

**General Function of the Committee:** To provide advice and recommendations to the agency on FDA regulatory issues.

**Date and Time:** The meeting will be held on June 9 and 10, 1997, 8:30 a.m. to 5:30 p.m.

**Location:** Holiday Inn—Bethesda, 8120 Wisconsin Ave., Bethesda, MD.

**Contact Person:** Karen M. Templeton-Somers or John Schupp, Center for Drug Evaluation and Research (HFD-21), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301-443-5455, or FDA Advisory Committee Information Line, 1-800-741-8138 (301-443-0572 in the Washington, DC area), code 12535. Please call the Information Line for up-to-date information on this meeting.

**Agenda:** On June 9, 1997, the committee will discuss ways in which the labeling for smoking cessation products could be made more clinically useful. Public response to this topic is solicited. Please submit your response to Docket No. 97N-0149, entitled "Reevaluation of Labeling of Smoking Cessation Products," to the Dockets Management Branch (HFA-305), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857. In order for comments to be summarized and sent to the Drug Abuse Advisory Committee prior to the June 9, 1997, meeting, they must be received by Dockets Management Branch by May 13, 1997. The docket will remain open for additional comments until July 11, 1997. On June 10, 1997, the committee will discuss topics in clinical trial design for medications used to treat cocaine abuse.

**Procedure:** Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person by May 27, 1997. Oral presentations from the public will be scheduled between approximately 8:30 a.m. to 9:30 a.m. Time allotted for each presentation may be limited. Those desiring to make formal oral presentations should notify the contact person before May 27, 1997, and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time requested to make their presentation.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: April 24, 1997.

**Michael A. Friedman,**

*Deputy Commissioner for Operations.*

[FR Doc. 97-11442 Filed 5-1-97; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Care Financing Administration

#### Statement of Organization, Functions, and Delegations of Authority

Part F of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services, Health Care Financing Administration (HCFA), (**Federal Register**, Vol. 59, No. 60, pp. 14628-14662, dated Tuesday, March 29, 1994, and subsequent thereafter) is amended to reflect changes to the structure of HCFA.

HCFA has reorganized the way it operates for the following reasons: Growth of managed care, changes in the Federal/State relationship, and movement to a Medicare Transaction System environment. The Centers/Offices are functionally grouped to support beneficiaries and be more responsive to major changes in the health care market.

#### The specific amendments to Part F are described below:

• *Section F.10.A.5. (Organization) is amended to read as follows:*

1. Press Office (FAE)
2. Office of Legislation (FAF)
3. Office of Internal Customer Support (FAH)
4. Office of Equal Opportunity and Civil Rights (FAJ)
5. Office of Strategic Planning (FAK)
6. Office of Communications and Operations Support (FAL)
7. Office of Clinical Standards and Quality (FAM)
8. Office of Financial Management (FAN)
9. Office of Information Services (FAP)
10. Center for Beneficiary Services (FAQ)
11. Center for Health Plans and Providers (FAR)
12. Center for Medicaid and State Operations (FAS)
13. Consortium #1 (FAU)
14. Consortium #2 (FAV)
15. Consortium #3 (FAW)
16. Consortium #4 (FAX)

• *Section F.20.A.5. (Functions) is amended to read as follows:*

#### 1. Press Office (FAE)

- Serves as the focal point for the Agency to the news media.
- Serves as senior counsel to the Administrator in all activities related to the media. Provides consultation, advice, and training to the Agency's senior staff with respect to relations with the news media.

- Develops and executes strategies to further the Agency's relationship and dealings with the media. Maintains a broad based knowledge of the Agency's structure, responsibilities, mission, goals, programs, and initiatives in order to provide or arrange for rapid and accurate response to news media needs.

- Prepares and edits appropriate materials about the Agency, its policies, actions and findings, and provides them to the public through the print and broadcast media. Develops and directs media relations' strategies for the Agency.

- Responds to inquiries from a broad variety of news media, including major newspapers, national television and radio networks, national news magazines, local newspapers and radio and television stations, publications directed toward the Agency's beneficiary populations, and newsletters serving the health care industry.

- Manages press inquiries, coordinates sensitive press issues, and develops policies and procedures for how press and media inquiries are handled.

- Arranges formal interviews for journalists with the Agency's Administrator or other appropriate senior Agency staff; identifies for interviewees the issues to be addressed, and prepares or obtains background materials as needed.

- For significant Agency initiatives, issues media advisories and arranges press conferences as appropriate; coordinates material and personnel as necessary.

- Serves as liaison with the Department of Health and Human Services and White House press offices.

