**Jeffrey M. Zirger,**

*Acting Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.*

[FR Doc. 2018–22358 Filed 10–12–18; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

### Privacy Act of 1974; Matching Program

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

**ACTION:** Notice of a new matching program.

**SUMMARY:** In accordance with subsection (e)(12) of the Privacy Act of 1974, as amended, the Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS) is providing notice of a re-established matching program between CMS and each State Based Administering Entity (AE), titled ''Determining Eligibility for Enrollment in Applicable State Health Subsidy Programs Under the Patient Protection and Affordable Care Act.''

**DATES:** The deadline for comments on this notice is November 14, 2018. The re-established matching program will commence not sooner than 30 days after publication of this notice, provided no comments are received that warrant a change to this notice. The matching program will be conducted for an initial term of 18 months (from approximately October 2018 to April 2020) and within 3 months of expiration may be renewed for one additional year if the parties make no changes to the matching program and certify that the program has been conducted in compliance with the matching agreement.

**ADDRESSES:** Written comments can be sent to: CMS Privacy Act Officer, Division of Security, Privacy Policy & Governance, Information Security & Privacy Group, Office of Information Technology, CMS, 7500 Security Blvd., Baltimore, MD 21244–1870, Mailstop: N3–15–25, or by email to: *walter.stone@cms.hhs.gov.* Comments received will be available for review at this location, by appointment, during regular business hours, Monday through Friday from 9:00 a.m. to 3:00 p.m.

**FOR FURTHER INFORMATION CONTACT:** If you have questions about the matching program, you may contact Jack Lavelle, Senior Advisor, Marketplace Eligibility and Enrollment Group, Center for Consumer Information and Insurance Oversight, CMS, 7501 Wisconsin Ave. Bethesda, MD 20814, (410) 786–0639, or by email at *Jack.Lavelle1@cms.hhs.gov.*

**SUPPLEMENTARY INFORMATION:** The Privacy Act of 1974, as amended (5 U.S.C. 552a) provides certain protections for individuals applying for and receiving federal benefits. The law governs the use of computer matching by federal agencies when records in a system of records (meaning, federal agency records about individuals retrieved by name or other personal identifier) are matched with records of other federal or non-federal agencies. The Privacy Act requires agencies involved in a matching program to:

1. Enter into a written agreement, which must be prepared in accordance with the Privacy Act, approved by the Data Integrity Board of each source and recipient federal agency, provided to Congress and the Office of Management and Budget (OMB), and made available to the public, as required by 5 U.S.C. 552a(o), (u)(3)(A), and (u)(4).

2. Notify the individuals whose information will be used in the matching program that the information they provide is subject to verification through matching, as required by 5 U.S.C. 552a(o)(1)(D).

3. Verify match findings before suspending, terminating, reducing, or making a final denial of an individual's benefits or payments or taking other adverse action against the individual, as required by 5 U.S.C. 552a(p).

4. Report the matching program to Congress and the OMB, in advance and annually, as required by 5 U.S.C. 552a(o)(2)(A)(i), (r), and (u)(3)(D).

5. Publish advance notice of the matching program in the **Federal Register** as required by 5 U.S.C. 552a(e)(12).

This matching program meets these requirements.

**Walter Stone,**

*CMS Privacy Act Officer, Information Security and Privacy Group, and Office of Information Technology, Centers for Medicare & Medicaid Service.*

#### Participating Agencies

Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS), and the AE in each state. Each is both a source and a recipient agency as explained in the Purpose(s) section below.

AEs administer insurance affordability programs, and include Medicaid/Children's Health Insurance Program (CHIP) agencies, state-based exchanges (SBEs), and basic health programs (BHPs). In states that operate a SBE, the AE would include the Medicaid/CHIP agency. Additionally, there are two states—Minnesota and New York—where the AE operates both a SBE and BHP. In states that have elected to utilize the federally-facilitated exchange (FFE), the AE would include only the Medicaid/CHIP agency.

#### Authority for Conducting the Matching Program

The statutory authority for the matching program is 42 U.S.C. 18001, *et seq.*

#### Purpose(s)

The matching program will enable CMS to provide information (including information CMS receives from other federal agencies under related matching agreements) to AEs, to assist AEs in verifying applicant information as required by the Affordable Care Act to determine applicants' eligibility for enrollment in applicable state health subsidy programs, including exemption from the requirement to maintain minimum essential coverage (MEC) or from the individual responsibility payment. In addition, to avoid dual enrollment, information will be shared between CMS and AEs, and among AEs, for the purpose of verifying whether applicants and enrollees are currently eligible for or enrolled in a Medicaid/CHIP program. All information will be shared through a data services hub (Hub) established by CMS to support the federally-facilitated health insurance exchange (which CMS operates) and state-based exchanges.

