Agreement(s) Filed; Port of Anacortes Terminal Agreement et al.

The Federal Maritime Commission hereby gives notice of the filing of the following agreement(s) pursuant to section 5 of the Shipping Act of 1984.

Interested parties may inspect and obtain a copy of each agreement at the Washington, DC Office of the Federal Maritime Commission, 1100 L Street, NW., Room 10220. Interested parties may submit comments on each agreement to the Secretary, Federal Maritime Commission, Washington, DC 20573, within 10 days after the date of the **Federal Register** in which this notice appears. The requirements for comments are found in section 572.603 of title 46 of the Code of Federal Regulations. Interested persons should consult this section before communicating with the Commission regarding a pending agreement.

Agreement No.: 224–200291

Title: Port of Anacortes Terminal Agreement.

Parties: Port of Anacortes (Port); Dakota Creek Industries (DCI).

Synopsis: The Agreement provides for the Port to grant DCI, a nonexclusive right to use certain premises at Pier I for its berth operation. The Port retains control, use and operation of the premises for the berthing of vessels and for the handling of lumber and general cargo. Wharfage, dockage, and service and facilities charges will be assessed and retained by the Port.

Agreement No.: 224–200292

Title: Port Authority of New York and New Jersey Terminal Agreement.

Parties: Port Authority of New York and New Jersey Sea-Terminal, Inc. (STI)

Synopsis: The Agreement provides STI with a 15 year lease of a 58 acre terminal facility at the Howland Hook Marine Terminal to be used for the berthing of vessels and the handling, loading, unloading and storage of cargo. STI has the exclusive right to collect dockage and wharf usage charges subject to the terms of the Agreement.

Agreement No.: 224–010877–003

Title: Tampa Port Authority Terminal Agreement.

Parties: Tampa Port Authority; Tampa Bay International, Inc. (TBIT).

Synopsis: The Agreement provides that if the basic agreement's final three year option to renew is exercised by TBIT, an amendment to the basic agreement must be filed with the Commission.

By Order of the Federal Marine Commission.

Dated: October 3, 1989.

Joseph C. Polking,

Secretary.

[FR Doc. 89–23752 Filed 10–6–89; 8:45 am]

BILLING CODE 6730–01–M

Agreement(s) Filed; Spain–Italy/Puerto Rico Island Pool Agreement

The Federal Maritime Commission hereby gives notice of the filing of the following agreement(s) pursuant to section 5 of the Shipping Act of 1984.

Interested parties may inspect and obtain a copy of each agreement at the Washington, DC Office of the Federal Maritime Commission, 1100 L Street, NW., Room 10325. Interested parties may submit comments on each agreement to the Secretary, Federal Maritime Commission, Washington, DC 20573, within 10 days after the date of the **Federal Register** in which this notice appears. The requirements for comments are found in § 572.603 of Title 46 of the Code of Federal Regulations. Interested persons should consult this section before communicating with the Commission regarding a pending agreement.

Agreement No.: 212–011213–010

Title: Spain-Italy/Puerto Rico Island Pool Agreement

Parties: Compania Trasatlantica Espanola, S.A. Nordana Line AS Sea-Land Service, Inc.

Synopsis: The proposed modification would postpone the pending resignation of Nordana Line AS as a party to the agreement from October 14, 1989, to November 13, 1989.

By Order of Federal Maritime Commission.

Dated: October 4, 1989.

Joseph C. Polking,

Secretary.

[FR Doc. 23770 Filed 10–6–89; 8:45 am]

BILLING CODE 6730–01–M

FEDERAL RESERVE SYSTEM

Fulton Financial Corp., et al.; Applications to Engage de novo in Permissible Nonbanking Activities

The companies listed in this notice have filed an application under § 225.23(a)(1) of the Board's Regulation Y (12 CFR 225.23(a)(1)) for the Board's approval under section 4(c)(8) of the Bank Holding Company Act (12 U.S.C. 1843(c)(8)) and 225.21(a) of Regulation Y (12 CFR 225.21(a)) to commence or to engage *de novo,* either directly or through a subsidiary, in a nonbanking activity that is listed in § 225.25 of Regulation Y as closely related to banking and permissible for bank holding companies. Unless otherwise noted, such activities will be conducted throughout the United States.

Each application is available for immediate inspection at the Federal Reserve Bank indicated. Once the application has been accepted for processing, it will also be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the question whether consummation of the proposal can "reasonably be expected to produce benefits to the public, such as greater convenience, increased competition, or gains in efficiency, that outweigh possible adverse effects, such as undue concentration of resources, decreased or unfair competition, conflicts of interests, or unsound banking practices." Any request for a hearing on this question must be accompanied by a statement of the reasons a written presentation would not suffice in lieu of a hearing, identifying specifically any questions of fact that are in dispute, summarizing the evidence that would be presented at a hearing, and indicating how the party commenting would be aggrieved by approval of the proposal.

Unless otherwise noted, comments regarding the applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than October 27, 1989.

A. **Federal Reserve Bank of Philadelphia** (Thomas K. Desch, Vice President) 100 North 6th Street, Philadelphia, Pennsylvania 19105:

1. *Fulton Financial Corporation,* Lancaster, Pennsylvania; to engage *de novo* in community development activities pursuant to § 225.25(b)(6) of the Board's Regulation Y.

B. **Federal Reserve Bank of Richmond** (Lloyd W. Bostian, Jr., Vice President) 701 East Byrd Street, Richmond, Virginia 23261:

1. *Riggs National Corporation,* Washington, D.C.; to engage *de novo* in making or acquiring commercial loans and participation interests therein such as would be made by a commercial financial company pursuant to § 225.25(b)(1)(iv) of the Board's Regulation Y.

Board of Governors of the Federal Reserve System, October 2, 1989.

Jennifer J. Johnson,

Associate Secretary of the Board.

[FR Doc. 89–23660 Filed 10–6–89; 11:15 am]

BILLING CODE 6210–01–M

FEDERAL TRADE COMMISSION

Granting of Request for Early Termination of the Waiting Period Under the Premerger Notification Rules

Section 7A of the Clayton Act, 15 U.S.C. 18a, as added by title II of the Hart-Scott-Rodino Antitrust Improvements Act of 1976, requires persons contemplating certain mergers or acquisitions to give the Federal Trade Commission and the Assistant Attorney General advance notice and to wait designated periods before consummation of such plans. Section 7A(b)(2) of the Act permits the agencies, in individual cases, to terminate this waiting period prior to its expiration and requires that notice of this action be published in the **Federal Register**.

The following transactions were granted early termination of the waiting period provided by law and the premerger notification rules. The grants were made by the Federal Trade Commission and the Assistant Attorney General for the Antitrust Division of the Department of Justice. Neither agency intends to take any action with respect to these proposed acquisitions during the applicable waiting period:

TRANSACTIONS GRANTED EARLY TERMINATION BETWEEN: 09-18-89 AND 09-29-89

Name of acquiring person, Name of acquired person, Name of acquired entity	PMN No.	Date terminated
John W. Kluge, c/o Metromedia Company, NAC Re Corporation, NAC Re Corporation	89-2576	09/18/89
John J. Rigas, Joseph S. Gans, Sr. and Irene F. Gans, Joseph S. Gans, Inc.	89-2606	09/18/89
Glenn R. Jones, Cable TV Joint Fund 11, Total TV of Kenosha	89-2619	09/18/89
Bowater Industries plc, The Mead Corporation, Mead Release Products, Inc.	89-2637	09/18/89
Oy Wartsila AB, PacifiCorp, Cardkey Systems Inc. and Cardkey Government Sys. Inc.	89-2638	09/18/89
The Berkshire Fund, A Limited Partnership, Dayton Hudson Corporation, Lechmere, Inc.	89-2656	09/18/89
Berkshire Hathaway Inc., The Coca-Cola Company, The Coca-Cola Company	89-2661	09/18/89
Shoji Kanazawa, Charter Communities-Hacienda De Monterey, Charter Communities-Hacienda De Monterey	89-2667	09/18/89
LDI, Ltd., Robert A. Nickell, Ed Tucker Distributor, Inc.	89-2681	09/18/89
Masaru Tsuzuki, Fieldcrest Cannon, Inc., Swift Spinning Mills Division	89-2683	09/18/89
Alexander & Baldwin, Inc., Thomas B. Crowley, SS Atlantic Spirit	89-2691	09/18/89
Triton Group Ltd., Liquor Barn Northern CA, Inc. & Southern CA, Inc., LBI Holdings, Inc., a Delaware Corporation	89-2692	09/18/89
Carena Holdings Inc., JC Penney Company, Inc., Ridgmar Associates	89-2725	09/18/89
Rosenkranz and Company, Dresser Industries, Inc., Reliance Standard Life Insurance Company	87-2232	09/19/87
Michael George DeGroote, Blockbuster Entertainment Corporation, Blockbuster Entertainment Corporation	88-2533	09/19/88
General Electric Company, Lear Siegler Holdings Corporation, Lear Siegler Seating Corp., et. al.	88-2541	09/19/88
Commercial Credit Group, Inc., Primerica Corporation, Primerica Corporation	88-2548	09/19/88
General Electric Company, LSS Holdings Corp., LSS Holdings Corp.	88-2556	09/19/88
Pennsylvania Blue Shield, Plan Investment Fund, Inc., Plan Investment Fund, Inc.	88-2570	09/19/88
Kenneth E. Behring, Professional Football Limited Partnership, The Seattle Professional Football Club	88-2602	09/19/88
Kenneth E. Behring, Seattle Seahawks, Inc., Seattle Seahawks, Inc.	88-2608	09/19/88
Philips N.V., Island Settlement Trust, Island Entertainment Group, Inc.	89-2578	09/19/89
Corporate Capital Limited, Carvel Corporation, Carvel Corporation	89-2684	09/19/89
Jungfrau Trust, R & J Realty Corp. Modernage Furniture, Inc.	89-2703	09/19/89
Aon Corporation, Adams & Porter International, Inc., Adams & Porter International, Inc.	87-2387	09/1w/87
Household International, Inc., Gulf & Western Inc., Associates Financial Services Company of Oregon, Inc.	87-2255	09/20/87
Fiat S.p.A., INCSTAR Corporation, INCSTAR Corporation	89-2549	09/20/89
David P. Miller, c/o Columbia National Corporation, LeeMar Steel Co., Inc., LeeMar Steel Co., Inc.	89-2571	09/20/89
Jeffrey H. Smulyan, George L. Argyros, Seattle Mariners	89-2690	09/20/89
Robert A. Kathary, USX Corporation, Marathon Properties, Inc.	88-2390	09/21/88
The Neiman-Marcus Group, Inc., Mr. S. Roger Horchow, Horchow Mail Order, Inc.	88-2467	09/21/88
Siemens AG, Allied-Signal, Inc., Bendix Electronics Division of Allied-Signal, Inc	88-2468	09/21/88
Dietrich M. Gross, Winton M. Blount, Kramo Corp. & Washington Steel Corp	88-2479	09/21/88
Norwest Corporation, General Electric Company, Gelco Corporation/Gelco Payment System Division	88-2525	09/21/88
Alberto-Culver Company, Windmere Corporation, Windmere Corporation	88-2538	09/21/88
Fuddruckers, Inc., daka, Inc., daka, Inc.	88-2557	09/21/88
The Fulcrum III Limited Partnership, Foodmaker, Inc., Foodmaker, Inc	88-2561	09/21/88
The Fulcrum III Limited Partnership, Foodmaker, Inc., Foodmaker, Inc	88-2562	09/21/88
daka, Inc., Fuddruckers, Inc., Fuddruckers, Inc.	88-2563	09/21/88
Brunswick Corporation, Starcraft Corporation, Starcraft Power Boat Corporation	88-2567	09/21/88
Wingate Partners, L.P., Redman Industries, Inc., Redman Industries, Inc.	88-2587	09/21/88
Mobil Corporation, Newmont Mining Corporation, Newmont Oil Company	88-2603	09/21/88
Colonial Commercial Corp., Ronald O. Perelman, Devon Capital Corp	88-2605	09/21/88
David B. McKane, c/o McKane Robbins & Co., Frye Acquisition Partners, Frye Acquistion Inc	89-2585	09/21/89
Peter G. Robbins, c/o McKane Robbins & Co., Frye Acquisition Partners, Frye Acquisition Inc	89-2586	09/21/89
PPG Industries, Inc., the Clorox Company, Olympic HomeCare Products Company, Lucite HomeCare	89-2597	09/21/89
Wellman, Inc., Fiber Industries, Inc., Fiber Industries, Inc	89-2617	09/21/89
UCC Investors Holding, Inc., Avery, Inc., Uniroyal Chemical Holding Company	89-2630	09/21/89
Lafarge Coppee S.A., Standard Slag Holding Company, Standard Slag Holding Company	89-2671	09/21/89
David F. Bolger, Cleveland-Cliffs Inc., Cleveland-Cliffs Inc.	87-2287	09/22/87
Texas Eastern Corporation, Arthur M. Goldberg, TPG, Inc	88-2480	09/22/88
Leucadia National Corporation, Seven Oaks International, Inc., Seven Oaks International, Inc	88-2545	09/22/88
The Dow Chemical Company, Essex Chemical Corporation, Essex Chemical Corporation	88-2568	09/22/88
H. Wayne Huizenga, Blockbuster Entertainment Corporation, Blockbuster Entertainment Corporation	88-2596	09/22/88
BankAmerica Corporation, Mobil Corporation, Clayton Bank and Trust Company	88-2600	09/22/88
Unilever N.V. and Unilever PLC, Alco Industries, Inc., Alco Chemical Corporation	89-2556	09/22/89
Chiyoda Fianance, Inc. The Park at Coronado, Ltd., The Park at Coronado Ltd	89-2559	09/22/89

