

January 21, 1999 (64 FR 7849) and approved the renewal of the charter on January 18, 2001. The Panel advises and makes recommendations to the Secretary and the Administrator of the Centers for Medicare & Medicaid Services on opportunities to enhance the effectiveness of consumer education strategies concerning the Medicare program:

The goals of the Panel are as follows:

- To develop and implement a national Medicare education program that describes the options for selecting a health plan under Medicare.
- To enhance the Federal government's effectiveness in informing the Medicare consumer, including the appropriate use of public-private partnerships.

- To expand outreach to vulnerable and underserved communities, including racial and ethnic minorities, in the context of a national Medicare education program.

- To assemble an information base of best practices for helping consumers evaluate health plan options and build a community infrastructure for information, counseling, and assistance.

*The current members of the Panel are:* David Baldrige, Executive Director, National Indian Council on Aging; Carol Cronin, Chairperson, Advisory Panel on Medicare Education; and Jennie Chin Hansen, Executive Director, On Lok Senior Health Services.

The agenda for the May 23, 2002 meeting will include the following:

- Swearing in and introduction of new members.
- Recap of the previous (February 13, 2002) meeting.
- CMS update/issues.
- *Medicare & You* overview and update.
- Long Term Care Quality Initiative.
- Update on the Fall Medicare Campaign.
- Annual report of the Advisory Panel on Medicare Education.
- Public comment.

Individuals or organizations that wish to make a 5-minute oral presentation on an agenda topic should contact Ms. Caliman by 12 noon, May 16, 2002. A written copy of the oral presentation should also be submitted to Ms. Caliman by 12 noon, May 16, 2002. The number of oral presentations may be limited by the time available. Individuals not wishing to make a presentation may submit written comments to Ms. Caliman by 12 noon, May 16, 2002. The meeting is open to the public, but attendance is limited to the space available. Individuals requiring sign language interpretation for the hearing impaired or other special

accommodations should contact Ms. Caliman at least 15 days before the meeting.

**Authority:** Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

(Catalog of Federal Domestic Assistance Program No. 93.733, Medicare—Hospital Insurance Program; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: April 23, 2002.

**Thomas A. Scully,**

*Administrator, Centers for Medicare & Medicaid Services.*

[FR Doc. 02-10323 Filed 4-25-02; 8:45 am]

**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS-1215-N]

#### Medicare Program; June 3, 2002, Meeting of the Practicing Physicians Advisory Council

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), HHS.

**ACTION:** Notice of meeting.

**SUMMARY:** In accordance with section 10(a) of the Federal Advisory Committee Act, this notice announces a meeting of the Practicing Physicians Advisory Council (the Council). The Council will be meeting to discuss certain proposed changes in regulations and carrier manual instructions related to physicians' services, as identified by the Secretary of the Department of Health and Human Services (the Secretary). These meetings are open to the public. **DATES:** The meeting is scheduled for June 3, 2002, from 8:30 a.m. until 5 p.m. e.s.t.

**ADDRESSES:** The meeting will be held in the Multipurpose Room, at CMS Headquarters, 7500 Security Blvd., Baltimore, MD 21244-1850.

**MEETING REGISTRATION:** Persons wishing to attend this meeting must contact Diana Motsiopoulos, The Council Administrative Coordinator, at [dmotsiopoulos@cms.hhs.gov](mailto:dmotsiopoulos@cms.hhs.gov) or (410) 786-3379, at least 72 hours in advance to register. Persons not registered in advance will not be permitted into the building and will not be permitted to attend the meeting. Persons attending the meeting will be required to show a photographic identification, preferably a valid driver's license, before entering the building.

**FOR FURTHER INFORMATION CONTACT:** Paul Rudolf, M.D., J.D., Executive Director, Practicing Physicians Advisory Council, 7500 Security Blvd., Mail Stop C5-17-14, Baltimore, MD 21244-1850, 410-786-3379. News media representatives should contact the CMS Press Office, (202) 690-6145. Please refer to the CMS Advisory Committees Information Line (1-877-449-5659 toll free)/(410-786-9379 local) or the Internet at <http://www.hcfa.gov/medicare/ppacsite.htm> for additional information and updates on committee activities.

#### SUPPLEMENTARY INFORMATION:

##### I. Background

The Secretary is mandated by section 1868 of the Social Security Act (the Act) to appoint a Practicing Physicians Advisory Council based on nominations submitted by medical organizations representing physicians. The Council meets quarterly to discuss certain proposed changes in regulations and carrier manual instructions related to physicians' services, as identified by the Secretary. To the extent feasible and consistent with statutory deadlines, the consultation must occur before publication of the proposed changes. The Council submits an annual report on its recommendations to the Secretary and the Administrator of the Centers for Medicare & Medicaid Services not later than December 31 of each year.

