and on the Web site of the HHS Office of Global Health Affairs, Internet address: *http://www.globalhealth.gov*.

William P. Nichols,

MPA, Director, Procurement and Grants Office, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.

[FR Doc. 05–14573 Filed 7–22–05; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control

Special Emphasis Panels (SEP): Reducing Racial and Ethnic Disparities in Childhood Immunization, RFA IP 05–087; Influenza Vaccination of Healthcare Workers in Hospitals, RFA IP 05–089; Expanding Utilization of Pro-Active Pharmacist Pneumococcal Vaccination Programs, RFA IP 05–092; and CDC Disparities in Elderly Pneumococcal Vaccination, RFA IP 05–093.

In accordance with Section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the following meeting:

Name: Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Reducing Racial and Ethnic Disparities in Childhood Immunization, RFA IP 05–087; Influenza Vaccination of Healthcare Workers in Hospitals, RFA IP 05–089; Expanding Utilization of Pro-Active Pharmacist Pneumococcal Vaccination Programs, RFA IP 05–092; and CDC Disparities in Elderly Pneumococcal Vaccination, RFA IP 05–093.

Times and Dates: 8 a.m.–5 p.m., August 9, 2005 (Closed).

Place: Renaissance Concourse Hotel, One Hartsfield Centre Parkway, Atlanta, GA 30354, Telephone Number (404) 209–9999.

Status: The meeting will be closed to the public in accordance with provisions set forth in Section 552b(c) (4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92–463.

Matters to be Discussed: The meeting will include the review, discussion, and evaluation of applications received in response to: Reducing Racial and Ethnic Disparities in Childhood Immunization, RFA IP 05–087; Influenza Vaccination of Healthcare Workers in Hospitals, RFA IP 05–089; Expanding Utilization of Pro-Active Pharmacist Pneumococcal Vaccination Programs, RFA IP 05–092; and CDC Disparities in Elderly Pneumococcal Vaccination, RFA IP 05–093.

Contact Person for More Information: H. Mac Stiles, PhD, D.D.S, M.P.H., Scientific Review Administrator, 24 Executive Park, NE., Mailstop E74, Atlanta, GA 30333, Telephone (404) 498–2530.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: July 19, 2005.

Alvin Hall,

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

[FR Doc. 05–14578 Filed 7–22–05; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Privacy Act of 1974; Computer Match No. 2005–02

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

ACTION: Notice of Computer Matching Program (CMP).

SUMMARY: In accordance with the requirements of the Privacy Act of 1974, as amended, this notice establishes a CMP that CMS plans to conduct with the Ohio Department of Jobs & Family Services (ODJFS). We have provided background information about the proposed matching program in the **SUPPLEMENTARY INFORMATION** section below. The Privacy Act requires that CMS provide an opportunity for interested persons to comment on the proposed matching program. We may defer implementation of this matching program if we receive comments that persuade us to defer implementation. *See* **DATES** section below for comment period.

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 July 14, 2005. 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.

ADDRESSES: The public should address comments to: CMS Privacy Officer, 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: Linda Guenin, 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) 353–1279 and e-mail is *Linda.Guenin@cms.hhs.gov*.

SUPPLEMENTARY INFORMATION: Description of the Matching Program

A. General

The Computer Matching and Privacy Protection Act 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 adding certain protections for individuals applying for and receiving Federal benefits. Section 7201 of the Omnibus Budget Reconciliation Act of 1990 (Pub. L. 101–508) 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: July 12, 2005.

John R. Dyer,

Chief Operating Officer, Centers for Medicare & Medicaid Services.

Computer Match No. 2005–02

Name

''Computer Matching Agreement (CMA) Between the Centers for Medicare & Medicaid Services (CMS) and the State of Ohio Department of Job & Family Services (ODJFS) for Disclosure of Medicare and Medicaid Information''.

Security Classification

Level Three Privacy Act Sensitive.

Participating Agencies

The Centers for Medicare & Medicaid Services, and State of Ohio Department of Job & Family Services.

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, (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), 61 FR 6435 (February 20, 1996), 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 (FI) to ''make such audits of the records of providers as may be necessary to insure 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 FIs and Carriers (42 U.S.C. § 1395ddd)). The contracting entities are called Program Safeguards Contractors.