#### Categories of Individuals

The individuals whose information will be used in the matching program are consumers who apply for eligibility to enroll in applicable state health subsidy programs through an exchange established under ACA and other relevant individuals (such as, applicants' household members).

#### Categories of Records

The categories of records that will be used in the matching program are identifying records; minimum essential coverage period records; return information (household income and family size information); citizenship status records; birth and death information; disability coverage and income information; and imprisonment status records.

The data elements CMS will receive from AEs may include:

1. Social security number (if applicable).

2. last name.

3. first name.
4. date of birth.

The data elements the AEs will receive from CMS may include:

1. Validation of SSN.
2. verification of citizenship or immigration status.
3. incarceration status.
4. eligibility and/or enrollment in certain types of minimum essential coverage.
5. income, based on federal tax information (FTI), Title II benefits, and current income sources.
6. quarters of coverage.
7. death indicator.

**System(s) of Records**

The records that CMS will disclose to AEs will be disclosed from the following systems of records, as authorized by routine use 3 published in the System of Records Notices (SORNs ) cited below:

- CMS Health Insurance Exchanges System (HIX), CMS System No. 09–70–0560, last published in full at 78 FR 63211 (Oct. 23, 2013), as amended at 83 FR 6591 (Feb. 14, 2018).

[FR Doc. 2018–22405 Filed 10–12–18; 8:45 am]

**BILLING CODE 4120–03–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

**[Docket No. FDA–2018–N–0001]**

### Pathogen Reduction Technologies for Blood Safety; Public Workshop; Correction

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice of public workshop; correction.

**SUMMARY:** The Food and Drug Administration is correcting a document that appeared in the **Federal Register** of September 17, 2018. The document announced a public workshop entitled ''Pathogen Reduction Technologies for Blood Safety; Public Workshop.'' The document was published with an error in the website address to register for the workshop. This document corrects that error.

**FOR FURTHER INFORMATION CONTACT:** Loni Warren Henderson or Sherri Revell, Center for Biologics Evaluation and Research, Food and Drug Administration, 10903 New Hampshire Ave., Silver Spring, MD 20993, 240–402–8010, email: *CBERPublicEvents@fda.hhs.gov* (subject line: Pathogen Reduction Technology and Blood Safety).

**SUPPLEMENTARY INFORMATION:** In the **Federal Register** of Monday, September 17, 2018 (83 FR 46959), in FR Doc. 2018–20090, on page 46960, the following correction is made:

On page 46960, in the second column, in section III, in the ''*Registration*'' and ''*Streaming Webcast of the Public Workshop*'' *portions,* ''*https://www.eventbrite.com/e/pathogen-reduction-technologies-for-blood-safety-public-workshop-tickets-4464956605*'' is corrected to read ''*https://www.eventbrite.com/e/pathogen-reduction-technologies-for-blood-safety-public-workshop-tickets-44649566054.*''

Dated: October 9, 2018.

**Leslie Kux,**

*Associate Commissioner for Policy.*

[FR Doc. 2018–22364 Filed 10–12–18; 8:45 am]

**BILLING CODE 4164–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

**[Document Identifier OS–04040–0011]**

### Agency Information Collection Request. 60-Day Public Comment Request

**AGENCY:** Office of the Secretary, HHS.

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment.

**DATES:** Comments on the ICR must be received on or before December 14, 2018.

**ADDRESSES:** Submit your comments to *ed.calimag@hhs.gov* or (202) 690–7569.

**FOR FURTHER INFORMATION CONTACT:** When submitting comments or requesting information, please include the document identifier 4040–0011 New–60D and project title for reference, to *Sherrette.funn@hhs.gov,* or call 202–795–7714, the Reports Clearance Officer.

**SUPPLEMENTARY INFORMATION:** Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

*Information Collection Request Title:* SF–271 Outlay Report and Request for Reimbursement for Construction Programs.

*Abstract:* The SF–271 Outlay Report and Request for Reimbursement for Construction Programs form is by used grant awardees to request financial assistance funds for the purpose of reimbursement of construction-related expenditures.

*Need and Proposed Use of the Information:* The SF–271 Outlay Report and Request for Reimbursement for Construction Programs form is used by grant awardees in post-award financial activities related to Federal financial assistance.

*Likely Respondents:* Federal financial assistance awardees.

*Burden Statement:* Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information requested. This includes the time needed to review instructions, to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information, to train personnel and to be able to respond to a collection of information, to search data sources, to complete and review the collection of information, and to transmit or otherwise disclose the information. The total annual burden hours estimated for the ICs are summarized in the table below.

HHS estimates that the form will take 1 hour to complete each form.

Once OMB approves the use of the SF–271 Outlay Report and Request for Reimbursement for Construction Programs form as a common form, federal agencies may request OMB approval to use this common form without having to publish notices and request public comments for 60 and 30 days. Each agency must account for the burden associated with their use of the common form.