

payments are made, to assist in the application of safeguards against unnecessary utilization of services furnished by providers of services and other persons to individuals entitled to benefits, and to perform other functions as are necessary (Pub. L. 108–173 section 911, amending Title XVIII, section 1874A (42 U.S.C. 1395kk–1)).

Section 1857 of the Act provides that the Secretary, or any person or organization designated by the Secretary shall have the right to “inspect or otherwise evaluate (i) the quality, appropriateness, and timeliness of services performed under the contract” (42 U.S.C. 1395w–27(d)(2)(A)); and “audit and inspect any books and records of [a Medicare Advantage] organization that pertain to services performed or determinations of amounts payable under the contract.” (42 U.S.C. 1395w–27(d)(2)(B)).

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 Subchapter XVIII.” (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 existing capabilities (42 U.S.C. 1395ddd). These entities are called Program Safeguards Contractors (PSC) and Medicare Drug Integrity Contractors (MEDIC).

Pursuant to the applicable state statutes and guidelines for the Participating State charged with the administration of the Medicaid program, disclosure of the Medicaid data pursuant to this Agreement is for purposes directly connected with the administration of the Medicaid program, in compliance with 42 CFR 431.300 through 431.307. Those purposes include the detection, prosecution, and deterrence of fraud, waste and abuse (FW&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 CMS will conduct a computer matching program with Participating States to study claims, billing, and eligibility information to detect suspected instances of Medicare and Medicaid FW&A. CMS and the Participating State 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 as necessary to conduct the match. Utilizing fraud detection software, the information will then be used to identify patterns of aberrant practices and abnormal patterns requiring further investigation. Aberrant practices and abnormal patterns identified in this matching program that constitute FW&A will involve individuals who are practitioners, providers and suppliers of services, Medicare beneficiaries, Medicaid recipients, and other individuals whose information may be maintained in the records.

CATEGORIES OF RECORDS AND INDIVIDUALS COVERED BY THE MATCH:

This computer matching program (CMP) will enhance the ability of CMS and Participating States to detect FW&A by matching claims data, eligibility, and practitioner, provider, and supplier enrollment records of Medicare beneficiaries, practitioners, providers, and suppliers in the Participating State against records of Medicaid recipients, practitioners, providers, and suppliers in the Participating State.

DESCRIPTION OF RECORDS TO BE USED IN THE MATCHING PROGRAM:

National Claims History (NCH), System No. 09–70–0005 was published at 71 FR 67137 (November 20, 2006).

Medicare Multi-Carrier Claims System (MCS) (formerly published as the Carrier Medicare Claims Record (CMCR)), System No. 09–70–0501 was published at 71 FR 64968 (November 6, 2006).

Enrollment Database (EDB), System No. 09–70–0502 was published at 67 FR 3203 (January 23, 2002).

Fiscal Intermediary Shared System (FISS) (formerly published as the Intermediary Medicare Claims Record (IMCR), System No. 09–70–0503 was published at 71 FR 64961 (November 6, 2006).

Unique Physician/Provider Identification Number (UPIN), System No. 09–70–0525, was published at 71 FR 66535 (November 15, 2006).

Medicare Supplier Identification File (MSIF), System No. 09–70–0530 was published at 71 FR 70404 (December 4, 2006).

Provider Enrollment Chain and Ownership System (PECOS), System No. 09–70–0532 was published at 71 FR 60536 (October 13, 2006).

Medicare Beneficiary Database (MBD), System No. 09–70–0536 was published at 71 FR 70396 (December 4, 2006).

Medicare Drug Data Processing System (DDPS), System No. 09–70–0553 was published at 70 FR 58436 (October 6, 2005).

Medicare Advantage Prescription Drug (MARx) System, System No. 09–70–4001 was published at 70 FR 60530 (October 18, 2005).

The records files that will be made available for this matching program by the Participating State include utilization, entitlement, and provider records.

INCLUSIVE DATES OF THE MATCH:

The CMP shall become effective 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.

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DEPARTMENT OF THE INTERIOR

Bureau of Indian Affairs

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Submission of Information Collection to the Office of Management and Budget

AGENCIES: Bureau of Indian Affairs, Interior and Indian Health Services, Health and Human Services.

ACTION: Notice.

SUMMARY: The Bureau of Indian Affairs and Indian Health Service are submitting the information collection, titled “Indian Self-Determination and Education Assistance Act Programs, 25 CFR 900” to the Office of Management and Budget for renewal. The information collection, OMB Control #1076–0136, is used to process contracts, grants or cooperative agreements for award by the Bureau of Indian Affairs and the Indian Health Service as authorized by the Indian Self-Determination and Education Assistance Act, as amended. The Department of the Interior and the Department of Health and Human Services invite you to submit comments to the OMB on the information collection described below.

DATES: Interested persons are invited to submit comments on or before January 29, 2007.

ADDRESSES: You may submit comments on the information collection to the Desk Officer for Department of the Interior, by facsimile at (202) 395-6566 or you may send an e-mail to: OIRA_DOCKET@omb.eop.gov.