TRANSACTIONS GRANTED EARLY TERMINATION BETWEEN: 09-18-89 AND 09-29-89—Continued

Name of acquiring person, Name of acquired person, Name of acquired entity	PMN No.	Date terminated
Frontenac Venture V Limited Partnership, Marks Bros. Jewelers, Inc., Marks Bros. Jewelers, Inc	89-2610	09/22/89
Marks Bros. Jewelers, Inc., Frontenac Venture V Limited Partnership, Marks Holding Company	89-2611	09/22/89
Daniel J. Sullivan, Unitel Video, Inc., Unitel Video, Inc	89-2631	09/22/89
John J. Rigas, Centel Corporation, Centel Cable Television Company	89-2662	09/22/89
MAPCO Inc., Robert E. Perkinson, Sr., REP Sales, Inc	89-2676	09/22/89
MAPCO Inc., Jno. McCall Coal Company, Inc., Jno. McCall Coal Export Corp., Frazee-McCall Joint	89-2677	09/22/89
Tele-Communications, Inc., Heritage Cablevision Associates of Dallas, L.P., Heritage Cablevision Associates of Dallas, L.P.	89-2687	09/22/89
Bowater Industries plc, Norton Opax plc, Norton Opax plc	89-2710	09/22/89
NCNB Corporation, First RepublicBank Corporation, First RepublicBank Trust Company	89-2711	09/22/89
John J. Rigas, Jack Kent Cooke, Cooke Communications of Syracuse, Inc., Cooke	89-2715	09/22/89
Westinghouse Electric Corporation, Goldome, Goldome Strategic Investments & Coast Manufacturing, Inc	89-2717	09/22/89
Daniel J. Sullivan, Howard Burch, Manhattan Transfer/Edit, Inc	89-2721	09/22/89
Marriott Corporation, Bank of Boston Corporation, BOCA 106 Corporation	89-2723	09/22/89
Carena Holdings, Inc., Whitemak Associates, Whitemak Associates	89-2726	09/22/89
Carena Holdings Inc., Kravco Management, Inc., Kravco Company (a partnership)	89-2728	09/22/89
Carena Holdings Inc., Kravco, Inc., Kravco Company (a partnership)	89-2729	09/22/89
The Tokio Marine and Fire Insurance Co., Ltd., Legend Capital Group, L.P., Delaware Management Holdings, Inc.	89-2730	09/22/89
Masami Kato, Caroline Hunt Trust Estate, Rosewood Property Company	89-2731	09/22/89
SunGard Data Systems Inc., Dyatron Corporation, Dyatron Corporation	89-2732	09/22/89
Vendex International N.V., Bookstop, Inc., Bookstop, Inc.	89-2736	09/22/89
Michael C. Hall, Don Tyson, Dixie Portland Flour Mills, Inc., Diana Fruit	89-2740	09/22/89
Citation Investment Trust, Mobil Corporation, Mobil Exploration and Producing North America Inc.	89-2744	09/22/89
Leonard Riggio, Bookstop, Inc., Bookstop, Inc.	89-2746	09/22/89
Helmerich & Payne, Inc., Freeport-McMoRan Inc., FMP Operating Company, LP	89-2754	09/22/89
Giant Group, Ltd, Aspen Airways, Inc., Aspen Airways, Inc.	89-2762	09/22/89
John W. Kluge, Benale Holdings Corporation, Benale Holdings Corporation	89-2767	09/22/89
Ohbayashi Corporation, Erik Sande, E.W. Construction Group, Inc.	89-2788	09/22/89
Integrated Resources, Inc., The Gates Corporation, Gates Learjet Corporation	87-2205	09/23/87
National Education Corporation, Mr. Kamal Alsultany, SCS Business & Technical Institute, Inc.	87-2321	09/23/87
GATX Corporation, Mobil Corporation, Wyco Pipe Line Company	87-2322	09/23/87
North American Housing Corp., Marley Company The, Continental Home Division of The Marley Company	87-2370	09/23/87
Exxon Corporation, Mesa Limited Partnership & Mesa Operating Ltd. Ptnrship, Mesa Limited Partnership & Mesa Operating Ltd. Ptnrship,	88-2299	09/23/88
United Cable Television Corporation, Blockbuster Entertainment Corporation, Blockbuster Entertainment Corporation	88-2463	09/23/88
Integrated Resources, Inc., Philips N.V., The Selmer Company	88-2497	09/23/88
Pearson plc, TRW Inc., Reda Pump Division and the Oilwell Cable Division	88-2518	09/23/88
The Statesman Group, Inc., Castle & Cooke, Inc., C & C—Kohala	88-2526	09/23/88
Pacific Telesis Group, ABI American Businessphones, Inc., ABI American Businessphones, Inc.	88-2537	09/23/88
Jeffrey H. Smulyan, Milton Maltz, Malrite Communications Group, Inc.	88-2612	09/23/88
Nestle S.A., The Prudential Insurance Company of America, The Prudential Insurance Compnay of America	88-2621	09/23/88
The Quaker Oats Company, Sysco Corporation, Continental Coffee Company of Houston	88-2623	09/23/88
Presidio Oil Company, The British Petroleum Company plc, Sohio Petroleum Company, d/b/a/ Standard Oil Prod. Comp	88-2627	09/23/88
IFINT S.A., Fireman's Fund Corporation, Fireman's Fund Corporation	88-2630	09/23/88
Lomas & Nettleton Financial Corporation, Bright Banc Savings Association, Bright Banc Savings Association	88-2640	09/23/88
Tele-Communications, Inc., Blockbuster Entertainment Corporation, Blockbuster Entertainment Corporation	88-2658	09/23/88
Cargill, Incorporated, The Quaker Oats Company, ACCO Feeds Holding Corp., ACCO Feeds, Inc	87-2279	09/24/87
N.V. Koninklije Nederlandsche Petroleum Maatschappij, General Bio-Synthetics B.V., General Bio-Synthetics B.V	87-2315	09/24/87
Koninklijke Gist-brocades, N.V., General Bio-Synthetics B.V., General Bio-Synthetics B.V	87-2316	09/24/87
American Home Products Corporation, VLI Corporation, VLI Corporation	87-2318	09/24/87
Kubota, Ltd., Dana Computer, Inc., Dana Computer, Inc	87-2332	09/24/87
Crossland Savings, Donald L. Modglin, SMS Entities, The	87-2345	09/24/87
K Mart Corporation, American Stores Company, Osco Drug, Inc	87-2366	09/24/87
Tonka Corporation, Kenner Parker Toys Inc., Kenner Parker Toys Inc	87-2386	09/24/87
Tonka Corporation, Kenner Parker Toys Inc., Kenner Parker Toys Inc	87-2388	09/24/87
BBA Group Plc., Joy Technologies Inc., Ozone Industries Division	87-2393	09/24/87
Ronald O. Perelman, Medical Laboratory Associates, Inc., Medical Laboratory Associates, Inc	87-2394	09/24/87
Kirk Kerkorian, Estate of Howard R. Hughes, Jr,. The, Estate of Howard R. Hughes, Jr., The	87-2396	09/24/87
Hooker Corporation Limited, Domenico De Sole, B.A. Holdings, Inc.	87-2398	09/24/87
Mellon Bank Corporation, American Savings and Loan Association of Florida, American Savings and Loan Association of Florida	87-2402	09/24/87
Prudential-Bache Energy Income Ltd. Partnership VP-18, Edwin L. Cox, Sr., Edwin L. Cox, Sr	87-2404	09/24/87
Canadian National Railway Company, Alco Standard Corporation, Relco Financial Corp	87-2410	09/24/87
Warburg, Pincus Capital Company, L.P., Herbert N. Somekh and Denise D. Somekh, Hosiery Manufacturing Corp. of Morgantown	87-2415	09/24/87
General American Life Insurance Company, Sanus Corp. Health Systems, Sanus Health Plan, Inc	87-2421	09/24/87
New York Life Insurance Company, Sanus Corp. Health Systems, Sanus Corp. Health Systems	87-2422	09/24/87
Grolier Incorporated, Lawrence A. Krames, M.D., Krames Communications	87-2430	09/24/87
Warburg, Pincus Capital Company, L.P., Communications Satellite Corporation, Communications Satellite Corporation	87-2297	09/25/87
IC Industries, GenCorp Inc., RKO Enterprises, Inc	87-2335	09/25/87
Macro 4 plc, The Atlantic Foundation, Goal Systems International, Inc	87-2341	09/25/87
"Investing in Success" Equities PLC, Munford, Inc., Munford, Inc	87-2376	09/25/87
Konishiroku Photo Industry Co., Ltd., Powers Chemco, Inc., Powers Chemco, Inc	87-2389	09/25/87
716107 Ontario Limited, Cadillac Fairview Corporation Limited, The, Cadillac Fairview Corporation Limited, The	87-2397	09/25/87
Landis & Gyr AG, Mark Controls Corporation, Mark Controls Corporation	87-2399	09/25/87
Prudential-Bache Energy Income Ltd. Partnership VP-19, Mr. Edwin L. Cox, Sr., Mr. Edwin L. Cox, Sr	87-2403	09/25/87
Trafalgar House Public Limited Company, NHP, Inc., Capital Homes, Inc	87-2439	09/25/87
F.W. Woolworth Co., Armel, Inc., Armel, Inc	87-2448	09/25/87
Meredith Corporation, Garrett Scollard, MMT Sales, Inc	87-2461	09/25/87
F.W. Woolworth Co., Armel, Inc., Armel, Inc	87-2486	09/25/87
Dowty Group PLC, CASE Group plc, CASE Group plc	88-2448	09/25/88
Wyman-Gordon Company, Allied-Signal Inc., KDI Composite Technology, Inc	89-2668	09/25/89
Robert Bosch Industrietreuhand KG, Joint Venture Corporation, Joint Venture Corporation	89-2707	09/25/89

TRANSACTIONS GRANTED EARLY TERMINATION BETWEEN: 09-18-89 AND 09-29-89—Continued

Name of acquiring person, Name of acquired person, Name of acquired entity	PMN No.	Date terminated
Nippondenso Co., Ltd., Joint Venture Corporation, Joint Venture	89-2708	09/25/89
The Penn Central Corporation, Tyco Laboratories, Inc., Allied Tube Conduit Corporation	88-2498	09/26/88
W.R. Grace Co., Canonie Environmental Services Corp., Canonie Environmental Services Corp	88-2559	09/26/88
AMAX Inc., Quantum Chemical Corporation, SPG Exploration Corp	88-2569	09/26/88
Columbia Pictures Entertainment, Inc., J.F. Theatres, Inc., J.F. Theatres, Inc	88-2579	09/26/88
Damson Income Energy Limited Partnership, Crescent Master Limited Partnership, Crescent Master Limited Partnership	88-2597	09/26/88
Damson Energy Company, L.P., Crescent Master Limited Partnership, Crescent Master Limited Partnership	88-2598	09/26/88
INFINT S.A., General Electric Company, LSS Holdings Corporation	88-2631	09/26/88
Healthcare Services Group, Inc., Southmark Corporation, American Services Company	88-2635	09/26/88
Vincent J. Ryan, Bell & Howell Company, Bell & Howell Records Management, Inc	88-2642	09/26/88
Pitney Bowes Inc., Pandick Holding, Inc., Pandick Technologies, Inc	89-2645	09/26/89
Mitsui Co., Ltd., Michael W. Wilsey, Wilsey Foods, Inc	89-2648	09/26/89
Generale Occidentale S.A., James River Corporation of Virginia, James River Timber Corporation	89-2649	09/26/89
Paramount Communications Inc., Allen J. Becker, SRO/Pace Promotions	89-2659	09/26/89
Asahi Glass Company, Ltd., Asahi Glass Company, Ltd., AP Technoglass Co	89-2685	09/26/89
Thomas Schmidheiny, Newell Co., Anchor Hocking Corporation	89-2694	09/26/89
St. Ives Group plc, Eagle-Picher Industries, Inc., A.D. Weiss Lithograph Company, Inc	89-2698	09/26/89
General Electric Company, Telefonaktiebolaget L.M. Ericsson, Ericsson North America Inc	89-2699	09/26/89
Telefonaktiebolaget L.M. Ericsson, General Electric Company, General Electric Company	89-2700	09/26/89
Markel Corporation, Rhulen Agency, Inc., Rhulen Agency, Inc	89-2702	09/26/89
Mr. Nelson Peltz, Avery Inc., Avery Inc	89-2704	09/26/89
Mr. Peter W. May, Avery Inc., Avery Inc	89-2705	09/26/89
Esterline Corporation, Charles H. and Margaret M. Dyson, Korry Electronics Co., TA Mfg Co.	89-2735	09/26/89
Bessemer Securities Corporation, Zapata Gulf Marine Corporation, Zaputa Gulf Marine Corporation	89-2752	09/26/89
James H. Possehl, Gibraltar Financial Corporation, GFC Leasing Corporation	89-2763	09/26/89
Mitsubishi Kasei Corporation, Boston University, Seradyn, Inc	89-2772	09/26/89
Kohler Co., USG Corporation, USG Industries, Inc	88-2369	09/27/88
Johnson Controls, Inc., Nelson Peltz, American National Can Company	88-2543	09/27/88
Johnson Controls, Inc., Peter W. May, American National Can Company	88-2544	09/27/88
PepsiCo, Inc., UniBev Inc., UniBev Inc	88-2549	09/27/88
PepsiCo., Inc., John A. Robertshaw, Jr., Laurel Group Limited	88-2550	09/27/88
PepsiCo, Inc., John E. Britton, Erie Botling Corporation	88-2551	09/27/88
PepsiCo, Inc., Wilchart, Ltd., Wilchart, Ltd	88-2552	09/27/88
PepsiCo, Inc., Richard H. Confair, Confair Bottling Co., Inc	88-2553	09/27/88
James M. Goldsmith, c/o General Oriental Investment Ltd, James M. Goldsmith, c/o General Oriental Investment Ltd, GU Acquisition Corporation	88-2580	09/27/88
American Continental Corporation, James M. Goldsmith, General Oriental Investment Limited	88-2581	09/27/88
The Laird Group Public Limited Company, Panel Prints, Inc., Panel Prints, Inc	88-2582	09/27/88
Steven M. Rales, GenCorp, Inc., GRADH-104 Inc	88-2613	09/27/88
Mitchell P. Rales, GenCorp, Inc., GRADH-104 Inc	88-2614	09/27/88
Merrill Lynch & Co., Inc., Bain Capital Fund Limited Partnership, Calumet Acquisition Corp	88-2632	09/27/88
Gerald Tsai, Jr., Commercial Credit Group, Inc., Commercial Credit Group, Inc	88-2644	09/27/88
Columbus Holdings Limited, Stone Container Corporation, Stone Container Corporation	89-2633	09/27/89
SouthernNet, Inc., Southland Communications Corporation, Southland Communications Corporation	87-2306	09/28/872306
Holmes Protection Group, Inc., Sovereign Group, Inc., Guardian Industries, Inc	88-2511	09/28/88
Ladbroke Group PLC, Pacific Racing Association, Pacific Racing Association	88-2622	09/28/88
Weiss, Peck & Greer Corporate Development Assoc., LP, Beker Industries Corp., Beker Industries Corp	88-2654	09/28/88
The Sherwin-Williams Company, Whittaker Corporation, Whittaker Corporation	89-2636	09/28/89
AGA Aktiebolag, UGI Corporation, AmeriGas, Inc	89-2701	09/28/89
Magna Copper Company, Addington Resources, Inc., Addwest Gold, Inc	89-2733	09/28/89
MA Associates, L.P., McGraw-Hill, Inc., Electrical Group of McGraw-Hill Inc	89-2771	09/28/89
Mr. Alan Bond, Fluor Corporation, St. Joe Gold Corporation, et.al	87-2299	09/29/87
General Investments Australia Limited, Forstmann & Company, Inc., Forstmann & Company, Inc	87-2334	09/29/87
Nitto Electric Industrial Co., Ltd., Rohm & Haas Company, Hydranautics	87-2367	09/29/87
Weyerhaeuser Company, Timberland Industries, Inc., Timberland Industries, Inc	87-2392	09/29/87
Cook Inlet Region, Inc., Richard E. and Nancy P. Marriott, First Media Corporation	87-2420	09/29/87
Trust created under Article Seven-John Hay Whitney The, Richard E. and Nancy P. Marriott, First Media Corporation	87-2426	09/29/87
Laird Group P.L.C. The, Bailey Corporation, Bailey Corporation	87-2429	09/29/87
Arthur Goldberg, Timpte Industries, Inc., Timpte Industries, Inc	88-2433	09/29/88
McDonnell Douglas Corporation, Frank Giordano, Emerald Industrial Leasing Corp	88-2535	09/29/88
McDonnell Douglas Corporation, Harold Neiman, Emerald Industrial Leasing Corp	88-2536	09/29/88
Houston Industries, Incorporated, Edward S. Rogers, RCA Cablesystems Holdings Co	88-2554	09/29/88
Stoneridge Resources, Inc., Stoneridge Resources, Inc., Orange-co, Inc	88-2577	09/29/88
Sophus Berendsen A/S, Gerard F. Leider, The Leider Companies, Inc	88-2610	09/29/88
Sophus Berendsen A/S, M. James Leider, The Leider Companies, Inc	88-2611	09/29/88
The Walt Disney Company, James M. Henson, Henson Associates, Inc	89-2759	09/29/89
Atlas Copco AB, PACCAR, Inc., Wagner Mining Equipment Co. and Russel Brothers	89-2775	09/29/89
The Retail Property Trust, British Coal Staff Superannuation Scheme Trustees Ltd., Pan-American Properties, Inc	89-2777	09/29/89
The Retail Property Trust, Cmte. of Management of the Mineworkers Pension Scheme, Pan-American Properties, Inc	89-2778	09/29/89
Colorado National Bankshares, Inc., Central Bank, Cenval of Colorado Corporation d/b/a Cenval Leasing Co	89-2781	09/29/89
Pearson plc, WH Smith Group plc, WH Smith Publishers, Inc	89-2791	09/29/89
Jon M. Huntsman, Hoechst Aktiengesellschaft, Hoeschst Celanese Corporation	89-2794	09/29/89
Elders IXL Limited, Thinking Machines Corporation, Thinking Machines Corporation	89-2795	09/29/89
Joseph J. Zilber, Everything's A Dollar, Inc., Everything's A Dollar, Inc	89-2798	09/29/89
Charles H. & Margaret M. Dyson, The Dyson-Kissner, Muncy Homes, Inc., Muncy Homes, Inc., Muncy Homes Corp.,	89-2803	09/29/89
Colorado National Bankshares, Inc., Western Savings and Loan Association, F.A., Western Savings and Loan Association, F.A	89-2810	09/29/89
W.R. Grace & Co., Gulf Resources & Chemical Corporation, Pend Oreille Oil & Gas Company	89-2812	09/29/89
Paul Schutt, Helix Limited, General Homes Corporation, GHX, Inc	89-2818	09/29/89