#### 2. Office of Legislation (FAF)

- Provides leadership and executive direction within the Agency for legislative planning to address the Administration's agenda.

- Tracks, evaluates and develops provisions of annual legislative proposals for Medicare, Medicaid, Clinical Laboratory Improvement Act (CLIA), Health Insurance Portability and Accountability Act (HIPAA) and related statutes affecting health care financing

quality and access in concert with HCFA components, the Department and the Office of Management and Budget (OMB).

- Advances the legislative policy process through analysis, review and development of health care initiatives and issues.
- Develops the long-range legislative plans for the Agency in collaboration with the HCFA Centers and Offices.
- Participates with other HCFA components in the development of Agency policy, including implementing regulations and administrative actions.
- Manages pro-actively the Agency's response in times of heightened congressional oversight of HCFA in collaboration with the Centers and Offices. Manages, coordinates and develops policies for responding to congressional inquiries.
- Coordinates activities with the Office of the Assistant Secretary for Legislation (ASL) and serves as the ASL's principal contact point on legislative and congressional relations.
- In collaboration with HCFA Centers and Offices, provides technical assistance, consultation and information services to congressional committees and individual members of Congress on the Medicare and Medicaid programs, new HCFA initiatives and pertinent legislation.
- In collaboration with the HCFA Centers and Offices, provides technical, analytical, advisory and information services to the Agency's components, the Department, the White House, OMB, other government agencies, private organizations and the general public on Agency legislation.
- Tracks and reports on legislation relating to HCFA programs and maintains legislative reference library.
- Coordinates the Agency's participation in congressional hearings, including preparation of testimony and briefing materials, and covers all other congressional hearings on matters of interest to the Agency except Appropriations Committee hearings specifically on the appropriation budget.

### 3. Office of Internal Customer Support (FAH)

- Serves as the focal point for providing the Agency's internal customers (employees) with support in human resource management, procurement management, logistics, and local area network (LAN) services. Includes planning, organizing, coordinating, and evaluating needed activities in each area.
- Manages and directs the Agency's human resources programs including:

Human resources planning and development, position classification, organizational analysis and development, administrative and program delegations of authority, management support, labor relations, employee assistance, employee benefits, and performance management and awards.

- Leads the assessment of staff development and support requirements. Designs, develops and maintains staff development programs to meet these needs. Activities focus on: Development of baseline information and an ongoing performance monitoring program of staff satisfaction and functional competencies; development of communications and feedback mechanisms within the Agency; and close collaboration with other Federal and private sector groups with shared interest in human resource management and development.
- Develops and implements the Agency's policies, rules and procedures related to effecting, managing and directing Agency procurements. Ensures that procurement meet all legal, ethical and financial requirements. Working with the project officer (technical representative) in the components, evaluates the performance of contractor/grantee, and ensures that required deliverables are produced within prescribed guidelines.
- Provides workstation, server, and local area network support for HCFA-wide activities. Works with customer components to develop requirements, needs and cost benefit analysis in support of the LAN infrastructure including hardware, software and office automation services.
- Provides policy direction, coordination and support for administrative services including space, property, records, printing and facilities' management, safety and security, and teleproduction, telecommunications and graphics services, and a centralized customer service desk.
- Serves as the organizational home of the Provider Reimbursement Review Board (PRRB). Furnishes administrative support to the PRRB and the Medicare Geographic Classification Review Board (MGCRB). On behalf of the Secretary or the Administrator conducts hearings that are not within the jurisdiction of the Departmental Appeals Board, the Social Security Administration's Office of Hearings and Appeals, PRRB, MGCRB, Medicare contractors, or the States.
- Provides administrative support functions for Executive Management Services.

- Develops and maintains administrative systems for personnel, property management, and related purposes.

### 4. Office of Equal Opportunity and Civil Rights (FAJ)

- Provides agency-wide leadership and advice on issues of diversity, civil right, and promotion of a supportive work environment for Agency employees.
- Develops, implements and manages affirmative employment programs. Provides principal advisory, advocacy, and liaison services for the Administrator to Agency leadership and employees concerning equality in employment related issues to ensure a diverse workforce.
- Develops Equal Employment Opportunity (EEO) and civil rights compliance policy for the Agency. Assesses the Agency's compliance with applicable civil rights statutes, executive orders, regulations, policies, and programs.
- Identifies policy and operational issues and proposes solutions for resolving these issues in partnership with management, Office of the General Counsel, and other organizational entities.
- Receives and evaluates complaints for procedural sufficiency; investigates, adjudicates and resolves such complaints.
- Promotes the representation of minority groups, women, and individuals with disabilities through community outreach and other activities.
- Resolves informal discrimination complaints by means of EEO counseling and/or Alternative Dispute Resolution (ADR).
- Develops and analyzes data for internal and external reports reflecting the diversity of the Agency workforce and fairness in employment related actions. Makes recommendations to management on changes needed to ensure equal employment opportunity in every respect.
- Serves as the internal advocate for civil rights and related principles. Provides training, seminars, and technical guidance to Agency staff.

