowa State Plan Amendment (SPA) 01-19.

**Closing Date:** Requests to participate in the hearing as a party must be received by the presiding officer by (15 days after publication).

**FOR FURTHER INFORMATION CONTACT:** Kathleen Scully-Hayes, Presiding Officer, CMS, C1-09-13, 7500 Security Boulevard, Baltimore, Maryland 21244, Telephone: (410) 786-2055.

**SUPPLEMENTARY INFORMATION:** This notice announces an administrative hearing to reconsider our decision to disapprove Iowa's State Plan Amendment (SPA) 01-19. This SPA would establish a new target group for case management services for children under age 18 in need of child welfare services.

The issues that factored into the disapproval are: (1) Duplication of payment authority under other programs, which is not consistent with guidance in the State Medicaid Manual, applicable cost principles; and statutory requirements at section 1902(a)(30)(A) of the Social Security Act (Act) for rates consistent with efficiency, economy, and quality of care; (2) insufficient description of a functional payment methodology which means that the SPA does not contain all the information

necessary to determine whether it is consistent with all applicable requirements (in particular the requirements that rates be consistent with efficiency, economy, and quality of care), as mandated by 42 CFR 430.10; and (3) while not part of the original disapproval letter, restriction of beneficiary freedom of choice of providers pursuant to section 1902(a)(23) of the Act because of the limitation of providers to employees of public welfare agencies, which CMS is now including as an issue for reconsideration.

After consideration of the issues discussed above, and after consultation with the Secretary, as required by 42 CFR 430.15(c)(2), the CMS Administrator disapproved Iowa SPA 01-19.

Section 1116 of the Social Security Act (the Act) and 42 CFR part 430 establish Department procedures that provide an administrative hearing for reconsideration of a disapproval of a State plan or plan amendment. The Centers for Medicare & Medicaid Services (CMS) is required to publish a copy of the notice to a state Medicaid agency that informs the agency of the time and place of the hearing and the issues to be considered. If we subsequently notify the agency of additional issues that will be considered at the hearing, we will also publish that notice.

Any individual or group that wants to participate in the hearing as a party must petition the presiding officer within 15 days after publication of this notice, in accordance with the requirements contained at 42 CFR 430.76(b)(2). Any interested person or organization that wants to participate as *amicus curiae* must petition the presiding officer before the hearing begins in accordance with the requirements contained at 42 CFR 430.76(c). If the hearing is later rescheduled, the presiding officer will notify all participants.

The notice to Iowa announcing an administrative hearing to reconsider the disapproval of its SPA reads as follows:

Ms. Jessie K. Rasmussen, Director, Iowa Department of Human Services, Hoover State Office Building, Des Moines, IA 50319-0114.

Dear Ms. Rasmussen: I am responding to your request for reconsideration of the decision to disapprove Iowa State Plan

Amendment (SPA) 01-19. Iowa submitted SPA 01-19 on July 13, 2001. This SPA would establish a new target group for case management services for children under age 18 in need of child welfare services.

The SPA was disapproved because of the following issues: (1) Duplication of payment authority under other programs, which is not consistent with guidance in the State Medicaid Manual, applicable cost principles, and statutory requirements at section 1902(a)(30)(A) of the Social Security Act (Act) for rates consistent with efficiency, economy, and quality of care; (2) insufficient description of a functional payment methodology, which means that the SPA does not contain all the information necessary to determine whether it is consistent with all applicable requirements (in particular the requirements that rates be consistent with efficiency, economy, and quality of care), as mandated by 42 CFR 430.10; and (3) while not part of the original disapproval letter, restriction of beneficiary freedom of choice of providers pursuant to section 1902(a)(23) of the Act because of the limitation of providers to employees of public welfare agencies, which the Centers for Medicare & Medicaid Services is now including as an issue for reconsideration.

After consideration of the issues set forth above, and after consultation with the Secretary as required under 42 CFR 430.15(c)(2), I disapproved Iowa SPA 01-19.

I am scheduling a hearing on your request for reconsideration to be held on August 2, 2002, at 10 a.m.; Plaza Room; Richard Bolling Federal Building; 601 E. Twelfth Street; Kansas City, Missouri 64106.

If this date is not acceptable, we would be glad to set another date that is mutually agreeable to the parties. The hearing will be governed by the procedures prescribed at 42 CFR, part 430.

I am designating Ms. Kathleen Scully-Hayes as the presiding officer. If these arrangements present any problems, please contact the presiding officer. In order to facilitate any communication, which may be necessary between the parties to the hearing, please notify the presiding officer to indicate acceptability of the hearing date that has been scheduled and provide names of the individuals who will represent the State at the hearing. The presiding officer may be reached at (410) 786-2055.

Sincerely,  
Thomas A. Scully.

Section 1116 of the Act (42 U.S.C. section 1316); 42 CFR section 430.18) (Catalog of Federal Domestic Assistance Program No. 13.714, Medicaid Assistance Program)

Dated: June 7, 2002.