FOR FURTHER INFORMATION CONTACT: Sandra M. Peay, Federal Trade Commission, Contact Representative, Premerger Notification Office, Bureau of Competition, Room 303, Washington, DC 20580, (202) 326–3100.

By Direction of the Commission.

Donald S. Clark,

Secretary.

[FR Doc. 89–23809 Filed 10–6–89; 8:45 am]

BILLING CODE 6750–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 89F–0395]

E.I. Du Pont De Nemours and Co.; Filing of Food Additive Petition

AGENCY: Food and Drug Administration.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that E.I. du Pont de Nemours and Co. has filed a petition proposing that the food additive regulations be amended to provide for the safe use of *N, N'*-dioleoylethylenediamine as a release agent in films made of ethylene-vinyl acetate copolymers and certain ionomeric resins for use in contact with food.

FOR FURTHER INFORMATION CONTACT: Vir D.Anand, Center for Food safety and Applied Nutrition (HFF–335), Food and Drug Administration, 200 C St. Sw., Washington, DC 20204, 202–472–5690.

SUPPLEMENTARY INFORMATION: Under the Federal Food, Drug, and Cosmetic Act (sec. 409(b)(5) (21 U.S.C. 348(b)(5)), notice is given that a petition (FAP 9B4170) has been filed by E.I. du Pont de Nemours and Co., 1007 Market St., Wilmington, DE 19898, proposing that § 178.3860 *Release agents* (21 CFR 178.3860) be amended to provide for the safe use of *N, N'*-dioleoylethylenediamine as a release agent in films of ethylene-vinyl acetate copolymers complying with § 177.1350 (21 CFR 177.1350) and certain ionomeric resins (polymers of ethylene and methacrylic acid and their partial metal salts) complying with § 177.1330 (21 CFR 177.1330) for use in contact with food.

The potential environmental impact of this action is being reviewed. If the agency finds that an environmental impact statement is not required and this petition results in a regulation, the notice of availability of the agency's finding of no significant impact and the evidence supporting that finding will be published with the regulation in the **Federal Register** in accordance with 21 CFR 25.40(c).

Dated: September 29, 1989.

Fred R. Shank,

Acting Director, Center for Food Safety and Applied Nutrition.

[FR Doc. 23778 Filed 10–6–89; 8:45 am]

BILLING CODE 4160–01–M

[Docket No. 89F–0396]

Milliken and Co.; Filing of Food Additive Petition

AGENCY: Food and Drug Administration.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that Milliken and Co. has filed a petition proposing that the food additive regulations be amended to provide for the safe use of di(*p*-tolylidene) sorbitol as a clarifying agent for propylene homopolymer and copolymers intended for used in contact with food.

FOR FURTHER INFORMATION CONTACT: Rudolph Harris, Center for Food Safety and Applied Nutrition (HFF–335), Food and Drug Administration, 200 C St. SW., Washington, DC 20204, 202–472–5690

SUPPLEMENTARY INFORMATION: Under the Federal Food, Drug, and Cosmetic Act (sec. 409(b)(5) (21 U.S.C. 348(b)(5))), notice is given that a petition (FAP 9B4167) has been filed by Milliken and Co., c/o 1150 17th St. NW., Washington, DC 20036, proposing that § 178.3295 *Clarifying agents for polymers* (21 CFR 178.3295) be amended to provide for the safe use of di(*p*-tolylidene) sorbitol for use as a clarifying agent in propylene homopolymer and copolymers intended for use in contact with food.

The potential environmental impact of this action is being reviewed. If the agency finds that an environmental impact statement is not required and this petition results in a regulation, the notice of availability of the agency's finding of no significant impact and the evidence supporting that finding will be published with the regulation in the **Federal Register** in accordance with 21 CFR 25.40(c).

Dated: September 29, 1989.

Fred R. Shank,

Acting Director, Center for Food Safety and Applied Nutrition.

[FR Doc. 89–23779 Filed 10–6–89; 8:45 am]

BILLING CODE 4160–01–M

Consumer Participation; Notice of Open Meetings

AGENCY: Food and Drug Administration.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the following district consumer exchange meetings: Batimore District Office, chaired by Leonard Genova, Consumer Affairs Officer. The topic to be discussed is food labeling.

DATES: Once each week beginning October 10, 1989, for 3 consecutive weeks at a site selected for a meeting of the Eating Together Program (for the elderly and disabled). Contact Leonard Genova for the date, time, and place of each meeting.

ADDRESSES: Sites to be selected for the Eating Together Program in the Baltimore metropolitan area.

FOR FURTHER INFORMATION CONTACT: Leonard Genova, Consumer Affairs Officer, Food and Drug Administration, 900 Madison Ave., Baltimore, MD 21201, 301–962–3731.

SUPPLEMENTARY INFORMATION: The purpose of these meetings is to encourage dialogue between consumers and FDA officials, to identify and set priorities for current and future health concerns, to enhance relationships between local consumers and FDA's district offices, and to contribute to the agency's policymaking decisions on vital issues.

Dated: October 3, 1989.

Alan L. Hoeting,

Acting Associate Commissioner for Regulatory Affairs.

[FR Doc. 89–23780 Filed 10–6–89; 8:45 am]

BILLING CODE 4160–01–M

Health Care Financing Administration

Privacy Act of 1974; Systems of Records

AGENCY: Department of Health and Human Services (HHS), Health Care Financing Administration (HFCA).

ACTION: Notice of proposed new routine uses for existing systems of records.

SUMMARY: One of the top priorities of the Department of Health and Human Services is to assure high quality and effective health care while pursuing strategies to contain or moderate health care costs and Medicare program expenditures. One such program to limit Medicare programs expenditures was the Medicare Secondary payer (MSP) provisions (42 U.S.C. 1395y(b)).

The purpose of this routine use is to enable HCFA and other "entities responsible for payment" to engage in exchanges of information concerning primary or secondary responsibility for

a Medicare beneficiary's health care expenses. This notice is not the basis for a mandatory reporting requirement for "entities responsible for making payment" as required by 42 U.S.C. 1395y(b). Currently no statute mandates this type of exchange of information, therefore, these exchanges of information are strictly voluntary.

The Health Care Financing Administration (HFCA) is amending systems notices for (1) Carrier Medicare Claims Records HHS/HCFA/BOP No. 09–70–0501; (2) Health Insurance Master Record HHS/HCFA/BOP No. 09–70–0502 and (3) Intermediary Medicare Claims Records HHS/HCFA/BPO No. 09–70–0503, to add a new routine use. The proposed routine use will enhance our capability for identifying Medicare Secondary payer situations where Medicare can assume a position of reduced liability due to the presence of other entities responsible for making primary payment in accordance with 42 U.S.C. 1395y(b).

EFFECTIVE DATES: The proposed new routine use shall take effect without further notice November 9, 1989, unless comments received on or before that date would warrant changes.

ADDRESS: Please address comments to: Richard A. Demeo, HCFA Privacy Act Officer, Health Care Financing Administration, G–M–1 East Low Rise Building, 6325 Security Boulevard, Baltimore, Maryland 21207. We will make comments received available for inspection at this location.

FOR FURTHER INFORMATION CONTACT: Herb Shankroff, Division of Operational Initiatives, 367 Meadows East Building, 6325 Security Boulevard, Baltimore, Maryland 21207, Telephone (301) 966–7171.

SUPPLEMENTARY INFORMATION: The notice for Carrier Medicare Claims Records, HHS/HCFA/BPO No. 09–07–0501, was most recently published at 53 FR 52792, December 29, 1988; for Health Insurance Master Record, HHS/HCFA/BPO No. 09–07–0502, was most recently published at 54 FR 1000, January 11, 1989; and for Intermediary Medicare Claims Records, No. 09–07–0503, was most recently published at 53 FR 52792, December 29, 1988, System notice No. 09–07–0501, Carrier Medicare Claims Records, contains records of beneficiaries who have submitted claims for Supplementary Medical Insurance Benefits (Medicare Part B); system notice No. 09–07–0502, Health Insurance Master Record, contains a record of each individual who is, or has been, entitled to health insurance benefits under title XVIII of the Social Security Act; and system notice No. 09–07–0503, Intermediary Medicare Claims Records, contains records of beneficiaries on whose behalf providers have submitted claims for payment under the Prospective Payment System or on a reasonable cost basis under Medicare Parts A and B. Data in these files are used to administer the Medicare program and for research and statistical purposes. Please note that the categories of individuals and records in the system remain unchanged.

The Privacy Act allows us to disclose information without an individual's consent if the information is to be used for a purpose which is compatible with the purposes for which the information was collected. We disclose information for "routine uses" when it is necessary to carry out our programs. We may also routinely disclose information to Federal, State or local or private agencies or individuals for purposes that are compatible with the purposes of our programs when the benefit of the proposed use outweighs the effect, or risk of an effect, on the privacy of individuals.

The Medicare Act at 42 U.S.C. 1395y(b) creates circumstances where the Medicare program no longer has primary liability for the medical expenses an individual incurs. It is necessary for Medicare to be able to identify those Medicare beneficiaries who have other coverage and to demonstrate to the other involved insurer or other type of payer their primary liability.

To comply with the technical requirements of the Privacy Act, HCFA is proposing to amend three systems of records by adding a new routine use to each. The affected systems of records and proposed new routine use for each system is as follows:

(1) No. 09–70–0501 (Routine use No. 24)
(2) No. 09–70–0502 (Routine use No. 16)
(3) No. 09–70–0503 (Routine use No. 22)

To insurers, underwriters, Third Party Administrators (TPAs), self-insurers, group health plans, employers, health maintenance organizations, health and welfare benefits funds, Federal agencies, a State or local government or political subdivision of either (when the organization has assumed the role of an insurer, underwriter, or TPA, or in the case of a State that assumes the liabilities of an insolvent insurer, through a State created insolvent insurer pool or fund), multiple-employer trusts, no-fault, medical, automobile insurers, workers' compensation carriers or plans, liability insurers, and other groups providing protection against medical expenses who are primary payers to Medicare in accordance with 42 U.S.C. 1395y(b), or any entity having knowledge of the occurrence of any event affecting (A) an individual's right to any such benefit or payment, or (B) the initial or continued right to any such benefit or payment (or example, a State Medicaid Agency, State Worker's Compensation Board, or Department of Motor Vehicles) for the purpose of coordination of benefits with the Medicare program and implementation of the Medicare Secondary Payer provisions at 42 U.S.C. 1395y(b). The information HCFA may disclose will be:

- Beneficiary Name
- Beneficiary Address
- Beneficiary Health Insurance Claim Number
- Beneficiary Social Security Number
- Beneficiary Sex
- Beneficiary Date of Birth
- Amount of Medicare Conditional Payment

To administer the Medicare Secondary Payer provisions at 42 U.S.C. 1395y(b)(2), (3), (4) more effectively, HCFA would receive (to the extent that it is available) and may disclose the following types of information from insurers, underwriters, TPAs, self-insureds, etc. concerning potentially affected individuals:

- Subscriber Name and Address
- Subscriber Date of Birth
- Subscriber Social Security Number
- Dependent Date of Birth
- Dependent Social Security Number
- Dependent Relationship to Subscriber
- Insurer/Underwriter/TPA Name and Address
- Insurer/Underwriter/TPA Group Number
- Insurer/Underwriter/TPA Group Name
- Prescription Drug Coverage
- Policy Number
- Effective Date of Coverage
- Employer Name, Employer Identification Number (EIN) and Address
- Employment Status
- Amounts of Payment

To administer the Medicare Secondary payer provision at 42 U.S.C. 1395y(b)(1) more effectively for entities such as Workers Compensation carriers or boards, liability insurers, no-fault and automobile medical policies or plans, HCFA would receive to the extent that it is available) and may disclose the following information concerning potentially affected individuals.