### 5. Office of Strategic Planning (FAK)

- Develops and manages the long-term strategic planning process for the Agency; responsible for the Agency's conformance with the requirements of the Government Performance and Results Act (GPRA).
- Provides analytic support and information to the Administrator and

the Executive Council needed to establish Agency goals and directions.

- Performs environmental scanning, identifying, evaluating, and reporting emerging trends in health care delivery and financing and their interactions with Agency programs.
- Manages strategic, crosscutting initiatives.
- Designs and conducts research and evaluations of health care programs, studying their impacts on beneficiaries, providers, plans, States and other partners and customers, designing and assessing potential improvements, and developing new measurement tools.
- Coordinates all Agency demonstration activities, including development of the research and demonstration annual plan, evaluation of all Agency demonstrations, and assistance to other components in the design of demonstrations and studies.
- Manages assigned demonstrations, including Federal review, approval, and oversight; coordinates and participates with departmental components in experimental health care delivery projects.
- Conducts the Agency's actuarial program. Evaluates the financial and actuarial status of HCFA programs for the annual Trustees Reports and Administration budget, and under proposed legislation. Develops macroeconomic analyses of health care financing issues; conducts actuarial, economic, and demographic studies and develops projections of health care costs.
- Provides actuarial and other technical advice and consultation to Agency components, governmental components, Congress, and outside organizations.
- Develops the official estimates of the Nation's health care spending.
- Develops actuarial, research, demonstration, and other publications and papers related to health care issues.
- Computes payment rates, indices, and copayments in support of program operations.

#### 6. Office of Communications and Operations Support (FAL)

- Serves a neutral broker coordination role, including scheduling meetings and briefings for the Administrator and coordinating communications between and among central and regional office, in order to ensure that emerging issues are identified early, all concerned components are directly and fully involved in policy development/decision making and that all points of view are presented.

• Coordinates and monitors assigned Agency initiatives which are generally tactical, short-term and cross-component in nature (e.g., legislative implementation).

- Provides operational and analytical support to the Executive Council.
- Manages speaking and meeting requests for or on behalf of the Administrator and Deputy Administrator and researches and writes speeches.
- Coordinates agency-wide communication policies to insure that messages for external audiences appropriately incorporate Agency themes.
- Coordinates the preparation of manuals and other policy instructions to insure accurate and consistent implementation of the Agency's programs.
- Manages the Agency's system for developing, clearing and tracking regulations, setting regulation priorities and corresponding work agendas; coordinates the review of regulations received for concurrence from departmental and other government agencies and develops routine and special reports on the Agency's regulatory activities.
- Manages the agency-wide clearance system to insure appropriate involvement from Agency components and serves as a primary focal point for liaison with the Executive Secretariat in the Office of the Secretary.
- Operates the agency-wide correspondence tracking and control system and provides guidance and technical assistance on standards for content of correspondence and memoranda.
- Formulates strategies to advance overall communications goals and coordinates the design and publication process in electronic and other media for HCFA electronic information, publications and reports to ensure consistency with other information.
- Provides management and administrative support to the Office of the Attorney Advisor and staff.

#### 7. Office of Clinical Standards and Quality

- Serves as the focal point for all quality, clinical and medical science issues and policies for the Agency's programs. Provides leadership and coordination for the development and implementation of a cohesive, agency-wide approach to measuring and promoting quality and leads the Agency's priority-setting process for clinical quality improvement. Coordinates quality-related activities with outside organizations. Monitors

quality of Medicare, Medicaid, and CLIA. Evaluates the success of interventions.