Authority for ODJFS to participate in this computer-matching program is given under the provisions of §§ 5101.27–30 of the Ohio Revised Code, and 42 CFR 431.300 through 431.307. ODJFS is charged with administration of the Medicaid program in Ohio and is the single state agency for such purpose. ODJFS may act as an agent or representative of the Federal Government for any purpose in furtherance of ODJFS's functions or administration of the Federal funds granted to the state. In Ohio, the Medicaid program provides qualifying individuals with health care and related remedial or preventive services, including both Medicaid services and services authorized under state law that are not provided under Federal law.

Purpose(s) of the Matching Program

The purpose of this agreement is to establish the conditions, safeguards, and procedures under which CMS will conduct a computer matching program with ODJFS to study claims, billing, and eligibility information to detect suspected instances of fraud and abuse (F&A) in the State of Ohio. CMS and ODJFS 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 Ohio 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 ODJFS 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 Ohio against records of Medicaid beneficiaries, practitioners, providers, and suppliers in the State of Ohio.

Description of Records To Be Used in the Matching Program

The data for CMS are maintained in the following Systems of Records (SOR): 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 ODJFS pursuant to the routine use as set forth in the system notice.

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

Enrollment Database, System No. 09–70–0502 was published in the **Federal Register** at 67 FR 3203 (January 23, 2002). Matched data will be released to ODJFS pursuant to the routine use set forth in the system notice.

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

Unique Physician/Provider Identification Number, System No. 09–70–0525, was most recently published in the **Federal Register** at 69 FR 75316 (December 16, 2004). Matched data will be released to ODJFS 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 ODJFS

pursuant to the routine use as set forth in the system notice.

Medicare Beneficiary Database, System No. 09–70–0536 was published in the **Federal Register** at 66 FR 63392 (December 6, 2001). Matched data will be released to ODJFS pursuant to the routine use as set forth in the system notice.

The data for ODJFS are/is maintained in the following Medical Data Warehouse Files:

DRUGOUT.txt DRUG pre-convert layout
EDRUGOUT.txt Encounter Drug extract layout (no pre-convert)
EFACOUT.txt Encounter Facility extract layouts (no pre-convert and there are 4 extract files)
ELIGOUT.txt Eligibility pre-convert layout
EPROFOUT.txt Encounter Prof. extract layout (no pre-convert)
FACOUT.txt Facility pre-convert layout
GROSSOUT.txt Gross financial extract (no pre-convert)
PROFOUT.txt Professional pre-convert layout
PROVOUT.txt Provider pre-convert layout.

ODJFS may change files maintained in the Medical Data Warehouse after giving reasonable notice to CMS and 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. 05–14562 Filed 7–22–05; 8:45 am]

BILLING CODE 4120–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Privacy Act of 1974; Computer Match No. 2005–03

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

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 Washington Department of Social and Health Services (DSHS). We have provided background information about the proposed Matching Program in the **SUPPLEMENTARY INFORMATION** section below. The Privacy Act requires that CMS provide an opportunity for interested persons to comment on the proposed matching program. We may defer implementation of this Matching Program if we receive comments that persuade us to defer implementation. *See* **DATES** section below for comment period.

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 July 14, 2005. 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.

ADDRESSES: The public should address comments to: CMS Privacy Officer, Division of Privacy Compliance Data Development (DPCDD), Enterprise Databases Group, Office of Information Services, CMS, Mailstop 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: Phillip Kauzlarich, Health Insurance Specialist, Centers for Medicare & Medicaid Services, Office of Financial Management, Program Integrity Group, Mail-stop C3–02–16, 7500 Security Boulevard, Baltimore Maryland 21244–1850. The telephone number is (410)–786–7170 and e-mail is *pkauzlarich@cms.hhs.gov.*

SUPPLEMENTARY INFORMATION:

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. 101–508) 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: July 12, 2005.

John R. Dyer,

Chief Operating Officer, Centers for Medicare & Medicaid Services.

Computer Match No. 2005–03

Name

''Computer Matching Agreement Between the Centers for Medicare & Medicaid Services (CMS) and the State of Washington Department of Social and Health Services for Disclosure of Medicare and Medicaid Information.''

Security Classification

Level Three Privacy Act Sensitive.

Participating Agencies

The Centers for Medicare & Medicaid Services, and State of Washington Department of Social and Health Services.

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, (as amended by 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), 61 FR 6435 (February 20, 1996), and OMB guidelines pertaining to computer matching at 54 FR 25818 (June 19, 1989).

This Agreement provides for information matching fully consistent