- Benficiary's Name and Address
- Beneficiary's Date of Birth
- Beneficiary's Social Security Number*
- Name of Insured*
- Insurer name and Address
- Type of coverage; automobile medical, no-fault, liability payment, or workers' compensation settlement.
- Insured's Policy Number
- Effective Date of Coverage

- Date of accident, injury or illness
- Amount of payment under liability, no-fault, or automobile medical policies, plans, and workers compensation settlements.
- Employer Name and Address (Workers' Compensation only)

*Name of insured could be the driver of the car, a business, the beneficiary (i.e., the name of the individual or entity which carries the insurance policy or plan).

In order to receive this information the entity must agree to the following conditions:

a. To utilize the information solely for the purpose of coordination of benefits with the Medicare program in accordance with 42 U.S.C. 1395y(b);

b. to safeguard the confidentiality of the data and to prevent unauthorized access to it.;

c. To prohibit the use of beneficiary-specific data for purposes other than for the coordination of benefits between the recipient organization and the Medicare program. The agreement would allow the entities to use the information to determine cases where they have primary responsibility for payment or cases wher Medicare has primary responsibility for payment. Examples of prohibited uses would include but are not limited to: Creation of a mailing list, sale or transfer of data.

The new routine use is consistent with the Privacy Act, 5 U.S.C. 552a(a)(7), since it is compatible with the purposes for which the information is collected. Providing these organizations with information concerning the Medicare status of individuals will enable the proper implementation of the Medicare Secondary Payer provisions of the Social Security Act, realize the substantial program savings envisioned by Congress, and will save the entities listed above significant administrative costs in complying with Federal law.

This can be accomplished with no reduction in a beneficiary's privacy. Release of this information is already a general condition of payment in the insurance industry and the other entities will agree in writing to protect the data from unauthorized access and use.

Because the addition of this new routine use will not change the purposes for which the information is to be used or otherwise significantly after the system, this action does not require a report of altered system under 5 U.S.C. 552a(o). We are publishing below the affected system notices in their entirety, with the proposed changes incorporated.

Dated: October 2, 1989.

Louis B. Hays,

Acting Administrator, Health Care Financing Administration.

09-70-0501

SYSTEM NAMES:

Carrier Medicare Claims Records. HHS, HCFA, BPO

SECURITY CLASSIFICATIONS:

None

SYSTEM LOCATION:

Carriers under contract to the Health Care Financing Administration and the Social Security Administration (see Appendix A, Section 4)

Federal Records Centers.

Bureau of Quality Control, HCFA Office of Systems Analysis, 6325 Security Boulevard, Baltimore, Maryland 21207.

HHS Parklawn Computer Center, 5600 Fishers Lane, Rockville, Maryland 20857.

CATEGORIES OF INDIVIDUALS COVERED BY THE SYSTEM:

Beneficiaries who have submitted claims for Supplementary Medical Insurance (Medicare Part B), or are eligible, or individuals whose enrollment in an employer group health benefits plan covers the beneficiary.

CATEGORIES OF RECORDS IN THE SYSTEM:

Request for Payment: Provider Billing for Patient services by Physician; Prepayment Plan for Group Medicare Practices dealing through a Carrier, Health Insurance Claim Form, Request for Medical Payment, Patient's Request for Medicare Payment, Request for Medicare Payment—Ambulance, Explanation of Benefits, Summary Payment Voucher, Request for Claim Number Verification; Payment Record Transmittal; Statement of Person Regarding Medicare Payment for Medical Services Furnished Deceased Patient; Report of Prior Period of Entitlement; itemized bills and other similar documents from beneficiaries required to support payments to beneficiaries and to physicians and other suppliers of part B Medicare services; medicare secondary payer records containing other party liability insurance information necessary for appropriate Medicare claim payment.

AUTHORITY FOR MAINTENANCE OF THE SYSTEM:

Sections 1842, 1862(b) and 1874 of title XVIII of the Social Security Act (42 U.S.C. 1395u, 1395y(b) and 1395kk).

PURPOSE:

To properly pay medical insurance benefits to or on behalf of entitled beneficiaries.

ROUTINE USES OF RECORDS MAINTAINED IN THE SYSTEM, INCLUDING CATEGORIES OF USERS AND THE PURPOSES OF SUCH USES:

Disclosure may be made to: (1) Claimants, their authorized representatives or representatives payees to the extent necessary to pursue claims made under Title XVIII of the Social Security Act (Medicare)

(2) Third-party contacts (without the consent of the individuals to whom the information pertains) in situations where the party to be contacted has, or is expected to have information relating to the individual's capability to manage his or her affairs or to his or her eligibility for or entitlement to benefits under the Medicare program when:

(a) The individual is unable to provide the information being sought (an individual is considered to be unable to provide certain types of information when any of the following conditions exist: individual is incapable or of questionable mental capability, cannot read or write, cannot afford the cost of obtaining the information, a language barrier exists, or the custodian of the information will not, as a matter of policy, provide it to the individual), or

(b) The data are needed to establish the validity of evidence or to verify the accuracy of information presented by the individual, and it concerns one or more of the following; the individual's eligibility to benefits under the Medicare program: the amount of reimbursement: any case in which the evidence is being reviewed as a result of suspected abuse or fraud, concern for program integrity, or for quality appraisal, or evaluation and measurement of system activities.

(3) Third-party contacts where necessary to establish or verify information provided by representative payees or payee applicants.

(4) The Treasury Department for investigating alleged theft, forgery, or unlawful negotiation of Medicare reimbursement checks.

(5) The U.S Postal Service for investigating alleged forgery or theft of Medicare checks.

(6) The Department of Justice for investigating and prosecuting violations of the Social Security Act to which criminal penalties attach, or other criminal statutes as they pertain to the Social Security Act programs, for representing the Secretary, and for investigating issues of fraud by agency officers or employees, or violation of civil rights.

(7) The Railroad Retirement Board for administering provisions of the Railroad Retirement and Social Security Acts relating to railroad employment.

(8) Professional Review Organizations in connection with their review of claims, or in connection with studies or other review activities, conducted pursuant to Part B of Title XI of the Social Security Act.

(9) State Licensing Boards for review of unethical practices of nonprofessional conduct.

(10) Providers and suppliers of services (and their authorized billing agents) directly or dealing through fiscal intermediaries or carriers, for administration of provisions of title XVIII.

(11) An individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease or disability, or the restoration or maintenance of health if HCFA:

a. Determines that the use of disclosure does not violate legal limitations under which the record was provided, collected, or obtained;

b. Determines that the purpose for which the disclosure is to be made:

(1) Cannot be reasonably accomplished unless the record is provided in individually identifiable form.

(2) Is of sufficient importance to warrant the effect and/or risk on the privacy of the individual that additional exposure of the record might bring, and

(3) There is reasonable probability that the objective for the use would be accomplished:

(c) Requires the information recipient to:

(1) Establish reasonable administrative, technical, and physical safeguards to prevent unauthorized use or disclosure of the record, and

(2) Remove or destroy the information that allows the individual to be identified at the earliest time at which removal or destruction can be accomplished consistent with the purpose of the project, unless the recipient presents an adequate justification of a research or health nature for retaining such information, and

(3) Make no further use or disclosure of the record except:

(a) In emergency circumstances affecting the health or safety of any individual.

(b) For use in another research project, under these same conditions, and with written authorization of HCFA.

(c) For disclosure to a properly identified person for the purpose of audit related to the research project, if information that would enable research subjects to be identified is removed or destroyed at the earliest opportunity consistent with the purpose of the audit, or

(d) When required by law;

d. Secures a written statement attesting to the information recipient's understanding of and willingness to abide by these provisions.

(12) State welfare departments pursuant to agreements with the Department of Health and Human Services for administration of State supplementation payments for determinations of eligibility for Medicaid, for enrollment of welfare recipients for medical insurance under section 1843 of the Social Security Act, for quality control studies, for determining eligibility of recipients of assistance under titles IV and XIX of the Social Security Act, and for the complete administration of the Medicaid program.

(13) A congressional office from the record of an individual in response to an inquiry from the congressional office at the request of that individual.

(14) State audit agencies in connection with the audit of Medicare eligibility considerations. Disclosures of physicians' customary charge data are made to State audit agencies in order to ascertain the correctness of Title XIX charges and payments.

(15) The Department of Justice to a court or other tribunal, or to another party before such tribunal, when

(a) HHS, or any component thereon; or

(b) Any HHS employee in his or her official capacity; or

(c) Any HHS employee in his or her individual capacity where the Department of Justice (or HHS, where it is authorized to do so) has agreed to represent the employee; or

(d) The United States or any agency thereof where HHS determines that the litigation is likely to affect HHS or any of its components, is a party to litigation or has an interest in such litigation, and HHS determines that the use of such records by the Department of Justice, the tribunal, or the other party is relevant and necessary to the litigation and would help in the effective representation of the governmental party, provided, however, that in each case, HHS determines that such disclosure is compatible with the purpose for which the records were collected.

(16) Peer review groups, consisting of members of State, County, or local medical societies or medical care foundations (physicians), appointed by the medical society or foundation at the request of the carrier to assist in the resolution of questions of medical necessity, utilization of particular procedures or practices, or overutilization of services with respect to Medicare claims submitted to the carrier.

(17) Physicians and other supplies of services who are attempting to validate individual items on which the amounts include in the annual Physician/Supplier Payment List or similar publications are based.

(18) Senior citizen volunteers working in intermediaries' and carriers' offices to assist Medicare beneficiaries in response to beneficiaries' requests for assistance.

(19) A contractor working with Medicare carriers/intermediaries to identify and recover erroneous Medicare payments for which workers' compensation programs are liable.

(20) State and other governmental Workers' Compensation Agencies working with the Health Care Financing Administration to assure that workers' compensation payments are made where Medicare has erroneously paid and workers' compensation programs are liable.

(21) Release information, without the beneficiary's authorization, to insurance companies, self-insurers, Health Maintenance Organizations, multiple employer trusts and other groups providing protection against medical expenses of their enrollees. Information to be disclosed shall be limited to Medicare entitlements data. In order to receive the information the entity must agree to the following conditions:

a. To certify that the individual on whom the information is being provided is one of its insureds;

b. To utilize the information solely for the purpose of processing the identified individual's insurance claims; and

c. To safeguard the confidentiality of the data and to prevent unauthorized access to it.

(22) To a contractor for the purpose of collating, analyzing, aggregating or otherwise refining or processing records in this system or for developing, modifying and/or manipulating ADP software. Data would also be disclosed to contractors incidental to consultation, programming, operation, user assistance, or maintenance for ADP or telecommunications systems containing or supporting records in the system.

(23) To an agency of a State Government, or established by State law, for purposes of determining, evaluating and/or assessing cost, effectiveness, and/or the quality of

health care services provided in the State, if HCFA:

a. Determines that the use of disclosure does not violate legal limitations under which the data were provided, collected, or obtained;

b. Establishes that the data are exempt from disclosure under the State and/or local Freedom of Information Act;

c. Determines that the purpose for which the disclosure is to be made;

(1) Cannot reasonably be accomplished unless the data are provided in individually identifiable form;

(2) Is of sufficient importance to warrant the effect and/or risk on the privacy of the individuals that additional exposure of the record might bring, and;

(3) There is reasonable probability that the objective for the use would be accomplished; and

d. Requires the recipient to:

(1) Establish reasonable administrative, technical, and physical safeguards to prevent unauthorized use or disclosure of the record;

(2) Remove or destroy the information that allows the individual to be identified at the earliest time at which removal or destruction can be accomplished consistent with the purpose of the request, unless the recipient presents an adequate justification for retaining such information;

(3) Make no further use or disclosure of the record except:

(a) In emergency circumstances affecting the health or safety of any individual;

(b) For use in another project under the same conditions, and with written authorization of HCFA;

(c) For disclosure to a properly identified person for the purpose of an audit related to the project, if information that would enable project subjects to be identified is removed or destroyed at the earliest opportunity consistent with the purpose of the audit, or

(d) When required by law; and

(4) Secure a written statement attesting to the recipient's understanding of and willingness to abide by these provisions. The recipient must agree to the following:

(1) Not to use the data for purpose that are not related to the evaluation of cost, quality and effectiveness of care;

(2) Not to publish or otherwise disclose the data in a form raising unacceptable possibilities that beneficiaries could be identified (i.e., the data must not be beneficiary-specific and must be aggregated to a level when no data cells have ten or fewer beneficiaries); and

(3) To submit a copy of any aggregation of the data intended for publication to HCFA for approval prior to publication.

(24) To insurers, underwriters, third party administrators, self-insurers, group health plans, employers, health maintenance organizations, health and welfare benefit funds, Federal agencies, a State or local government or political subdivision of either (when the organization has assumed the role of an insurer, underwriter, or third party administrator, or in the case of a State that assumes the liabilities of an insolvent insurer, through a State created insolvent insurer pool or fund), multiple-employer trusts, no-fault, medical, automobile insurers, workers' compensation carriers or plans, liability insurers, and other groups providing protection against medical expenses who are primary payers to Medicare in accordance with 42 U.S.C. 1395y(b), or any entity having knowledge of the occurrence of any event affecting (A) an individual's right to any such benefit or payment, or (B) the initial or continued right to any such benefit or payment (for example, a State Medicaid Agency, State Workers' Compensation Board, or Department of Motor Vehicles) for the purpose of coordination of benefits with the Medicare program and implementation of the Medicare Secondary Payer provisions at 42 U.S.C. 1395y(b). The information HCFA may disclose will be:

- Beneficiary Name
- Beneficiary Address
- Beneficiary Health Insurance Claim Number
- Beneficiary Social Security Number
- Beneficiary Sex
- Beneficiary Date of Birth
- Amount of Medicare Conditional Payment

To administer the Medicare Secondary payer provisions at 42 U.S.C. 1395y(b)(2), (3), (4) more effectively, HCFA would receive (to the extent that it is available) and may disclose the following types of information from insurers, underwriters, third party administrators, self-insureds, etc.:

- Subscriber Name and Address
- Subscriber Date of Birth
- Subscriber Social Security Number
- Dependent Name
- Dependent Date of Birth
- Dependent Social Security Number
- Dependent Relationship to Subscriber
- Insurer/Underwriter/TPA Name and Address
- Insurer/Underwriter/TPA Group Number
- Insurer/Underwriter/TPA Group Name
- Prescription Drug Coverage
- Policy Number
- Effective Date of Coverage
- Employer Name, Employer Identification Number (EIN) and Address
- Employment Status
- Amounts of Payment

To administer the Medicare Secondary payer provision at 42 U.S.C. 1395y(b)(1) more effectively for entities such as Workers Compensation carriers or boards, liability insurers, no-fault and automobile medical policies or plans, HCFA would receive (to the extent that it is available) and may disclose the following information:

- Beneficiary's Name and Address
- Beneficiary's Date of Birth
- Beneficiary's Social Security Number*
- Name of Insured *
- Insurer Name and Address
- Type of coverage; automobile medical, no-fault, liability payment, or workers' compensation settlement.
- Insured's Policy Number
- Effective Date of Coverage
- Date of accident, injury or illness
- Amount of payment under liability, no-fault, or automobile medical policies, plans, and workers compensation settlements.
- Employer Name and Address (Workers' Compensation only)

* Name of insured could be the driver of the car, a business, the beneficiary (i.e., the name of the individual or entity which carries the insurance policy or plan).