- Identifies and develops best practices and techniques in quality improvement; implementation of these techniques will be overseen by appropriate components. Develops and collaborates on demonstration projects to test and promote quality measurement and improvement.
- Develops, tests and evaluates, adopts and supports performance measurement systems (quality indicators @) to evaluate care provided to HCFA beneficiaries except for demonstration projects residing in other components.
- Assures that the Agency's quality-related activities (survey and certification, technical assistance, beneficiary information, payment policies and provider/plan incentives) are fully and effectively integrated. Carries out the Health Care Quality Improvement Program (HCQIP) for the Medicare, Medicaid, and CLIA programs.
- Leads in the specification and operational refinement of an integrated HCFA quality information system, which includes tools for measuring the coordination of care between health care settings; analyzes data supplied by that system to identify opportunities to improve care and assess success of improvement interventions.
- Develops requirements of participation for providers and plans in the Medicare, Medicaid, and CLIA programs. Revises requirements based on statutory change and input from other components.
- Operates the Medicare Peer Review Organization and End Stage Renal Disease (ESRD) Network program in conjunction with regional offices, providing policies and procedures, contract design, program coordination, and leadership in selected projects.
- Identifies, prioritizes and develops content for clinical and health related aspects of HCFA's Consumer Information Strategy; collaborates with other components to develop comparative provider and plan performance information for consumer choices.
- Prepares the scientific, clinical, and procedural basis for and recommends to the Administrator decisions regarding coverage of new and established technologies and services. Coordinates activities of the Agency's Technology Advisory Committee (TAC) and maintains liaison with other departmental components regarding the safety and effectiveness of technologies and services; prepares the scientific and

clinical basis for, and recommends approaches to, quality-related medical review activities of carriers and payment policies.

#### 8. Office of Financial Management (FAN)

- Serves as the Chief Financial Officer and Comptroller for the Agency.
- Formulates, presents and executes all Agency budget accounts; develops outlay plans and tracks contract and grant award amounts; acts as liaison with the Congressional Budget Office (CBO) on budget estimates; reviews demonstration waivers (except 1115) for revenue neutrality. Is responsible for ensuring that the budget is formulated in accordance with the Agency's strategic plan and the GPRA goals and performance measures.
- Acts as liaison with ASMB, OMB, and the Congressional appropriations committees for all matters concerning the Agency's operating budget.
- Manages the Medicare financial management system, the Medicare contractors' budgets, Peer Review Organizations' budgets, research budgets, managed care payments, the issuance of State Medicaid grants, and the funding of the State survey/certification and the CLIA programs. Is responsible for all Agency disbursements.
- Performs cash management activities and establishes and maintains systems to control the obligation of funds and ensure that the Anti-Deficiency Act is not violated.
- Performs the Agency's debt management activities (e.g., accounts receivable, user fees, penalties, disallowances).
- Reconciles all Agency financial data and prepares external reports to other agencies such as HHS, Treasury, OMB, Internal Revenue Service, General Services Administration, related to the Agency's obligations, expenditures, prompt payment activities, debt and cash management, and other administrative functions.
- Has overall responsibility for the fiscal integrity of all Agency programs. Develops and performs all benefit integrity policy and operations in coordination with other Agency components. Manages the Medicare program integrity contractors authorized by the HIPAA and managed care financial audit and enforcement functions. In coordination with the Center for State Operations, develops Medicaid program integrity policy; and monitors Medicaid program integrity activities.
- Working with other HCFA components, develops Agency policies

governing both Medicare Secondary Payer (MSP) and Medicaid Third Party Liability.

- Develops and implements all civil money penalty policies in all programs.
- Acts as audit liaison with the General Accounting Office (GAO) and the HHS Office of Inspector General (OIG).
- Prepares financial statements for Federal Managers Financial Integrity Act (FMFIA) and GPRA.

#### 9. Office of Information Services (FAP)

- Serves as the focal point for the responsibilities of the Agency's Chief Information Officer in planning, organizing, and coordinating the activities required to maintain an agency-wide Information Resources Management (IRM) program.
- Ensures the effective management of the Agency's information technology, and information systems and resources (e.g., implementation and administration of a change management process).
- Serves as the lead for developing and enforcing the Agency's information architecture, policies, standards, and practices in all areas of information technology.
- Develops and maintains enterprise-wide central databases, statistical files, and general access paths, ensuring the quality of information maintained in these data sources.
- Develops and implements the Medicare Transaction System (MTS).
- Directs Medicare claims payment systems activities, including CWF operation, as well as systems conversion activities.
- Develops ADP standards and policies for use by internal HCFA staff and contractor agents in such areas as applications development and use of the infrastructure resources.
- Manages and directs the operation of HCFA hardware infrastructure, including the Agency's Data Center, data communications networks, enterprise infrastructure, voice/data switch, audio conferencing and other data centers supporting HCFA programs.
- Leads the coordination, development, implementation and maintenance of health care information standards in the health care industry.
- Provides Medicare and Medicaid information to the public, within the parameters imposed by the Freedom of Information (FOIA) and Privacy Acts.
- Performs information collection analyses as necessary to satisfy the requirements of the Paperwork Reduction Act.