**Thomas A. Scully,**

*Administrator, Centers for Medicare & Medicaid Services.*

[FR Doc. 02-15006 Filed 6-13-02; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

#### Privacy Act of 1974; Report of Modified or Altered System

**AGENCY:** Department of Health and Human Services (HHS) Centers for Medicare & Medicaid Services (CMS) (formerly the Health Care Financing Administration).

**ACTION:** Notice of modified or altered system of records (SOR).

**SUMMARY:** In accordance with the requirements of the Privacy Act of 1974, we are proposing to modify or alter an SOR, "Supplemental Medical Insurance (SMI) and Hospital Insurance (HI) Premium Accounting Collection and Enrollment (SPACE) System." We propose to delete published routine uses number 1, authorizing disclosure to state Medicaid agencies, number 4, authorizing disclosure to the United States Office of Personnel Management (OPM), number 6, authorizing disclosure to a contractor for the purpose of processing records in this system, and an unnumbered routine use authorizing disclosure to the Social Security Administration (SSA). Disclosures allowed by routine uses number 1, 4, and to the SSA will be covered by proposed routine use number 2 to permit release of information to "another Federal and/or state agency, agency of a state government, an agency established by state law, or its fiscal agent." Disclosures previously allowed by routine use number 6 will now be covered by proposed routine use number 3.

The security classification previously reported as "None" will be modified to reflect that the data in this system is considered to be "Level Three Privacy Act Sensitive." We are modifying the language in the remaining routine uses to provide clarity to CMS's intention to disclose individual-specific information contained in this system. The routine uses will then be prioritized and reordered according to their usage. We will also take the opportunity to update any sections of the system that were affected by the recent reorganization and to update language in the

administrative sections to correspond with language used in other CMS SORs.

The primary purpose of this SOR is to process beneficiary premium billing accretions and deletions to third party premium payer accounts (state Medicaid agencies, OPM, and formal third party groups (latter as defined in 42 Code of Federal Regulations (CFR) §§ 408.80 through 408.92)) for the payment of Part B (SMI) and/or Part A (HI) premiums on behalf of Medicare beneficiaries and for enrolling individuals for HI or SMI coverage under state buy-in agreements. Information in this system may be used: by formal third party groups pursuant to agreements with CMS, by another Federal or state agency, agency of a state government, an agency established by state law, or its fiscal agent, to support regulatory and policy functions performed within the agency or by a contractor or consultant, to an individual or organization for a research, evaluation, or epidemiological project, to support constituent requests made to a congressional representative, to support litigation involving the Agency related to this SOR, and to combat fraud and abuse in certain Federally funded health care programs. We have provided background information about the modified 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 modified or altered 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 May 22, 2002. To ensure that all parties have adequate time in which to comment, the modified or altered SOR, including routine uses, will become effective 40 days from the publication of the notice, or from the date it was submitted to OMB and the congress, whichever is later, unless CMS receives comments that require alterations to this notice.

**ADDRESSES:** The public should address comments to: Director, Division of Data Liaison and Distribution, CMS, Room 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:** Jackie Fromm, Director, Division of Premium Billing, Benefits Operations Group, Center for Medicare Management, CMS, 7500 Security Boulevard, S1-06-03, Baltimore, Maryland 21244-1850. The telephone number is (410) 786-5885.

#### SUPPLEMENTARY INFORMATION:

##### I. Description of the Modified SOR

###### A. Statutory and Regulatory Basis for SOR

In 1982, CMS established a SOR under the authority of sections 1818, 1818A, (42 United States Code (USC) §§ 1395i-2 and 2a), §§ 1818(e) and (g) (42 USC 1395i-2(e) and (g)), 1840 (d) and (e) (42 USC 1395s (d) and (e)), and 1843 (42 USC 1395v) of Title XVIII of the Social Security Act (the Act). Notice of the modification to this system, "Supplemental Medical Insurance (SMI) Premium Accounting Collection and Enrollment (SPACE) System, System No. 09-70-0505" was published in the **Federal Register** (FR) at 47 FR 45693 (Oct. 23, 1982) (original publication with 3 routine uses), 51 FR 33134 (Sept. 18, 1986) (replaced litigation routine use), 60 FR 4176 (Jan. 20, 1995) (added 4 new routines uses), 61 FR 6645 (Feb. 21, 1996) (added unnumbered SSA use), 63 FR 38414 (July 16, 1998) (added three fraud and abuse uses), and 65 FR 50552 (Aug. 18, 2000) (deleted one and modified two fraud and abuse uses).

##### II. Collection and Maintenance of Data in the System

###### A. Scope of the Data Collected

The system contains information on Medicare beneficiaries whose HI benefit and/or SMI Medicare premiums are paid by a state Medicaid agency, OPM, or a formal third party group. Information consists of the beneficiary's name, social security number (SSN), health insurance claims number (HICN), date of birth, sex, amount of premium liability, date agency first became liable for HI or SMI premiums, last month of agency premium liability, agency identification number, and an OPM annuity number.

###### B. Agency Policies, Procedures, and Restrictions on the Routine Use

The Privacy Act permits us to disclose information without an individual's consent if the information is to be used for a purpose that is compatible with the purpose(s) for which the information was collected. Any such disclosure of data is known as a "routine use." The government will only release SPACE