In order to receive this information the entity must agree to the following conditions:

a. To utilize the information solely for the purpose of coordination of benefits with the Medicare program in accordance with 42 U.S.C. 1395y(b);

b. To safeguard the confidentiality of the data and to prevent unauthorized access to it;

c. To prohibit the use of beneficiary-specific data for purposes other than for the coordination of benefits between the recipient organization and the Medicare program. The agreement would allow the entities to use the information to determine cases where they have primary responsibility for payment or cases where Medicare has primary responsibility for payment. Examples of prohibited uses would include but are not limited to: Creation of a mailing list, sale or transfer of data.

POLICIES AND PRACTICES FOR STORING, RETRIEVING, ACCESSING, RETAINING, AND DISPOSING OF RECORDS IN THE SYSTEM:

STORAGE:

Records maintained on paper, tape, disc, and punchcards.

RETRIEVABILITY:

System is indexed by health insurance claim number. The record is prepared by the beneficiary and is used by carriers

to determine amount of Part B benefits. The bills are retained by the carriers.

SAFEGUARDS:

Unauthorized personnel are denied access to the records area. Disclosure is limited. Physical safeguards related to the transmission and reception of data between Rockville and Baltimore are those requirements established by the DHHS ADP Systems Manual, Part 6.

RETENTION AND DISPOSAL:

Records are closed at the end of the calendar year in which paid, held two additional years, transferred to Federal Records Center and destroyed after another 2 years.

SYSTEM MANAGER(S) AND ADDRESS:

Health Care Financing Administration. Bureau of Program Operations, Director, Division of Carrier Procedures, 6325 Security Boulevard, Baltimore, Md 21207.

NOTIFICATION PROCEDURE:

Inquiries and requests for system records should be addressed to the most convenient social security office, the appropriate carrier, the HCFA Regional Office, or to the system manager named above. The individual should furnish his or her health insurance claim number and the name as shown on social security records. An individual who requests notification of or access to a medical record shall at the time the request is made, designate in writing a responsible representative who will be willing to review the record and inform the subject individual of its contents at the representative's discretion.

RECORD ACCESS PROCEDURES:

Same as notification procedures. Requesters should also reasonably specify the records contents being sought.

CONTESTING RECORD PROCEDURES:

Contact the official at the address specified under notification procedures above, and reasonably identify the record and specify the information to be contested. State the corrective action sought and the reasons for the correction with supporting justification.

RECORD SOURCE CATEGORIES:

The data contained in these records is either furnished by the individual or, in the case of some Medicare secondary payer situations, through third party contacts. In most cases, the identifying information is provided to the physician by the individual. The physician then adds the medical information and submits the bill to the carrier for payment.

SYSTEMS EXEMPTED FROM CERTAIN PROVISIONS OF THE ACT:

None.

Appendix A—Medicare Carriers

Medicare Coordinator, Blue Cross and Blue Shield of Alabama, 450 Riverchase Parkway East, Birmingham, Alabama 35298
Vice President for Medicare and Medical Services, Arkansas Blue Cross and Blue Shield, Inc., 601 Galnes Street, Little Rock, Arkansas 72203
Medicare Coordinator, California Physicians Service, (d/b/a Blue Shield of California), P.O. Box 7013, No. 2 Northpoint, San Francisco, California 94120
Medicare Coordinator, Transamerica Occidential Life Insurance Company, P.O. Box 54905 Terminal Annex, Los Angeles, California 90054
Assistant Vice President, Rocky Mountain Hospital and Medical Service, (d/b/a Blue Cross and Blue Shield of Colorado), 700 Broadway, Denver, Colorado 80273
Medicare Administrator, Travelers Ins. Co., One Tower Square, Hartford, Connecticut 06183
Medicare Administrator, Aetna Life & Casualty, 151 Farmington Avenue, Hartford, Connecticut 06156
Medicare Coordinator, Blue Cross and Blue Shield of Florida, Inc., P.O. Box 1798, Jacksonville, Florida 32231
Health Care Service Corporation, 233 North Michigan Avenue, Chicago, Illinois 60601
Associated Insurance Companies, Inc., (d/b/a Blue Cross and Blue Shield of Indiana), 8320 Craig Street, Suite 10, Indianapolis, Indiana 46250–0453
Assistant Executive Director, Blue Shield of Iowa, Ruan Building, 636 Grand Avenue Station 28, Des Moines, Iowa 50309
Medicare Assistant, Blue Cross and Blue Shield of Kansas, Inc., P.O. Box 239, Topeka, Kansas 66601
Blue Cross and Blue Shield of Kentucky, Inc., 100 East Vine Street, 6th Floor, Lexington, Kentucky 40517
Medicare Coordinator, Blue Cross and Blue Shield of Maryland, Inc., 700 E. Joppa Road, Baltimore, Maryland 21204
Medicare Coordinator Part B, Blue Shield of Massachusetts, Inc., 100 Summer Street, Boston, Massachusetts 02110
Assistant Vice President Government, Affairs Department, Blue Cross and Blue Shield of Michigan, 600 Lafayette East, Detroit, Michigan 48226
Blue Cross and Blue Shield of Minnesota, P.O. Box 64357, 3535 Blue Cross Road, St. Paul, Minnesota 55164
Vice President Government Programs, Blue Cross and Blue Shield of Kansas City, P.O. Box 169, Kansas City, Missouri 64141
Director, Medicare Administration, General American Life Insurance Co., P.O. Box 505, St. Louis, Missouri 63166
Blue Cross and Blue Shield of Montana, Inc., P.O. Box 4309, 404 Fuller Avenue, Helena, Montana 59601
Medicare Coordinator, Prudential Insurance Co. of America, Tri-City Office Drawer 471, Millville, New Jersey 08332
Director of Medicare Part B, Blue Shield of Western New York, Inc., 298 Main Street, Buffalo, New York 14202
Medicare Coordinator, Group Health Insurance, Inc., 330 West 42nd Street, New York, New York 10036
Medicare Coordinator, Empire Blue Cross and Blue Shield, 622 Third Avenue, New York New York 10017
Medicare Coordinator, EQUICOR, Inc., 1285 Avenue of the Americas, New York, New York 10019
Medicare Coordinator, Blue Cross and Blue Shield of North Dakota, 4510 13th Avenue, S.W., Fargo, North Dakota 58121
Medicare System and Processing Division, Nationwide Mutual Insurance Company, P.O. Box 16788, Columbus, Ohio 43216
Medicare Coordinator, Pennsylvania Blue Shield, P.O. Box 65, Camp Hill, Pennsylvania 17011
Chief, Internal Operations, Sequros de Servicio de Salud de Puerto Rico, Inc., G.P.O. Box 3628, San Juan, Puerto Rico, 00936–3628
Medicare Coordinator, Blue Cross and Blue Shield of Rhode Island, 444 Westminster Mall, Providence, Rhode Island 02901
Medicare Coordinator, Blue Cross and Blue Shield of South Carolina, Fontaine Business Center, 300 Arbor Lake Drive, Suite 1300, Columbia, South Carolina 29223
Blue Cross and Blue Shield of Texas, Inc., 901 South Central Expressway, P.O. Box 833815, Richardson, Texas 75083–3815
Manager, Part B, Blue Cross and Blue Shield of Utah, P.O. Box 30270, 2455 Parley's Way, Salt Lake City, Utah 84130
Assistant Administrator, Washington Physicians Service, 4th and Battery Building, 2401 4th Avenue, 6th Floor, Seattle, Washington 98121
Director, Medicare Claims Department, Wisconsin Physicians' Service Insurance, Corp., 1717 West Broadway, Monona, Wisconsin 54713

09–70–0502

SYSTEM NAME:

Health Insurance Master Record. HHS/HCFA/BPO.

SECURITY CLASSIFICATION:

None.

SYSTEM LOCATION:

Health Care Financing Administration Bureau of Data Management and Strategy, 6325 Security Blvd., Baltimore, Md. 21207.

Federal Records Centers

CATEGORIES OF INDIVIDUALS COVERED BY THE SYSTEM:

Individuals age 65 or over who have been, or currently are, entitled to health insurance (Medicare) benefits under title XVIII of the Social Security Act; individuals under age 65 who have been, or currently are, entitled to such benefits on the basis of having been entitled for not less than 24 months to disability benefits under title II of the Act or under the Railroad Retirement Act and individuals who have been, or currently

are, entitled to such benefits because they have end-stage renal disease; or individuals whose enrollment in an employer group health benefits plan covers the beneficiary.

CATEGORIES OF RECORDS IN THE SYSTEM:

The system contains information on enrollment, entitlement, utilization, query and reply activity, health insurance bill and payment record processing workers' compensation entitlement information, and entitlement information from the Veterans Administration (VA), Health Insurance Master Record maintenance, and Medicare secondary payer records containing other party liability insurance information necessary for appropriate Medicare claim payment.

AUTHORITY FOR MAINTENANCE OF THE SYSTEM:

Sections 1814, 1833 and 1862(b) of title XVIII of the Social Security Act (42 U(.S.C. 1396f, 1395l and 1395y(b)).

PURPOSE(S):

To maintain information on Medicare beneficiary eligibility and costs in order to reply to inquires from contractors and intermediaries and to maintain utilization data for health insurance bill and payment record processing.

ROUTINE USES OF RECORDS MAINTAINED IN THE SYSTEM, INCLUDING CATEGORIES OF USERS AND THE PURPOSES OF SUCH USES:

Disclosure may be made to: (1) The Railroad Retirement Board for administering provisions of the Railroad Retirement and Social Security Act relating to railroad employment.

(2) State Welfare Department pursuant to agreements with the Depoartment of Health and Human Services for determining Medicaid and Medicare eligibility for quality control studies, for determining eligibility of recipients of assistance under title IV, XVIII, and XIX of the Social Security Act, and for the complete administration of the Medicaid program.

(3) State audit agencies for auditing State Medicaid eligibility considerations.

(4) Providers and suppliers of services directly or dealing through fiscal intermediaries or carriers for administration of title XVIII.

(5) A congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of that individual.

(6) An individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease or disability, or the restoration or maintenance of health if HCFA:

a. Determine that the use of disclosure does not violate legal limitations under which the record was provided, collected, or obtained;

b. Determines that the purpose of which the disclosure is to be made:

(1) Cannot be reasonably accomplished unless the record is provided in individually identifiable form.

(2) Is of sufficient importance to warrant the effect and/or risk on the privacy of the individual that additional exposure of the record might bring, and

(3) There is reasonable probability that the objective for the use would be accomplished:

c. Requires the information recipient to:

(1) Establish reasonable administrative, technical, and physical safeguards to prevent unauthorized use or disclosure of the record, and

(2) Remove or destroy the information that allows the individual to be identified at the earliest time at which removal or destruction can be accomplished consistent with the purpose of the project, unless the recipient presents an adequate justification of a research or health nature for retaining such information, and

(3) Make no further use or disclosure of the record except:

(a) In emergency circumstances affecting the health or safety of any individual.

(b) For use in another research project, under these same conditions, and with written authorization of HCFA.

(c) For disclosure to a properly identified person for the purpose of an audit related to the research project, if information that would enable research subjects to be identified is removed or destroyed at the earliest opportunity consistent with the purpose of the audit, or

(d) When required by law:

d. Secures a written statement attesting to the information recipient(s) understanding of and willingness to abide by these provisions.

(7) The Department of Justice, to a court or other tribunal, or to another party before such tribunal, when:

(a) HHS, or any component thereof; or

(b) Any HHS employee in his or her official capacity; or

(c) Any HHS employee in his or her individual capacity where the Department of Justice (or HHS, where it is authorized to do so) has agreed to represent the employee; or

(d) The United States or any agency thereof where HHS determines that the litigation is likely to affect HHS or any of its components, is a party to litigation or has an interest in such litigation, and HHS determines that the use of such records by the Department of Justice, the tribunal, or the other party is relevant and necessary to the litigation and would help in the effective representation of the governmental party, provided, however, that in each case, HHS determines that such disclosure is compatible with the purpose for which the records were collected.

(8) To a contractor when the Department contracts with a private firm for the purpose of collating, analyzing, aggregating, or otherwise refining records in this system. Relevant records will be disclosured to such a contractor. The contractor shall be required to maintain Privacy Act safeguards with respect to such records.

(9) State welfare agencies that require access to the two files which are extracted from the Health Insurance Master Record. These files are the Carrier Alphabetical State File (CASF) and Beneficiary State File (BEST). Most State agencies require access to the CASF and BEST files for improved administration of the Medicaid program. Routine uses of the CASF and BEST files for State agencies are: (a) Obtaining a beneficiary's correct health insurance claim number and (b) screening of prepayment and post-payment Medicaid claims.

(10) Third-party contacts (without the consent of the individual to whom the information pertains) in situations where the party to be contacted has, or is expected to have information relating to the individual's capability or manage his or her affairs or to his or her eligibility for an entitlement to benefits under the Medicare program when:

(a) The individual is unable to provide the information being sought (an individual is considered to be unable to provide certain types of information when any of the following conditions exist: Individuals is incapable or of questionable mental capability, cannot read or write, cannot afford the cost of obtaining the information, a language barrier exists, or the custodian of the information will not, as a matter of policy, provide it to the individual); or

(b) The data are needed to establish the validity of evidence or to verify the accuracy of information presented by the individual, and it concerns one or more of the following: the individual's eligibility to benefits under the Medicare program; the amount of reimbursement; any case in which the evidence is being reviewed as a result of suspected abuse or fraud, concern for program integrity,

or for quality appraisal, or evaluation and measurement of system activities.

