

PICOTS (POPULATIONS, INTERVENTIONS, COMPARATORS, OUTCOMES, TIMING, AND SETTING)—Continued

Element	Include	Exclude
Intervention .....	<ul style="list-style-type: none"> <li>Interventions to mitigate barriers and/or improve the receipt of clinical preventive services among people with disabilities (e.g., modification in policies, practices, and procedures; effective communication; the physical accessibility of facilities; educational/training programs for healthcare providers)</li> <li>Characteristics/components of interventions (KQ3) may include elements such as: staffing, funding, facilities, equipment, training</li> <li>Clinical preventive services listed in Appendix B, derived from USPSTF</li> </ul> <p>Grade A and Grade B recommendations:</p> <ul style="list-style-type: none"> <li>—Screening (anxiety disorders, breast cancer, cervical cancer, colorectal cancer, depression, HIV infection, hypertension, intimate partner violence, osteoporosis, diabetes, unhealth drug or alcohol use)</li> <li>—Interventions or behavioral counseling (breastfeeding, falls prevention, perinatal depression, tobacco use/cessation, weight loss, healthy diet and physical activity, sexually transmitted infections)</li> </ul>	<ul style="list-style-type: none"> <li>Interventions that do not address barriers to receipt of clinical preventive services for people with disabilities</li> <li>Preventive services not listed in Appendix B</li> </ul>
Comparator .....	<ul style="list-style-type: none"> <li>Another intervention</li> <li>No intervention</li> </ul>	
Outcome .....	<ul style="list-style-type: none"> <li>Receipt of clinical preventive service</li> <li>Quality of receipt of clinical preventive service</li> <li>Health outcomes related to clinical preventive service</li> <li>Patient satisfaction</li> <li>Patient well-being</li> <li>Harms of the intervention program</li> </ul>	<ul style="list-style-type: none"> <li>Cost-effectiveness</li> <li>Outcomes not related to included clinical preventive services listed in Appendix B</li> </ul>
Timing .....	<ul style="list-style-type: none"> <li>All</li> </ul>	
Setting .....	<ul style="list-style-type: none"> <li>Primary care outpatient clinics</li> <li>Community health clinics</li> <li>Settings referable from primary care settings</li> <li>Emergency departments</li> <li>Other settings (e.g., home, residence, mobile care units)</li> <li>United States or countries with a “very high” United Nations Human Development Index</li> </ul>	

Abbreviations: HIV = Human Immunodeficiency Virus; KQ = Key Question; LGBTQ+ = Lesbian Gay Bisexual Transgender Queer/questioning plus/others; USPSTF = United States Preventive Services Task Force.

Dated: October 26, 2023.  
**Marquita Cullom,**  
*Associate Director.*  
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**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 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 the re-establishment of a computer matching program between CMS and the Department of Defense,

Defense Manpower Data Center for “Verification of Eligibility for Minimum Essential Coverage Under the Patient Protection and Affordable Care Act through a Department of Defense Health Benefits Plan.”

**DATES:** The deadline for comments on this notice is December 1, 2023. 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 November 30, 2023 to May 29, 2025) and within 3 months of expiration may be renewed for up to one additional year if the parties make no change to the matching program and certify that the program has been conducted in compliance with the matching agreement.

**ADDRESSES:** Interested parties may submit comments on this notice to the CMS Privacy Act Officer by mail at: Division of Security, Privacy Policy &

Governance, Information Security & Privacy Group, Office of Information Technology, Centers for Medicare & Medicaid Services, Location: N1–14–56, 7500 Security Blvd., Baltimore, MD 21244–1850 or by email at [Barbara.Demopoulos@cms.hhs.gov](mailto:Barbara.Demopoulos@cms.hhs.gov).

**FOR FURTHER INFORMATION CONTACT:** If you have questions about the matching program, you may contact Anne Pesto, Senior Advisor, Marketplace Eligibility and Enrollment Group, Center for Consumer Information and Insurance Oversight, Centers for Medicare & Medicaid Services, at 443–955–9966, by email at [anne.pesto@cms.hhs.gov](mailto:anne.pesto@cms.hhs.gov), or by mail at 7500 Security Blvd., Baltimore, MD 21244.