• Directs HCFA's ADP systems security program with respect to data, hardware, and software.

• Directs and advises the Administrator, senior staff, and components on the requirements, policies, and administration of the Freedom of Information Act and the Privacy Act.

#### 10. Center for Beneficiary Services (FAQ)

- Serves as the focal point for all Agency interactions with beneficiaries, their families, care givers and other representatives concerning improving beneficiary ability to make informed decisions about their health and about program benefits administered by the Agency. These activities include strategic and implementation planning and evaluation, and communications.
- Assesses beneficiary and other consumer needs, develops and oversees interventions targeted to meet these needs, and documents and disseminates results of these interventions. These activities focus on Agency beneficiary service goals and objectives and include: Development of baseline and ongoing monitoring information concerning populations affected by Agency programs; development of performance measures and evaluation programs; design and implementation of beneficiary services initiatives; development of communications channels and feedback mechanisms within the Agency and between the Agency and its beneficiaries and their representatives; and close collaboration with other Federal and State agencies and other stakeholders with a shared interest in better serving our beneficiaries.
- Develops national Medicare eligibility, enrollment, entitlement, coordination of benefits, managed care enrollment and disenrollment and appeals process policies and procedures necessary to assure the effective administration of the Medicare program, including the development of related statutory proposals.
- Coordinates beneficiary-centered information, education and service initiatives.
- Develops and tests new and innovative methods to improve beneficiary aspects of health care delivery systems through Title XVIII and XIX demonstrations and other creative approaches to meeting the needs of Agency beneficiaries.
- Assures in coordination with other Centers and Offices, that the activities of Medicare contractors, including managed care plans, agents and State Agencies meet the Agency's

requirements on matters concerning beneficiaries and other consumers.

- Plans and administers the contracts and grants related to beneficiary and customer service, including the Information Counseling and Assistance grants.

- During the period of transition to the Medicare Transaction System, coordinates all aspects of program direction and contract management and oversight of the current Medicare fiscal intermediaries and carriers and MTSI contractors.

#### 11. Center for Health Plans and Providers (FAR)

- Serves as the focal point for all Agency interactions with managed health care organizations and health care providers for issues relating to Agency programs' policy and operations.

- Develops purchasing strategies that will improve the quality of health care choices for beneficiaries.

- Develops national policies and procedures related to the development, qualification and compliance of health maintenance organizations, competitive medical plans and other health care delivery systems and purchasing arrangements (such as prospective pay, case management, differential payment, selective contracting, etc.) necessary to assure the effective administration of the Agency's programs, including the development of statutory proposals.

- Monitors providers', health plans' and other entities' conformance with: Quality standards (other than those directly related to survey and certification); policies related to scope of benefits; and other statutory, regulatory, and contractual provisions.

- Based on medical review data, develops payment mechanisms, administrative mechanisms, and regulations to ensure that HCFA is purchasing medically necessary services in both fee-for-service and managed care.

- Writes payment and benefit-related instructions for Medicare contractors.

- Handles all phases of contracts with managed health care organizations eligible to provide care to Medicare beneficiaries.

- Is the primary point of contact and liaison with other public and private purchasers, except the States, for the purposes of developing collaborative purchasing, management, quality assurance, oversight, and other strategies and projects.

- Defines the scope of Medicare benefits and develops national payment policies as necessary to assure the effective administration of the Agency's

programs, including the development of related statutory proposals.

- Coordinates the administration of individual benefits to assure appropriate focus on long term care, where applicable, and assumes responsibility for the operational and demonstration efforts related to the payment aspects of long term care and post-acute care services.

- Designs and conducts payment, purchasing, and benefits demonstrations.

- Develops Agency medical coding policies related to payments.

- Provides administrative support to the Practicing Physician Advisory Council.

#### 12. Center for Medicaid and State Operations (FAS)

- Serves as the focal point for all Agency interactions with States and local governments (including the Territories) and Native American and Alaskan Native tribes.

- Develops national Medicaid policies and procedures which support and assure effective State program administration and beneficiary protection. In partnership with the States, evaluates the success of State agencies in carrying out their responsibilities and, as necessary, assists the States in correcting problems and improving the quality of their operations.

- Develops, interprets, and applies specific laws, regulations, and policies that directly govern the financial operation and management of the Medicaid program and the related interactions with the States and regional offices.

- Develops national policies and procedures to support and assure appropriate State implementation of the rules and processes governing group and individual health insurance markets and the sale of health insurance policies that supplement Medicare coverage.