(11) Release information, without the beneficairy's authorization, to insurance companies, self-insurers, Health Maintenance Organizations, multiple employer trusts and other groups providing protection against medical expenses of their enrollees. Information to be disclosed shall be limited to Medicare entitlement data. In order to receive this information the entity must agree to the following conditions:

a. To certify that the individual about whom the information is being provided is one of its insureds:

b. To utilize the information solely for the purpose of processing the identified individual's insurance claims; and

c. To safeguard the confidentiality of the data and to prevent unauthorized access to it.

(12) To a contractor for the purpose of collating, analyzing, aggregating or otherwise refining or processing records in this system or for developing, modifying and/or manipulating ADP software. Data would also be disclosed to contractors, incidental to consultation, programming, operation, user assistance, or maintenance for ADP or telecommunications systems containing or supporting records in the system.

(13) To an agency of a State Government, or established by State law, for purposes of determining, evaluating and/or assessing cost, effectiveness, and/or the quality of health care services provided in the State, if HCFA:

a. Determine that the use or disclosure does not violate legal limitations under which the data were provided, collected, or obtained:

b. Establishes that the data are exempt from disclosure under the State and/or local Freedom of Information Act;

c. Determines that the purpose for which the disclosure is to be made;

(1) Cannot reasonably be accomplished unless the data are provided in individually identifiable form;

(2) Is of sufficient importance to warrant the effect and/or risk on the privacy of the individuals that additional exposure of the record might bring, and;

(3) There is reasonable probability that the objective for the use would be accomplished; and

d. Requires the recipient to:

(1) Establish reasonable administrative, technical, and physical safeguards to prevent unauthorized use or disclosure of the record;

(2) Remove or destroy the information that allows the individual to be identified at the earliest time at which removal or destruction can be accomplished consistent with the purpose of the request, unless the recipient presents an adequate justification for retaining such information;

(3) Make no further use or disclosure of the record except;

(a) In emergency circumstances affecting the health or safety of any individual;

(b) For use in another project under the same conditions, and with written authorization of HCFA;

(c) For disclosure to a properly identified person for the purpose of an audit related to the project, if information that would enable project subject to be identified is removed or destroyed at the earliest opportunity consistent with the purpose of the audit, or

(d) When required by law; and

(4) Secure a written statement attesting to the recipient's understanding of an willingness to abide by these provisions. The recipient must agree to the following:

(1) Not to use the data for purposes that are not related to the evaluation of cost, quality, and effectiveness of care;

(2) Not to publish or otherwise disclose the data in a form raising unacceptable possibilities that beneficiaries could be identified (i.e., the data must not be beneficiary-specific and must be aggregated to a level when no data cells have ten or fewer beneficiaries); and

(3) To submit a copy of any aggregation of the data intended for publication to HCFA for approval prior to publication.

(14) To a group health plan (i.e., health maintenance organization (HMO), or a competitive medical plans (CMP) with a Medicare contract, or a Medicare-approved health care prepayment plan (HCPP), directly or through a contractor on a case-by-case basis for the purpose of determining the eligibility of a Medicare beneficiary to enroll in the group health plan. Group health plans will have access only to one record at a time and only through a CRT terminal. A password must be entered to gain access to the file. Both the beneficiary name and the Health Insurance Claim number must be entered to access individual records within the file. The information disclosed will be the minimum necessary to determine eligibility for enrollment.

(15) To a contractor when HCFA contracts with a private firm for the purpose of refining or otherwise processing data and disclosing such data to group health plans consistent with routine use No. 14. The contractor will be required to safeguard the confidentiality of the data and prevent unauthorized use or disclosure.

(16) To insurers, underwriters, third party administrators, self-insurers, group health plans, employers, health maintenance organizations, health and welfare benefit funds, Federal agencies, a State or local government or political subdivision of either (when the organization has asumed the role of an insurer, underwriter, or third party administrator, or in the case of a State that assumes the liabilities of an insolvent insurer, through a State created insolvent insurer pool or fund), mutliple-employer trusts, no-fault, medical, automobile insurers, workers' compensation carriers or plans, liability insurers, and other groups providing protection against medical expenses who are primary payers to Medicare in accordance with 42 USC 1395y(b), or any entity having knowledge of the occurrence of any event affecting (A) an individual's right to any such benefit or payment, or (B) the initial or continued right to any such benefit or payment (for example, a State Medicaid Agency, State Workers' Compensation Board, or Department of Motor Vehicles) for the purpose of coordination of benefits with the Medicare program and implementation of the Medicare Secondary Payer provisions at 42 USC 1395y(b). The information HCFA may disclose will be:

- Beneficiary Name
- Beneficiary Address
- Beneficiary Health Insurance Claim Number
- Beneficiary Social Security Number
- Beneficiary Sex
- Beneficiary Date of Birth
- Amount of Medicare Conditional Payment

To administer the Medicare Secondary payer provisions at 42 U.S.C. 1395y(b) (2), (3), (4) more effectively, HCFA would receive (to the extent that it is available) and may disclose the following types of information from insurers, underwriters, third party administrators, self-insureds, etc.:

- Subscriber Name and Address
- Subscriber Date of Birth
- Subscriber Social Security Number
- Dependent Name
- Dependent Date of Birth
- Dependent Social Security Number
- Dependent Relationship to Subscriber
- Insurer/Underwriter/TPA Name and Address
- Insurer/Underwriter/TPA Group Number
- Insurer/Underwriter/TPA Group Name
- Prescription Drug Coverage

- Policy Number
- Effective Date of Coverage
- Employer Name, Employer Identification Number (EIN) and Address
- Employment Status
- Amounts of Payment

To administer the Medicare Secondary payer provision at 42 U.S.C. 1395y(b)(1) more effectively for entities such as Workers Compensation carriers or boards, liability insurers, no-fault and automobile medical policies or plans, HCFA would receive (to the extent that it is available) and may disclose the following information:

- Beneficiary's Name and Address
- Beneficiary's Date of Birth
- Beneficiary's Social Security Number*
- Name of Insured*
- Insurer Name and Address
- Type of coverage; automobile medical, no-fault, liability payment, or workers' compensation settlement
- Insured's Policy Number
- Effective Date of Coverage
- Date of accident, injury or illness
- Amount of payment under liability, no-fault, or automobile medical policies, plans, and workers' compensation settlements
- Employer Name and Address (Workers' Compensation only)

* Name of insured could be the driver of the car, a business, the beneficiary (i.e., the name of the individual or entity which carries the insurance policy or plan).

In order to receive this information the entity must agree to the following conditions:

a. To utilize the information solely for the purpose of coordination of benefits with the Medicare program in accordance with 42 U.S.C. 1395y(b);

b. To safeguard the confidentiality of the data and to prevent unauthorized access to it;

c. To prohibit the use of beneficiary-specific data for purposes other than for the coordination of benefits between the recipient organization and the Medicare program. The agreement would allow the entities to use the information to determine cases where they have primary responsibility for payment or cases where Medicare has primary responsibility for payment. Examples of prohibited uses would include but are not limited to: Creation of a mailing list, sale or transfer of data.

POLICIES AND PRACTICES FOR STORING, RETRIEVING, ACCESSING, RETAINING, AND DISPOSING OF RECORDS IN THE SYSTEM:

STORAGE:

Records maintained on paper, listings, microfilm, magnetic tape disc and punchcards.

RETRIEVABILITY:

System is sequence by health insurance claim number, and is used to carry out the tasks of enrollment query/reply activity, and health insurance bill and payment record processings. Copies of selected parts of the records will be used by the Office of Statistics and Data Management.

SAFEGUARDS:

Unauthorized personnel are denied access to the records areas. Disclosure is limited to routine use. For computerized records electronically transmitted between Central Office and field office locations (including Medicare contractors) systems securities are established in accordance with DHHS ADP Systems Manual. Part 6, "ADP Systems Security." Safeguards include a lock/unlock passwords system, exclusive use of leased telephone lines, a terminal oriented transaction matrix, and audit trail.

RETENTION AND DISPOSAL:

Records are generally added to the file several months prior to entitlement. After the death of a beneficiary, his or her records may be placed in an inactive file following a period of no billing or query activity. The current 5 years of Part B and current 5 spells of Part A utilization data are maintained. All noncurrent data is microfilmed prior to elimination from the system.

SYSTEM MANAGER(S) AND ADDRESS:

Health Care Financing Administration, Bureau of Program Operations, Director, Division of Entitlement Requirements 6325 Security Boulevard, Baltimore, MD 21207.

NOTIFICATION PROCEDURE:

Inquiries and requests for system records should be addressed to the most conventional social security office, the appropriate carrier or intermediary, the HCFA Regional Office, or the system manager named above. The individual should furnish his or her health insurance claim number and name as shown on Medicare records.

RECORD ACCESS PROCEDURE:

Same as notification procedures. Requesters should also reasonably specify the record contents being sought. [These access procedures are in accordance with Department Regulations (45 CFR 5b.5(a)(2).])

CONTESTING RECORD PROCEDURES:

Contact the official at the address specified under notification procedures above, and reasonably identify the record and specify the information to be contested. State the corrective action sought and the reasons for the correction with supporting justification. (These procedures are in accordance with Department Regulations (45 CFR 5b.7)).

RECORD SOURCE CATEGORIES:

The data contained in these records are furnished by the individual, or in the case of some Medicare secondary payer situations, through third party contacts. There are cases, however, in which the identifying information is provided to the physician by the individual; the physician then adds the medical information and submits the bill to the carrier for payment. Updating information is also obtained from the Master Beneficiary Record.

SYSTEMS EXEMPTED FROM CERTAIN PROVISIONS OF THE ACT:

None.

90-70-0503

SYSTEM NAME:

Intermediary Medicare Claims Records, HHS, HCFA, BPO.

SECURITY CLASSIFICATIONS:

None.

SYSTEM LOCATIONS:

Intermediaries under contract to the Health Care Financing Administration and the Social Security Administration (See Appendix A, Section 3.)

Federal Records Centers

Bureau of Quality Control, HCFA, Office of Systems Analysis, 6325 Security Boulevard, Baltimore, Maryland, HHS Parklawn Computer Center, 5600 Fishers Lane, Rockville, Maryland 20857.

CATEGORIES OF INDIVIDUALS COVERED BY THE SYSTEM:

Beneficiaries on whose behalf providers have submitted claims for reimbursement on a reasonable cost basis under Medicare parts A and B, or are eligible, or individuals whose enrollment in an employer group health benefits plan covers the beneficiary.

CATEGORIES OF RECORDS IN THE SYSTEM:

Billing for Medical and Other Health Services: Uniform bill for provider services or equivalent data in electronic format, and Medicare secondary payer records containing other party liability insurance information necessary for appropriate Medicare claims payment and other documents used to support payments to beneficiaries and providers of services. These forms contain the beneficiary's name, sex, health insurance claim number, address, date of birth, medical record number, prior stay information, provider name and address, physician's name, and/or identification number, warranty

information when pacemakers are implanted or explanted, date of admission and discharge, other health insurance, diagnoses, surgical procedures, and a statement of services rendered for related charges and other data needed to substantiate claims.

The following elements are outpatient data provided to Medicare intermediaries by rehabilitation agencies, skilled nursing facilities, hospital outpatient departments, and home intravenous drug providers and home health agencies that provide physical therapy in addition to home health services:

- Outpatient's name
- HI number
- Admission data to provider
- Place treatment rendered
- Number of visits since start of care
- Diagnosis
- Diagnosis requiring treatment
- Onset of condition for which treatment is being sought
- Dates of previous therapy for same diagnosis
- Other therapy outpatient is currently receiving
- Observations
- Precautions and medical equipment
- Functional status immediately prior to this therapy
- Types of treatment—modalities
- Frequency of treatment
- Expected duration of treatment
- Rehabilitation potential
- Level of communication potential
- Average time per visits
- Goals
- Statement of problem at beginning of billing period
- Changes in problem at end of billing period
- Signature of therapist
- Certification and recertification by physician that services are to be provided from an established plan of care
- Tests results
- Biopsy reports
- Methods of administration, e.g., pill vs. injection
- Physician's orders
- Procedure codes
- Charges
- Weekly progress notes
- National Drug Code (NDC)

AUTHORITY FOR MAINTENANCE OF THE SYSTEM:

Sections 1816, 1862(b) and 1874 of Title XVIII of the Social Security Act (42 U.S.C. 1395h, 1395y(b) and 1395kk).

PURPOSE(S):

To process and pay Medicare benefits to or on behalf of eligible individuals.

ROUTINE USES OF RECORDS MAINTAINED IN THE SYSTEM, INCLUDING CATEGORIES OF USERS AND THE PURPOSES OF SUCH USES:

Disclosure may be made to:

(1) Claimants, their authorized representatives or representative payees to the extent necessary to pursue claims made under title XVIII of the Social Security Act (Medicare).

(2) Third-party contacts without the consent of the individual to whom the information pertains in situations where the party to be contacted has, or is expected to have information relating to the individual's capability to manage his or her affairs or to his or her eligibility for or entitlement to benefits under the Medicare program when:

(a) The individual is unable to provide the information being sought (an individual is considered to be unable to provide certain types of information when any of the following conditions exist: individual is incapable or of questionable mental capability, cannot read or write, cannot afford the cost of obtaining the information, a language barrier exists, or the custodian of the information will not, as a matter of policy, provide to the individual), or

(b) The data are needed to establish the vadility of evidence or to verify the accuracy of information presented by the individual, and it concerns one or more of the following: the individual's eligibility to benefits under the Medicare program; the amount of reimbursement; any case in which the evidence is being reviewed as a result of suspected abuse or fraud, concern for program integrity, or for quality appraisal, or evaluation and measurement of systems activities.

(3) Third-party contacts where necessary to establish or verify information provided by representative payees or payee applicants.

(4) The Treasury Department for investigating alleged theft, forgery, or unlawful negotiations of Medicare reimbursement checks.

(5) The U.S. Postal Service for investigating alleged forgery or theft of Medicare checks.

(6) The Department of Justice for investigating and prosecuting violations of the Social Security Act to which criminal penalties attach, or other criminal statues as they pertain to Social Security Act programs, for representing the Secretary, and for investigating issues of fraud by agency officers or employees, or violation of civil rights.

(7) The Railroad Retirement Board for administering provisions of the Railroad Retirement and Social Security Acts relating to railroad employment.