Please send a copy of your comments to Terry Parks, Office of Indian Services, Bureau of Indian Affairs, Department of the Interior, 1849 C Street NW., Mail Stop 4513-MIB, Washington, DC 20240. You may telefax comments on this information collection to (202) 208-5113. You may also hand deliver written comments or view comments at the same address.

FOR FURTHER INFORMATION CONTACT: You may request further information or obtain copies of the information collection request submission from Terry Parks, (202) 513-7625.

SUPPLEMENTARY INFORMATION: Representatives of the Department of the Interior and the Department of Health and Human Services and Tribes developed a joint rule, 25 CFR Part 900, to implement section 107 of the Indian Self-Determination and Education Assistance Act, as amended, Title I, Public Law 103-413, the Indian Self-Determination Contract Reform Act of 1994. Section 107(a)(2)(A)(ii) of the Indian Self-Determination Contract Reform Act requires the joint rule to permit contracts and grants be awarded to Indian tribes without the unnecessary burden or confusion associated with two sets of rules and information collection requirements when legislation treats this as a single program covering two separate agencies. The Bureau of Indian Affairs and the Indian Health Service estimate that the base burden hours established for this Information Collection Request, OMB 1076-0136, will remain the same. The number of base burden hours established for information collection requirements of 25 CFR Part 900 remained stationary even though some tribes are contracting under 25 CFR 900.8 which permits tribes to contract several programs under a single contract. The complexity of the reports has offset the contracting multiple programs burden hours, therefore the burden hours estimates have remained stationary.

The information requirements for this joint rule represent significant differences from other agencies in several respects. Both the Bureau of Indian Affairs and the Indian Health Service let contracts for multiple programs whereas other agencies usually award single grants to tribes. Under the Indian Self-Determination and Education Assistance Act, as

amended, and the Indian Self-Determination Contract Reform Act of 1994, tribes are entitled to contract and may renew contracts annually where other agencies provide grants on a discretionary/competitive basis.

The proposal and other supporting documentation identified in this information collection is used by the Department of the Interior and the Department of Health and Human Services to determine applicant eligibility, evaluate applicant capabilities, protect the service population, safeguard Federal funds and other resources, and permit the Federal agencies to administer and evaluate contract programs. Tribal governments or tribal organizations provide the information by submitting Public Law 93-638 contract or grant proposals to the appropriate Federal agency. No third party notification or public disclosure burden is associated with this collection.

Request for Comments

The Bureau of Indian Affairs and Indian Health Service requests you to send your comments on this collection to the locations listed in the **ADDRESSES** section.

Your comments should address: (a) The necessity of the information collection for the proper performance of the agencies, including whether the information will have practical utility; (b) the accuracy of the agencies' estimate of the burden (hours and cost) of the collection of information, including the validity of the methodology and assumptions used; (c) ways we could enhance the quality, utility and clarity of the information to be collected; and (d) ways we could minimize the burden of the collection of the information on the respondents, such as through the use of automated collection techniques or other forms of information technology.

Please note that an agency may not sponsor nor request, and an individual need not respond to, a collection of information unless it has a valid OMB Control Number.

OMB Control Number: 1076-0136.

Title: Indian Self-Determination and Education Assistance Contracts, 25 CFR 900.

Brief Description of collection: A tribe or tribal organization may be required to respond from 1 to 12 times per year, depending upon the number of programs they contract from the Bureau of Indian Affairs and Indian Health Service. Each response may vary in its length. In addition, each subpart concerns different parts of the contracting process. For example,

Subpart C relates to provisions of the contents for the initial contract proposal. The burden associated with this would not be used when contracts are renewed. Subpart F describes minimum standards for the management systems used by Indian tribes or tribal organizations under these contracts. Subpart G addresses the negotiability of all reporting and data requirements in the contract.

Type of review: Renewal.

Respondents: 550.

Total number of responses: 5267.

Time per response: Varies from 10 to 50 hours, with an average of 45 hours per response.

Total Annual burden to Respondents: 219,782 hours.

Dated: December 21, 2006.

Michael D. Olsen,

Principal Deputy Assistant Secretary-Indian Affairs, Department of the Interior.

Dated: October 25, 2006.

Robert G. McSwain,

Deputy Director, Indian Health Service, Department of Health and Human Services.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute; Notice of Meeting

Pursuant to section 10(a) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of a meeting of the National Cancer Institute Director's Consumer Liaison Group.

The meeting will be open to the public, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.

Name of Committee: National Cancer Institute Director's Consumer Liaison Group.

Date: January 25, 2007.

Time: 1 p.m. 2:30 p.m.

Agenda: (1) Approval Minutes of September 28, 2006 Teleconference and October 25, 2006 in-person meeting; (2) Introduce new Office of Advocacy Relations leadership and Director's charge to the DCLG members (3) Report of DCLG Member Activities; (4) Preparation for the March in-person meeting; (5) Public Comment Public Comment; (6) Action Items and Conclusion.