- In coordination with other components, develops, implements, evaluates and refines standardized provider performance measures used within provider certification programs. Supports States in their use of standardized measures for provider feedback and quality improvement activities. Develops, implements and supports the data collection and analysis systems needed by States to administer the certification program.

- Reviews, approves and conducts oversight of Medicaid managed care waiver programs. Provides assistance to States and external customers on all Medicaid managed care issues.

- Develops national policies and procedures on Medicaid automated claims/ encounter processing and information retrieval systems such as the Medicaid Management Information System (MMIS) and integrated eligibility determination systems.

- In coordination with the Office of Financial Management, directs, coordinates, and monitors program integrity efforts and activities by States and regions. Works with the Office of Financial Management to provide input in the development of program integrity policy.

- Through administration of the home and community based services program and policy collaboration with other Agency components and the States, promotes the appropriate choice and continuity of quality services available to frail elderly, disabled and chronically ill beneficiaries.

- Develops and tests new and innovative methods to improve the Medicaid program through demonstrations and best practices including managing review, approval, and oversight of the Section 1115 demonstrations.

- Directs the planning, coordination, and implementation of the survey, certification, and enforcement programs for all Medicare and Medicaid providers and suppliers, and for laboratories under the auspices of the Clinical Laboratory Improvement Act (CLIA). Reviews and approves applications by States for "exemption" from CLIA and applications from private accreditation organizations for deeming authority. Develops assessment techniques and protocols for periodically evaluating the performance of these entities. Monitors the performance of proficiency testing programs under the auspices of CLIA.

- Provides leadership for the Agency in the area of intergovernmental affairs. Advises the Administrator and other Agency components on program matters which affect other units and levels of government. Coordinates activities with the Office of the Secretary's intergovernmental affairs officials.

#### 13. Northeastern Consortium (FAU)

- Directs the planning, coordination, and implementation of the programs under Titles XI, XVIII, and XIX of the Social Security Act and related statutes within the Agency's regional/field offices that comprise the Consortium.

- Provides executive leadership and direction to the Agency's Regional Administrator(s) in the Consortium.

- Assures that the Agency's programs are carried out in the most effective and efficient manner within the Consortium, and that they are coordinated both at the

consortium level and with the Agency's headquarters' offices.

- Provides a Consortium-wide perspective to the Agency's Administrator and other members of the Executive Council in such activities as strategic planning, determining the effectiveness of the Agency's programs and policies, budget formulation and execution, legislation, and administrative management.

- Assures that the Agency's national policies, programs and special initiatives are implemented effectively throughout the Consortium. Conducts local projects to improve the quality of medical care provided to beneficiaries and to control fraud, abuse and waste in the Agency's programs.

- Evaluates progress in the administration of the Agency's programs in the Consortium, ensuring that required actions are taken to direct or redirect efforts and/or resources to achieve program objectives.

- Working with the Regional Administrator(s) in the Consortium and the Agency's headquarters' leadership, assures that the information needs of the Medicare and Medicaid beneficiaries are fully understood and met, to the maximum degree possible. In association with other Agency components, maintains an understanding of the health care market that is operating in the Consortium in order to allow the Agency to adapt to changes in that market when appropriate.

- Assures that the Regional Administrator(s) in the Consortium Fully coordinate the Agency's programs with other Health and Human Services' components, other Federal agencies, the Agency's contractors, State and local governments, professional associations, other interested groups, and the Agency's beneficiaries and/or representatives in their respective region.

- Working with the Agency's headquarters, manages the Consortium's administrative budget, to include the planning and allocation of resources to the regional offices comprising the Consortium.

#### 14. Southern Consortium (FAV)

- Directs the planning, coordination, and implementation of the programs under Titles XI, XVIII, and XIX of the Social Security Act and related statutes within the Agency's regional/field offices that comprise the Consortium.

- Provides executive leadership and direction to the Agency's Regional Administrator(s) in the Consortium.

- Assures that the Agency's programs are carried out in the most effective and

efficient manner within the Consortium, and that they are coordinated both at the consortium level and with the Agency's headquarters' offices.

- Provides a Consortium-wide perspective to the Agency's Administrator and other members of the Executive Council in such activities as strategic planning, determining the effectiveness of the Agency's programs and policies, budget formulation and execution, legislation, and administrative management.

- Assures that the Agency's national policies, programs and special initiatives are implemented effectively throughout the Consortium. Conducts local projects to improve the quality of medical care provided to beneficiaries and to control fraud, abuse and waste in the Agency's programs.