(8) Professional Review Organizations in connection with their review of claims, or in connection with studies or other review activities, conducted pursuant to Part B of Title XI of the Social Security Act.

(9) State Licensing Boards for review of unethical practices or nonprofessional conduct.

(10) Providers and suppliers of services (and their authorized billing agents) directly or dealing through fiscal intermediaries or carriers, for administration of provisions of title XVIII.

(11) An individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease or disability, or the restoration or maintenance of health if HCFA:

a. Determines that the use or disclosure does not violate legal limitations under which the record was provided, collected, or obtained:

b. Determines that the purpose for which the disclosure is to be made:

(1) Cannot be reasonably accomplished unless the record is provided in individually identifiable form.

(2) Is of sufficient importance to warrant the effect and/or risk on the privacy of the individual that additional exposure of the record might bring, and

(3) There is reasonable probability that the objective for the use would be accomplished:

c. Requires the information recipient to:

(1) Establish reasonable administrative, technical, and physical safeguards to prevent unauthorized use or disclosure of the record, and

(2) Remove or destroy the information that allows the individual to be identified at the earliest time at which removal or destruction can be accomplished consistent with the purpose of the project, unless the recipient presents an adequate justification of a research or health nature for retaining such information, and

(3) Make no further use or disclosure of the record except:

(a) In emergency circumstances affecting the health or safety of any individual.

(b) For use in another research project, under these same conditions, and with written authorization of HCFA.

(c) For disclosure to a properly identified person for the purpose of an audit related to the research project, if information that would enable research subjects to be identified is removed or destroyed at the earliest opportunity consistent with the purpose of the audit. or

(d) When required by law:

d. Secures a written statement attesting to the information recipient's

understanding of and willingness to abide by the provisions.

(12) State welfare departments pursuant to agreements with the Department of Health and Human Services for administration of State supplementation payments for determination of eligibility for Medicaid, for enrollment of welfare recipients for medical insurance under Section 1843 of the Social Security Act, for quality control studies, for determining eligibility of recipients of assistance under titles IV and XIX of the Social Security Act, and for the complete administration of the Medicaid program.

(13) A congressional office from the record of an individual in response to an inquiry from the congressional office at the request of that individual.

(14) State audit agencies in connection with the audit of Medicaid eligibility considerations.

(15) The Department of Justice, to a court or other tribunal, or to another party before such tribunal, when:

(a) HHS, or any component thereof; or

(b) Any HHS employee in his or her official capacity; or

(c) Any HHE employee in his or her individual capacity where the Department of Justice (or HHS, where it is authorized to do so) has agreed to represent the employee, or

(d) The United States or any agency thereof where HHS determines that the litigation is likely to affect HHS or any of its components, is a party to litigation or has an interest in such litigation, and HHS determines that the use of such records by the Department of Justice, the tribunal, or the other party is relevant and necessary to the litigation and would help in the effective representation of the government party, provided, however, that in such case, HHS determines that such disclosure is compatible with the purpose for which the records were collected.

(16) Senior citizen volunteers working in the intermediaries' and carriers' offices to assist Medicare beneficiaries' in response to beneficiaries requests for assistance.

(17) A contractor working with Medicare carriers/intermediaries to identify and recover erroneous Medicare payments for which workers' compensation programs are liable.

(18) State and other governmental Workers' Compensation Agencies working with the Heatlh Care Financing Administration to assure that workers' compensation payments are made where Medicare has erroneously paid and workers' compensation programs are liable.

(19) Release information, without the beneficiary's authorization, to insurance companies, self-insurers, Heatlh Maintenance Organizations, multiple employer trusts and other groups providing protection against medical expenses of their enrollees. Information to be disclosed shall be limited to Medicare entitlement data. In order to receive this information the entity must agree to the following conditions:

a. To certify that the individual about whom the information is being provided is one of its insureds;

b. To utilize the information solely for the purpose of processing the identified individual's insurance claims; and

c. To safeguard the confidentiality of the data and to prevent unauthorized access to it.

(20) To a contractor for the purpose of collating, analyzing aggregating or otherwise refining or processing records in this system or for developing, modifying and/or manipulating ADP software. Data would also be disclosed to contractors incidential to consultation, programming, operation, user assistance, or maintenance for ADP or telecommunications systems containing or supporting records in the system.

(21) To an agency of a State Government, or established by State law, for purposes of determining, evaluating and/or assessing cost, effectiveness, and/or the quality of heatlh care services provided in the State, if HCFA:

a. Determines that the use or disclosure does not violate legal limitations under which the data were provided, collected, or obtained;

b. Establishes that the data are exempt from disclosure under the State and/or local Freedom of Information Act;

c. Determines that the purpose for which the disclosure is to be made;

(1) Cannot reasonably be accomplished unless the data are provided in individually identifiable form;

(2) Is of sufficient importance to warrant the effect and/or risk on the privacy of the individuals that additional exposure of the record might bring, and;

(3) There is reasonable probability that the objective for the use would be accomplished; and

d. Requires the recipient to:

(1) Establish reasonable administrative, technical, and physical safeguards to prevent unauthorized use or disclosure of the record;

(2) Remove or destroy the information that allows the individual to be identified at the earliest time at which removal or destruction can be accomplished consistent with the purpose of the request, unless the recipient presents an adequate justification for retaining such information;

(3) Make no further use or disclosure of the record except:

(a) In emergency circumstances affecting the health or safety of any individual;

(b) For use in another project under the same conditions, and with written authorization of HCFA;

(c) For disclosure to a properly identified person for the purpose of an audit related to the project, if information that would enable project subjects to be identified is removed or destroyed at the earliest opportunity consistent with the purpose of the audit; or

(d) When required by law; and

(4) Secure a written statement attesting to the recipient's understanding of and willingness to abide by these provisions. The recipient must agree to the following:

(1) Not to use the date for purposes that are not related to the evaluation of cost, quality, and effectiveness of care;

(2) Not to publish or otherwise disclose the data in a form raising unacceptable possibilities that beneficiaries could be identified (i.e., the data must not be beneficiary-specific and must be aggregated to a level when no data cells have ten or fewer beneficiaries); and

(3) To submit a copy of any aggregation of the data intended for publication to HCFA for approval prior to publication.

(22) To insurers, underwriters, third party administrators, self-insurers, group health plans, employers, health maintenance organizations, health and welfare benefit funds, Federal agencies, a State or local government or political subdivision of either (when the organization has assumed the role of an insurer, underwriter, or third party administrator, or in the case of a State that assumes the liabilities of an insolvent insurer, through a State created insolvent insurer pool or fund), multiple-employer trusts, no-fault, medical, automobile insurers, workers' compensation carriers or plans, liability insurers, and other groups providing protection against medical expenses who are primary payers to Medicare in accordance with 42 USC 1395y(b), or any entity having knowledge of the occurrence of any event affecting (A) an individual's right to any such benefit or payment, or (B) the initial or continued right to any such benefit or payment (for example, a State Medicaid Agency, State Workers' Compensation Board, or

Department of Motor Vehicles) for the purpose of coordination of benefits with the Medicare program and implementation of the Medicare Secondary Payer provisions at 42 USC 1395y(b). The information HCFA may disclose will be:

- Beneficiary Name
- Beneficiary Address
- Beneficiary Health Insurance Claim Number
- Beneficiary Social Security Number
- Beneficiary Sex
- Beneficiary Date of Birth
- Amount of Medicare Conditional Payment

To administer the Medicare Secondary payer provisions at 42 USC 1395y(b) (2), (3), (4) more effectively, HCFA would receive (to the extent that it is available) and may disclose the following types of information from insurers, underwriters, third party administrators, self-insureds, etc.:

- Subscriber Name and Address
- Subscriber Date of Birth
- Subscriber Social Security Number
- Dependent Name
- Dependent Date of Birth
- Dependent Social Security Number
- Dependent Relationship to Subscriber
- Insurer/Underwriter/TPA Name and Address
- Insurer/Underwriter/TPA Group Number
- Insurer/Underwriter/TPA Group Name
- Prescription Drug Coverage
- Policy Number
- Effective Date of Coverage
- Employer Name, Employer Identification Number (EIN) and Address
- Employment Status
- Amounts of Payment

To administer the Medicare Secondary payer provision at 42 USC 12395y(b)(1) more effectively for entities such as Workers Compensation carriers or boards, liability insurers, no-fault and automobile medical policies or plans, HCFA would receive (to the extent that it is available) and may disclose the following information:

- Beneficiary's Name and Address
- Beneficiary's Date of Birth
- Beneficiary's Social Security Number*
- Name of Insured*
- Insurer Name and Address
- Type of coverage: automobile medical, no-fault, liability payment, or workers' compensation settlement.
- Insured's Policy Number
- Effective Date of Coverage
- Date of accident, injury or illness
- Amount of payment under liability, no-fault, or automobile medical policies, plans, and workers compensation settlements.
- Employer Name and Address (Workers' Compensation only)

* Name of insured could be the driver of the car, a business, the beneficiary (i.e., the name of the individual or entity which carries the insurance policy or plan).

In order to receive this information the entity must agree to the following conditions:

a. To utilize the information solely for the purpose of coordination of benefits with the Medicare program in accordance with 42 USC 1395y(b);

b. To safeguard the confidentiality of the data and to prevent unauthorized access to it;

c. To prohibit the use of beneficiary-specific data for purposes other than for the coordination of benefits between the recipient organization and the Medicare program. The agreement would allow the entities to use the information to determine cases where they have primary responsibility for payment or cases where Medicare has primary responsibility for payment. Examples of prohibited uses would include but are not limited to: creation of a mailing list, sale or transfer of data.

POLICIES AND PRACTICES FOR STORING, RETRIEVING, ACCESSING, RETAINING, AND DISPOSING OF RECORDS IN THE SYSTEM:

STORAGE:

Records maintained on paper forms, magnetic tape and microfilm.

RETRIEVABILITY:

The system is indexed by health insurance claim number. The record is prepared by the hospital or other provider with identifying information received from the beneficiary to establish eligibility for Medicare and document and support payments to providers by the intermediaries. The bill data are forwarded to the Health Care Financing Administration, Bureau of Data Management and Strategy. Baltimore, Md., where they are used to update the central office records.

SAFEGUARDS:

Disclosure of records is limited. The file area is closed to unauthorized personal. Physical safeguards related to the transmission and reception of the data between Rockville and Baltimore are those requirements established by the DHHS ADP Systems Manual, Part 6.

RETENTION AND DISPOSAL:

Records are closed out at the end of the calendar year in which paid, held 2 more years, transferred to the Federal Records Center and destroyed after another 6 years.

SYSTEM MANAGER(S) AND ADDRESS:

Health Care Financing Administration Director, Division of Provider Procedures, 6325 Security Boulevard, Baltimore, MD 21207.

NOTIFICATION PROCEDURE:

Inquiries and requests for systems records should be addressed to the social security office nearest the requester's residence, the appropriate intermediary, the HCFA Regional Office, or to the system manager named above. The individual should furnish his or her health insurance number and name as shown on social security records. An individual who requests notification of or access to a medical record shall, at the time the request is made, designate in writing a responsible representative who will be willing to review the record and inform the subject individual of its contents at the representative's discretion.

RECORD ACCESS PROCEDURE:

Same as notification procedures. Requesters should also reasonably specify the records contents being sought.

CONTESTING RECORD PROCEDURES:

Contact the official at the address specified under notification procedures above, and reasonably identify the record and specify the information to be contested. State the corrective action sought and the reasons for the correction with supporting justification.

RECORD SOURCE CATEGORIES:

The identifying information contained in these records is obtained by the provider from the individual or, in the case of some Medicare secondary payer situations, through third party contacts. The medical information is entered by the provider of medical services.

SYSTEMS EXEMPTED FROM CERTAIN PROVISIONS OF THE ACT:

None.

Appendix A. Health Insurance Claims

Medicare records are maintained at the HCPA Central Office (see section 1 below for the address). Health insurance records of the Medicare program can also be accessed through a representative of the HCFA Regional Office (see section 2 below for addresses). Medicare claims records are also maintained by private insurance organizations who share in administering provisions of the health insurance program. These private insurance organizations, referred to as carriers and intermediaries, are under contract to the Health Care Financing Administration and the Social Security Administration to perform specific tasks in the Medicare program. See section 3 below for addresses for intermediaries and section 4 addresses for carriers.

1. Central Office Addresses:

Bureau of Program Operations, HCFA, 6325 Security Boulevard, Baltimore, Maryland 21207. Office Hours: 8:15–4:45.

Bureau of Data Management and Strategy, HCFA, Office of Health Program Systems, Room 1705, Equitable Building, 6325 Security Boulevard, Baltimore, Maryland 21207. Office Hours: 8:15–4:45.