**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.

**Barbara Demopolos,**

*Privacy Act Officer, Division of Security, Privacy Policy and Governance, Office of Information Technology, Centers for Medicare & Medicaid Services.*

**Participating Agencies**

The Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS) is the recipient agency, and the Department of Defense (DoD), Defense Manpower Data Center (DMDC) is the source agency.

**Authority for Conducting the Matching Program**

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

**Purpose(s)**

The purpose of the matching program is to provide CMS with DoD data verifying individuals' eligibility for coverage under a DoD Health Benefit Plan (*i.e.*, TRICARE), when requested by CMS and state-based administering entities (AE) for the purpose of determining the individuals' eligibility for insurance affordability programs under the Patient Protection and Affordable Care Act (PPACA). CMS and the requesting AE will use the DoD data

to determine whether an enrollee in private health coverage under a qualified health plan through a federally-facilitated or state-based health insurance exchange is eligible for coverage under TRICARE, and the dates the individual was eligible for TRICARE coverage. DoD health benefit plans provide minimum essential coverage (MEC), and eligibility for such plans precludes eligibility for financial assistance in paying for private coverage. CMS and AE will use the DoD data to authenticate identity, determine eligibility for financial assistance (including an advance tax credit and cost-sharing reduction, which are types of insurance affordability programs), and determine the amount of any financial assistance.

**Categories of Individuals**

The categories of individuals whose information is involved in the matching program are: (1) active duty service members and their family members and (2) retirees and their family members whose TRICARE eligibility records at DoD match data provided to DoD by CMS (submitted by AEs) about individual consumers who are applying for or are enrolled in private health insurance coverage under a qualified health plan through a federally-facilitated or state-based health insurance exchange.

**Categories of Records**

The categories of records used in the matching program are identity records and minimum essential coverage (MEC) period records. To request information from DoD, CMS will submit a request to DoD that may contain, but is not limited to, the following specified data elements in a fixed record format: Social Security Number (SSN), first name, middle name, surname (last name), date of birth, gender, and requested Qualified Health Plan (QHP) coverage effective date and end date. When DoD is able to match the SSN and name provided by CMS and information is available, DoD will provide CMS with the following about each individual, as relevant: SSN, response code indicating enrollment in MEC under a TRICARE plan, and, as applicable, begin date(s) and end date(s) of enrollment in MEC under a TRICARE plan.

**System(s) of Records**

The records used in the matching program are disclosed from these systems of records, as authorized by routine uses published in the System of Records Notices (SORNs) cited below:

**A. System of Records Maintained by CMS**

CMS Health Insurance Exchanges System (HIX), CMS System No. 09–70–0560, last published in full at 78 FR 63211 (Oct. 23, 2013), and amended at 83 FR 6591 (Feb. 14, 2018). Routine use 3 authorizes CMS' disclosures of identifying information about applicants to DoD for use in this matching program.

**B. System of Records Maintained by DoD**

The DoD system of records and routine use that support this matching program are Routine Use h in DMDC 02 DoD, Defense Enrollment Eligibility Reporting Systems (DEERS), last published at 87 FR 32384 (May 31, 2022). Routine use H supports DoD's disclosures to CMS.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Food and Drug Administration**

[Docket No. FDA–2022–N–2558]

**David Winne: Grant of Special Termination; Final Order Terminating Debarment**

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

**ACTION:** Notice.

**SUMMARY:** The Food and Drug Administration (FDA or the Agency) is issuing an order under the Federal Food, Drug, and Cosmetic Act (FD&C Act) granting special termination of the debarment of David Winne with an effective date of August 18, 2024. FDA bases this order on a finding that Mr. Winne provided substantial assistance in the investigations or prosecutions of offenses relating to a matter under FDA's jurisdiction, and that special termination of Mr. Winne's debarment serves the interest of justice and does not threaten the integrity of the drug approval process.

**DATES:** This order is effective November 1, 2023.

**ADDRESSES:** Submit comments electronically at <https://www.regulations.gov>. Written comments may be submitted to the Dockets Management Staff, Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852, 240–402–7500.

**FOR FURTHER INFORMATION CONTACT:** Jaime Espinosa, Division of Compliance