- Evaluates progress in the administration of the Agency's programs in the Consortium, ensuring that required actions are taken to direct or redirect efforts and/or resources to achieve program objectives.

- Working with the Regional Administrator(s) in the Consortium and the Agency's headquarters' leadership, assures that the information needs of the Medicare and Medicaid beneficiaries are fully understood and met, to the maximum degree possible. In association with other Agency components, maintains an understanding of the health care market that is operating in the Consortium in order to allow the Agency to adapt to changes in that market when appropriate.

- Assures that the Regional Administrator(s) in the Consortium fully coordinate the Agency's programs with other Health and Human Services' components, other Federal agencies, the Agency's contractors, State and local governments, professional associations, other interested groups, and the Agency's beneficiaries and/or representatives in their respective region.

- Working with the Agency's headquarters, manages the Consortium's administrative budget, to include the planning and allocation of resources to the regional offices comprising the Consortium.

#### 15. Midwestern Consortium (FAW)

- Directs the planning, coordination, and implementation of the programs under Titles XI, XVIII, and XIX of the Social Security Act and related statutes within the Agency's regional/field offices that comprise the Consortium.

- Provides executive leadership and direction to the Agency's Regional Administrator(s) in the Consortium.

- Assures that the Agency's programs are carried out in the most effective and efficient manner within the Consortium, and that they are coordinated both at the consortium level and with the Agency's headquarters' offices.

- Provides a Consortium-wide perspective to the Agency's Administrator and other members of the Executive Council in such activities as strategic planning, determining the effectiveness of the Agency's programs and policies, budget formulation and execution, legislation, and administrative management.

- Assures that the Agency's national policies, programs and special initiatives are implemented effectively throughout the Consortium. Conducts local projects to improve the quality of medical care provided to beneficiaries and to control fraud, abuse and waste in the Agency's programs.

- Evaluates progress in the administration of the Agency's programs in the Consortium, ensuring that required actions are taken to direct or redirect efforts and/or resources to achieve program objectives.

- Working with the Regional Administrator(s) in the Consortium and the Agency's headquarters' leadership, assures that the information needs of the Medicare and Medicaid beneficiaries are fully understood and met, to the maximum degree possible. In association with other Agency components, maintains an understanding of the health care market that is operating in the Consortium in order to allow the Agency to adapt to changes in that market when appropriate.

- Assures that the Regional Administrator(s) in the Consortium fully coordinate the Agency's programs with other Health and Human Services' components, other Federal agencies, the Agency's contractors, State and local governments, professional associations, other interested groups, and the Agency's beneficiaries and/or representatives in their respective region.

- Working with the Agency's headquarters, manages the Consortium's administrative budget, to include the planning and allocation of resources to the regional offices comprising the Consortium.

#### 16. Western Consortium (FAX)

- Directs the planning, coordination, and implementation of the programs under Titles XI, XVIII, and XIX of the Social Security Act and related statutes within the Agency's regional/field offices that comprise the Consortium.

- Provides executive leadership and direction to the Agency's Regional Administrator(s) in the Consortium.

- Assures that the Agency's programs are carried out in the most effective and efficient manner within the Consortium, and that they are coordinated both at the consortium level and with the Agency's headquarters' offices.

- Provides a Consortium-wide perspective to the Agency's Administrator and other members of the Executive Council in such activities as strategic planning, determining the effectiveness of the Agency's programs and policies, budget formulation and execution, legislation, and administrative management.

- Assures that the Agency's national policies, programs and special initiatives are implemented effectively throughout the Consortium. Conducts local projects to improve the quality of medical care provided to beneficiaries and to control fraud, abuse and waste in the Agency's programs.

- Evaluates progress in the administration of the Agency's programs in the Consortium, ensuring that required actions are taken to direct or redirect efforts and/or resources to achieve program objectives.

- Working with the Regional Administrator(s) in the Consortium and the Agency's headquarters' leadership, assures that the information needs of the Medicare and Medicaid beneficiaries are fully understood and met, to the maximum degree possible. In association with other Agency components, maintains an understanding of the health care market that is operating in the Consortium in order to allow the Agency to adapt to changes in that market when appropriate.

- Assures that the Regional Administrator(s) in the Consortium fully coordinate the Agency's programs with other Health and Human Services' components, other Federal agencies, the Agency's contractors, State and local governments, professional associations, other interested groups, and the Agency's beneficiaries and/or representatives in their respective region.

- Working with the Agency's headquarters, manages the Consortium's administrative budget, to include the planning and allocation of resources to the regional offices comprising the Consortium.

Dated: April 19, 1997.