2. HCFA Regional Office Addresses:

BOSTON REGION—Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont
John F. Kennedy Federal Building, Room 1211, Boston, Massachusetts 02203. Office Hours: 8:30–5:00

NEW YORK REGION—New Jersey, New York, Puerto Rico, Virgin Islands
26 Federal Plaza—Room 715, New York, New York 10007. Office Hours: 8:30–5:00

PHILADELPHIA REGION—Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia
P.O. Box 8460, Philadelphia, Pennsylvania 19101. Office Hours: 8:30–5:00

ATLANTA REGION—Alabama, North Carolina, South Carolina, Florida, Georgia, Kentucky, Mississippi, Tennessee
101 Marietta Street, Suite 702, Atlanta, Georgia 30223. Office Hours: 8:00–4:30

CHICAGO REGION—Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin
Suite A—824, Chicago, Illinois 60604. Office Hours: 8:15–4:35

DALLAS REGION—Arkansas, Louisiana, New Mexico, Oklahoma, Texas
1200 Main Tower Building, Dallas, Texas. Office Hours: 8:30–4:30

KANSAS CITY REGION— Iowa, Kansas, Missouri, Nebraska
New Federal Office Building, 601 East 12th Street—Room 436, Kansas City, Missouri 64106. Office Hours: 8:30–4:45

DENVER REGION—Colorado, Montana, North Dakokta, South Dakota, Utah, Wyoming
Federal Office Building, 1961 Stout St—Room 1185, Denver, Colorado 80294. Office Hours: 8:00–4:30

SAN FRANCISCO REGION—American Samoa, Arizona, California, Guam, Hawaii, Nevada
Federal Office Building, 10 Van Ness Avenue, 20th Floor, San Francisco, California 94102. Office Hours: 8:00–4:30

SEATTLE REGION—Alaska, Idaho, Oregon, Washington
1321 Second Avenue—Room 615, Mail Stop 211, Seattle, Washington 98101. Office Hours: 8:00–4:30

3. Intermediary Addresses (Hospital Insurance):

Medicare Coordinate, Blue Cross/Blue Shield of Alabama, 450 Riverchase Parkway East, Birmingham, Alabama 35298

Medicare Coordinator, Blue Cross of Arizona, Inc., P.O. Box 13466, Phoenix, Arizona 85002

Medicare Coordinator, Arkansas Blue Cross/Blue Shield, Inc., 601 Gaines Street, Little Rock, Arkansas 72203

Medicare Coordinator, Blue Cross of Southern California, P.O. Box 700000, Van Nuys, California 91470

Medicare Coordinator, Blue Cross of Northern California, 1950 Franklin Street, Oakland, California 94659

Medicare Coordinator, Kasier Foundation Health Plan, Inc., 1956 Webster Street, Room 310A, Oakland, California 94612

Medicare Coordinator, Rocky Mountain Hospital and Medical Service, 700 Broadway, Denver, Colorado 80203

Medicare Administrator, Aetna Life & Casualty, 151, Farmington Avenue Hartford, Connecticut 06156

Medicare Coordinator, Blue Cross/Blue Shield Connecticut, 370 Bassett Rd., North Haven, Connecticut 06473

Medicare Administrator, Travelers Ins. Co., One Tower Square, Hartford, Connecticut 06115

Triage, Inc. 719 Middle Street, Bristol Connecticut 06019

Medicare Coordinator, Blue Cross/Blue Shield of Delaware, Inc., 201 West 14th Street, Wilmington, Delaware 19899

Medicare Coordinator, Group Hospitalization, Inc., 550 12th Street, S.W., Washington, D.C. 20024

Medicare Coordinator, Blue Cross of Florida, Inc., P.O. Box 1798, Jacksonville, Florida 32201

Medicare Coordinator, Blue Cross of Georgia/Columbus, P.O. Box 7368, Columbus, Georgia 31906

Medicare Coordinator, Blue Cross of Georgia/Atlanta, P.O. Box 4445, Atlanta, Georgia 30302

Medicare Coordinator, Hawaii Medical Service Association, P.O. Box 860, Honolulu, Hawaii 96808

Medicare Coordinator, Blue Cross of Idaho, Inc., P.O. Box 7480, Boise, Idaho 83707

Medicare Coordinator, Health Care Service Corp., 233 North Michigan Avenue, Chicago, Illinois 60601

Medicare Coordinator, Mutal Hospital Insurance, Inc., 120 West Market Street, Indianapolis, Indiana 46204

Medicare Coordinator, Blue Cross of Iowa, Ruan Building, 636 Grant Avenue, Station 28, Des Moines, Iowa 50307

Medicare Coordinator, Blue Cross of Western Iowa and S. Dakota, Third and Pierce Street, Sioux City, Iowa 51102

Medicare Administrator, Kansas Hospital Service Association, Inc., P.O. Box 239, Topeka, Kansas 66601

Medicare Coordinator, Blue Cross and Blue Shield of Kentucky, Inc., 9901 Linn Station Road, Louisville, Kentucky 40223

Medicare Coordinator, Louisiana Health Service and Indemnity Company, 2718A Wooddale Blvd., Baton Rouge, Louisiana 70805

Medicare Coordinator, Associated Hospital Service of Maine, 110 Free Street, Portland, Maine 04101

Medicare Coordinator, Maryland Blue Cross, Inc., 700 East Joppa Road, Baltimore, Maryland 21204

Medicare Coordinator, Part A. Blue Cross of Mass., Inc., 100 Summer Street, Boston, Massachusetts 02106

Medicare Coordinator, Blue Cross of Michigan, 600 Lafayette East, Detroit, Michigan 48226

Medicare Coordinator, Blue Cross of Minnesota, 3535 Blue Cross Road, St., Paul, Minnesota 55765

Medicare Coordinator, Blue Cross of Miss., P.O. Box 1043, Jackson, Mississippi 39205

Medicare Coordinator, Blue Cross Hospital Service of Missouri, 4444 Forest Park Boulevard, St. Louis, Missouri 63108

Medicare Coordinator, Blue Cross of Montana, P.O. Box 5017, Great Falls, Montana 59403

Medicare Coordinator, Mutual of Omaha Ins. Co., Box 456 Downtown Station, Omaha, Nebraska 68101

Medicare Coordinator, Blue Cross of Nebraska, P.O. Box 3248, Main Post Office Station, Omaha, Nebraska 68103

Medicare Coordinator, New Hampshire Vermont Health Service, 2 Pillsbury Street, Concord, New Hampshire 03306

Medicare Coordinator, Hospital Service Plan of New Jersey, 33 Washington Street, Newark, New Jersey 07102

Medicare Coordinator, Prudential Ins. Co. of America, Drawer 471, 1 Millvelle, New Jersey 08332

Medicare Coordinator, New Mexico Blue Cross Inc., 12800 Indiana School Rd., N.E., Albuquerque, New Mexico 87112

Medicare Coordinator, B/C–B/S of New York, 622 Third Avenue, New York, New York 10017

Medicare Coordinator, North Caroline B/C–B/S, P.O. Box 2291, Durham, North Carolina 27702

Medicare Coordinator, Blue Cross of North Dakota, 4510 13th Avenue, S.W., Fargo, North Dakota 58121

Medicare Coordinator, B/C of N.W. Ohio, P.O. Box 943, Toledo, Ohio 43601

Medicare Coordinator, B/C of N.E., Ohio, 2066 East Ninth Street, Cleveland, Ohio 44115

Medicare Coordinator, Hospital Care Corporation, 1851 William Howard Taft Road, Cincinnati, Ohio 45206

Medicare Coordinator, Nationwide Mutual Insurance Co., P.O. Box 1625, Columbus, Ohio 43216

Medicare Coordinator, B/C of Central Ohio, P.O. Box 16526, Columbus, Ohio 43216

Medicare Coordinator, Blue Cross of Oklahoma, 1215 South Boulder, Tulsa, Oklahoma 74119

Medicare Coordinator, Northwest Hospital Service, P.O. Box 1271, Portland, Oregon 97201

Medicare Coordinator, Blue Cross of Greater Philadelphia, 1333 Chestnut Street, Philadelphia, Pennsylvania 19107

Medicare Coordinator, Blue Cross of Western Pennsylvania. One Smithfield Street, Pittsburgh, Pennsylvania 15222

Medicare Coordinator, B/C of N.E. Pennsylvania, 70 North Main Street, Wilkes-Barre, Pennsylvania 18711

Medicare Coordinator, Hospital Service Plan of Lehigh Valley, 1221 Hamilton Street, Allentown, Pennsylvania 18102

Medicare Coordinator, Capital Blue Cross, 100 Pine Street, Harrisburg, Pennsylvania 17101

Cooperative de Seguros de Vida de Puerto Rico, G.P.O. Box 3428, San Juan, Puerto Rico 00936

Blue Cross of Rhode Island, 444 Westminster Mall, Providence, Rhode Island 02901

Medicare Coordinator, Blue Cross of S.C., Columbia, South Carolina 29219

Medicare Coordinator, Blue Cross of Tennessee, Blue Cross Bldg., Chattanooga, Tennessee 37402
Medicare Coordinator, Group Hospital Service, Inc., P.O. Box 22146, Dallas, Texas 75222
Medicare Coordinator, B/C of Utah, P.O. Box 30270, Medicare A, Salt Lake City, Utah 84130
Medicare Coordinator, B/C of S.W. Virginia, P.O. Box 13047, 3959 Electric Rd., Roanoke, Virginia 24045
Medicare Coordinator, Blue Cross of Virginia, P.O. Box 27401, Richmond, Virginia 23261
Medicare Coordinator, B/C of Washington/Alaska, Inc., 15700 Dayton Avenue, North, P.O. Box 327, Seattle, Washington 89111
Medicare Coordinator, Parkersburg Hosp. Serv., Inc., P.O. Box 1948, Parkersburg, West Virginia 26101
Medicare Coordinator, Blue Cross Hospital Service Inc., P.O. Box 1353, City Center West Charleston, West Virginia 25325
Medicare Coordinator, Blue Cross of Northern West Virginia Inc., 20th and Chaplin Streets, Wheeling, West Virginia 26003
Medicare Coordinator, Blue Cross/Blue Shield United of Wisconsin, Milwaukee, Wisconsin 53201
Medicare Coordinator, Blue Cross/Blue Shield of Wyoming, P.O. Box 2266, Cheyenne, Wyoming 8200
Health Care Financing Administration, Bureau of Program Operations, Office of Prepaid Operations Staff, 6325 Security Boulevard, Baltimore, Maryland 21207
Railroad Retirement Board, 844 Rush Street, Chicago, Illinois 60611

Medicare Carriers

Medicare Coordinator, Blue Cross and Blue Shield of Alabama, 450 Riverchase Parkway East, Birmingham, Alabama 35298
Vice President for Medicare and Medical Services, Arkansas Blue Cross and Blue Shield, Inc., 601 Gaines Street, Little Rock, Arkansas 72203
Medicare Coordinator, California Physicians Service, (d/b/a Blue Shield of California), P.O. Box 7013, No. 2 Northpoint, San Francisco, California 94120
Medicare Coordinator, Transamerica Occidental Life Insurance Company, P.O. Box 54905 Terminal Annex, Los Angeles, California 90054
Assistant Vice President, Rocky Mountain Hospital and Medical Service, (d/b/a Blue Cross and Blue Shield of Colorado), 700 Broadway, Denver, Colorado 80273
Medicare Administrator, Travelers Ins. Co., One Tower Square, Hartford, Connecticut 06183
Medicare Administrator, Aetna Life & Casualty, 151 Farmington Avenue, Hartford, Connecticut 06156
Medicare Coordinator, Blue Cross and Blue Shield of Florida, Inc., P.O. Box 1798, Jacksonville, Florida 32231
Health Care Service Corporation, 233 North Michigan Avenue, Chicago, Illinois 60601
Associated Insurance Companies, Inc., (d/b/a Blue Cross and Blue Shield of Indiana), 8320 Craig Street, Suite 100, Indianapolis, Indiana 46250–0453
Assistant Executive Director, Blue Shield of Iowa, Ruan Building, 636 Grand Avenue, Station 28, Des Moines, Iowa 50309
Medicare Assistant, Blue Cross and Blue Shield of Kansas, Inc., P.O. Box 239, Topeka, Kansas 66601
Blue Cross and Blue Shield of Kentucky, Inc., 100 East Vine Street, 6th Floor, Lexington, Kentucky 40517
Medicare Coordinator, Blue Cross and Blue Shield of Maryland, Inc., 700 E. Joppa Road, Baltimore, Maryland 21204
Medicare Coordinator, Part B, Blue Shield of Massachusetts, Inc., 100 Summer Street, Boston, Massachusetts 02110
Assistant Vice President Government Affairs Department, Blue Cross and Blue Shield of Michigan, 600 Lafayette East, Detroit, Michigan 48226
Blue Cross and Blue Shield of Minnesota, P.O. Box 64357, 3535 Blue Cross Road, St. Paul, Minnesota 55164
Vice President Government Programs, Blue Cross and Blue Shield of Kansas City, P.O. Box 169, Kansas City, Missouri 64141
Director, Medicare Administration, General American Life Insurance Co., P.O. Box 505, St. Louis, Missouri 63166
Blue Cross and Blue Shield of Montana, Inc., P.O. Box 4309, 404 Fuller Avenue, Helena, Montana 59601
Medicare Coordinator, Prudential Insurance Co. of America, Tri-City Office Drawer 471, Millville, New Jersey 08332
Director of Medicare Part B, Blue Shield of Western New York, Inc., 298 Main Street, Buffalo, New York 14202
Medicare Coordinator, Group Health Insurance, Inc., 330 West 42nd Street, New York, New York 10036
Medicare Coordinator, Empire Blue Cross and Blue Shield, 622 Third Avenue, New York, New York 10017
Medicare Coordinator, EQUICOR, Inc., 1285 Avenue of the Americas, New York, New York 10019
Medicare Coordinator, Blue Cross and Blue Shield of North Dakota, 4510 13th Avenue, S.W., Fargo, North Dakota 58121
Medicare System and Processing Division, Nationwide Mutual Insurance Company, P.O. Box 16788, Columbus, Ohio 43216
Medicare Coordinator, Pennsylvania Blue Shield, P.O. Box 65, Camp Hill, Pennsylvania 17011
Chief, Internal Operations, Sequros de Servicio de Salud de Puerto Rico 00936–3628
Medicare Coordinator, Blue Cross and Blue Shield of Rhode Island, 444 Westminster Mall, Providence, Rhode Island 02901
Medicare Coordinator, Blue Cross and Blue Shield of South Carolina, Fontaine Business Center, 300 Arbor Lake Drive, Suite 1300, Columbia, South Carolina 29223
Blue Cross and Blue Shield of Texas, Inc., 901 South Central Expressway, P.O. Box 833815, Richardson, Texas 75083–3815
Manager, Part B, Blue Cross and Blue Shield of Utah, P.O. Box 30270, 2455 Parley's Way, Salt Lake City, Utah 84130
Assistant Administrator, Washington Physicians Service, 4th and Battery Building, 2401 4th Avenue, 6th Floor, Seattle, Washington 98121
Director, Medicare Claims Department, Wisconsin Physicians' Service Insurance, Corp., 1717 West Broadway, Monona, Wisconsin 53713

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Health Resources and Services Administration

Advisory Council; Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Public Law 92–463), announcement is made of the following National Advisory body scheduled to meet during the month of November 1989:

Name: Advisory Commission on Childhood Vaccines, HRSA, HHS.

Date and Time: November 1–2, 1989, 9:00 a.m.–5:00 p.m.

Place: Hubert H. Humphrey Auditorium, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201.

The meeting is open to the public.

Purpose: The Commission: (1) Advises the Secretary on the implementation of the Program, (2) on its own initiative or as the result of the filing of a petition, recommends changes in the Vaccine Injury Table, (3) advises the Secretary in implementing the Secretary's responsibilities under section 2127 regarding the need for childhood vaccination products that result in fewer or no significant adverse reactions, (4) surveys Federal, State, and local programs and activities relating to the gathering of information on injuries associated with the administration of childhood vaccines, including the adverse reaction reporting requirements of section 2125(b), and advises the Secretary on means to obtain, compile, publish, and use credible data related to the frequency and severity of adverse reactions associated with childhood vaccines, and (5) recommends to the Director of the National Vaccine Program research related to vaccine injuries which should be conducted to carry out the National Vaccine Injury Compensation Program.

Agenda: Agenda items for the meeting will include but not be limited to: status report on the Vaccine Injury Compensation Program (VICP); update on VICP technical amendments; discussion on MMR vaccine and excise