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Board of Governors of the Federal Reserve System, February 21, 2008.

**Robert deV. Frierson,**

*Deputy Secretary of the Board.*

[FR Doc. E8-3651 Filed 2-26-08; 8:45 am]

BILLING CODE 6210-01-S

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

#### Privacy Act of 1974; Deletion of an Existing System of Records

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

**ACTION:** Notice to delete an existing CMS system of records (SOR).

**SUMMARY:** In accordance with the requirements of the Privacy Act of 1974, CMS is deleting an existing system of records titled the "Privacy Accountability Database (PAD)," CMS System No. 09-70-0540, established at 67 FR 62482 (October 7, 2002).

**EFFECTIVE DATE:** The deletion will be effective on February 11, 2008.

**ADDRESSES:** The public should address comments to: CMS Privacy Officer, Division of Privacy Compliance, Enterprise Architecture and Strategy 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:** The PAD as a Privacy Act system of records is being deleted because the database that supported this collection is obsolete and is no longer active. CMS will continue to track disclosures and will provide the necessary tracking, reporting, and accounting of disclosures to be in compliance with the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act of 1996.

Dated: February 20, 2008.

**Charlene Frizzera,**

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

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## 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 system of records titled, "Medicare Administrative Issue Tracker and Reporting of Operations (MAISTRO) System," System No. 09-70-0598. The purpose of the system is to capture and track casework/inquiries pertaining to Medicare Part A and Part B programs. The system will also provide a mechanism for recording data on a national level and will serve as a tool to leverage in performing analysis including identification of systemic trends. MAISTRO will record, track and monitor beneficiary and provider level inquiries & complaints. The system will contain information needed to research the inquiries, such as a beneficiary's health insurance claim number (HICN) or a Provider Identification Number (NPI).

The primary purpose of the system is to collect and maintain information needed to provide a mechanism for CMS' central and regional office to capture, track, manage, report and trend inquiries, complaints and issues related to Fee-for-Service (FFS) programs. Information maintained in this system will also be disclosed to: (1) Support regulatory, reimbursement, and policy functions performed within the Agency or by a contractor, consultant or CMS grantee; (2) assist another Federal or state agency, agency of a state government, an agency established by state law, or its fiscal agent; (3) facilitate research on the quality and effectiveness of care provided, as well as epidemiological projects; (4) support litigation involving the Agency; and (5) combat fraud, waste, and abuse in certain health benefits 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 new system report with the Chair of the House Committee on Oversight and Government Reform, the Chair of the Senate Committee on Homeland Security and Governmental Affairs, and the Administrator, Office of Information and Regulatory Affairs, Office of Management and Budget (OMB) on 2/11/2008. In any event, we will not disclose any information under a routine use until 30 days after publication in the **Federal Register** or 40 days after mailings to Congress, which ever is later. We may defer implementation of this system or on one or more of the routine uses 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, Enterprise Architecture & Strategy 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 time zone.

**FOR FURTHER INFORMATION CONTACT:** Michele Livingston, Division of Ombudsman Casework and Trends Management, Medicare Ombudsman Group, Office of External Affairs, CMS, 7500 Security Boulevard, Mail Stop S1-20-21, Baltimore, Maryland 21244-1850. The telephone number is 410-786-6340 or contact [Michele.Livingston@cms.hhs.gov](mailto:Michele.Livingston@cms.hhs.gov).

**SUPPLEMENTARY INFORMATION:** The CMS Consortium for Financial Management and Fee for Service Operations (CFMFFSO) is responsible for handling casework/inquiries, but not limited to: (1) Coverage and payment policy; (2) audit and reimbursement policy and operations; (3) program integrity and medical review policy; (4) Medicare secondary payer and coordination of benefits; (5) claims-related hearings, appeals and grievances; (6) beneficiary eligibility, enrollment, entitlement, rights and protections, premium billing and collection; and (7) dispute resolution processes to assure the effective administration of the Medicare program. These types of inquiries number in the tens of thousands annually across the 10 CMS Regional Offices.

The Office of the Medicare Ombudsman was established as a result of Section 923 of the Medicare