**Bruce Vladeck**

*Administrator, Health Care Financing Administration.*

[FR Doc. 97-11437 Filed 5-1-97; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Institute on Aging; Notice of Closed Meetings

Pursuant to Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meetings:

*Name of SEP:* National Institute on Aging Special Emphasis Panel Topic of Sleep/Wake Regulation in Elderly Persons (Teleconference).

*Date of Meeting:* May 12, 1997.

*Time of Meeting:* 1:00 to 2:00 p.m.

*Place of Meeting:* National Institute on Aging, Gateway Building, Room 2C212, 7201 Wisconsin Avenue, Bethesda, Maryland 20892.

*Purpose/Agenda:* To review of grant application.

*Contact Person:* Dr. Arthur D. Schaerdel, Scientific Review Administrator, Gateway Building, Room 2C212, National Institutes of Health, Bethesda, Maryland 20892-9205, (301) 496-9666.

This notice is being published less than 15 days prior to the above meeting due to the urgent need to meet timing limitations imposed by the review and funding cycle.

*Name of SEP:* National Institute on Aging Special Emphasis Panel Establish Training Programs in Geriatric Medicine (Teleconference).

*Date of Meeting:* May 20, 1997.

*Time of Meeting:* 1:00 to 2:00 p.m.

*Place of Meeting:* National Institute on Aging, Gateway Building, Room 2C212, 7201 Wisconsin Avenue, Bethesda, Maryland 20892.

*Purpose/Agenda:* To review a grant application.

*Contact Person:* Dr. Arthur D. Schaerdel, Scientific Review Administrator, Gateway Building, Room 2C212, National Institutes of Health, Bethesda, Maryland 20892-9205, (301) 496-9666.

*Name of SEP:* National Institute on Aging Special Emphasis Panel Support a Conference on Aging at a Major Medical School (Teleconference).

*Date of Meeting:* May 21, 1997.

*Time of Meeting:* 1:00 to 2:00 p.m.

*Place of Meeting:* National Institute on Aging, Gateway Building, Room 2C212, 7201 Wisconsin Avenue, Bethesda, Maryland 20892.

*Purpose/Agenda:* To review a grant application.

*Contact Person:* Dr. Arthur D. Schaerdel, Scientific Review Administrator, Gateway Building, Room 2C212, National Institutes of

Health, Bethesda, Maryland 20892-9205, (301) 496-9666.

*Name of Committee:* National Institute on Aging Initial Review Group Neurosciences of Aging Review Committee.

*Dates of Meeting:* June 9-11, 1997.

*Times of Meeting:* June 9-7:00 p.m. to recess; June 10-9:00 a.m. to recess; June 11-9:00 a.m. to adjournment.

*Place of Meeting:* Double Tree Hotel, 1750 Rockville Pike, Rockville, Maryland 20852.

*Purpose/Agenda:* To review grant applications.

*Contact Person:* Dr. Maria Mannarino, Dr. Louise Hsu, Scientific Review Administrators, Gateway Building, Room 2C212, National Institutes of Health, Bethesda, Maryland 20892-9205, (301) 496-9666.

These meetings will be closed in accordance with the provisions set forth in secs. 552b(c)(4) and 552b(c)(6), Title 5, U.S.C. Applications and/or proposals and the discussions could reveal confidential trade secrets or commercial property such as patentable material and personal information concerning individuals associated with the applications and/or proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy. (Catalog of Federal Domestic Assistance Program No. 93.866, Aging Research, National Institutes of Health)

Dated: April 28, 1997.

**LaVerne Y. Stringfield,**

*Committee Management Officer, NIH.*

[FR Doc. 97-11426 Filed 5-1-97; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Institute of Diabetes and Digestive and Kidney Diseases; Meeting of the National Diabetes and Digestive and Kidney Diseases Advisory Council and Its Subcommittees

Pursuant to Pub. L. 92-463, notice is hereby given of a meeting of the National Diabetes and Digestive and Kidney Diseases Advisory Council and its subcommittees, National Institute of Diabetes and Digestive and Kidney Diseases, on May 28-29, 1997. The meeting of the full Council will be open to the public on May 28, from 8:30 a.m. to 12:00 p.m. in Conference Room 6, Building 31C, National Institutes of Health, Bethesda, Maryland, to discuss administrative issues relating to Council business and special reports. The following subcommittee meetings will be open to the public May 28 from 1:00 p.m. to 2:00 p.m.: Diabetes, Endocrine and Metabolic Diseases Subcommittee meeting will be held in Conference Room 6, Building 31C; Digestive