The Council consists of fifteen physicians, each of whom must have submitted at least two hundred fifty claims for physicians' services under Title XVIII in the previous year. Members shall include both participating and nonparticipating physicians and physicians practicing in rural and underserved urban areas. At least eleven members of the Council shall be physicians as described in section 1861(r)(1) of the Act (that is, M.D.s or D.O.s). The remaining four members may include dentists, podiatrists, optometrists, and chiropractors. Members serve for overlapping 4-year terms; terms of more than 2 years are contingent upon the renewal of the Council by appropriate action prior to its termination. Section 1868(a) of the Act provides that nominations to the Secretary for Council membership must be made by medical organizations representing physicians.

The Council held its first meeting on May 11, 1992. The current members are: James Bergeron, M.D.; Richard Bronfman, D.P.M.; Ronald Castellanos, M.D.; Rebecca Gaughan, M.D.; Joseph Heyman, M.D.; Stephen A. Imbeau, M.D.; Joe Johnson, D.O.; Christopher Leggett, M.D.; Dale Lervick, O.D.; Barbara McAneny, M.D.; Angelyn L.

Moultrie-Lizana, D.O.; Michael T. Rapp, M.D.; Amilu Rothhammer, M.D.; Victor Vela, M.D.; and Douglas L. Wood, M.D.

The meeting will commence with a Council update on the status of prior recommendations, followed by discussion and comment on the following agenda topics:

- Physician's Regulatory Issues Team (PRIT) update
- Medicaid Overview
- Evaluation and Management Guidelines
- Update Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule
- Claims Processing
- Beneficiary Access
- Physician Fee Schedule

For additional information and clarification on these topics, contact the Executive Director, listed under the **FOR FURTHER INFORMATION CONTACT** section of this notice. Individual physicians or medical organizations that represent physicians wishing to make a 5-minute oral presentation on agenda issues should contact the Executive Director by 12 noon, May 24, 2002, to be scheduled. Testimony is limited to agenda topics only. The number of oral presentations may be limited by the time available. A written copy of the presenter's oral remarks must be submitted to Diana Motsiopoulos, Administrative Coordinator no later than 12 noon, May 24, 2002, for distribution to Council members for review prior to the meeting. Physicians and medical organizations not scheduled to speak may also submit written comments to the Administrative Coordinator for distribution. The meeting is open to the public, but attendance is limited to the space available. Individuals requiring sign language interpretation for the hearing impaired or other special accommodation should contact Diana Motsiopoulos at [dmotsiopoulos@cms.hhs.gov](mailto:dmotsiopoulos@cms.hhs.gov) or (410) 786-3379 at least 10 days before the meeting.

**Authority:** (Section 1868 of the Social Security Act (42 U.S.C. 1395ee) and section 10(a) of Public Law 92-463 (5 U.S.C. App. 2, section 10(a)).

Dated: April 17, 2002.

**Thomas A. Scully,**

*Administrator, Centers for Medicare & Medicaid Services.*

[FR Doc. 02-10203 Filed 4-25-02; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

#### 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, Centers for Medicare & Medicaid Services (CMS), (**Federal Register**, Vol. 62, No. 85, pp. 24121-24122 dated May 2, 1997 and **Federal Register**, Vol. 67, No. 17, p. 3721 dated January 25, 2002) is amended to reflect changes to the Office of Strategic Planning (OSP), Office of Communications and Operations Support (OCOS), and the Office of Information Services (OIS). Specifically, OSP is retitled as the Office of Research, Demonstration, and Information and the Division of Freedom of Information (DFI) is realigned from OIS to OCOS. The transfer of DFI will consolidate responsibility for coordination and oversight of all public inquiry functions within OCOS.

The specific amendments to part F are described below:

- Section F.10. (Organization) is amended to read as follows:
  1. Public Affairs Office (FAC)
  2. Center for Beneficiary Choices (FAE)
  3. Office of Legislation (FAF)
  4. Center for Medicare Management (FAH)
  5. Office of Equal Opportunity and Civil Rights (FAJ)
  6. Office of Research, Demonstration, and Information (FAK)
  7. Office of Communications and Operations Support (FAL)
  8. Office of Clinical Standards and Quality (FAM)
  9. Office of the Actuary (FAN)
  10. Center for Medicaid and State Operations (FAS)
  11. Northeastern Consortium (FAU)
  12. Southern Consortium (FAV)
  13. Midwestern Consortium (FAW)
  14. Western Consortium (FAX)
  15. Office of Internal Customer Support (FBA)
  16. Office of Information Services (FBB)
  17. Office of Financial Management (FBC)

• Section F.20. (Functions) is amended by deleting the functional statements in their entirety for the Office of Communications and Operations Support and the Office of Information Services. The new functional statements read as follows:

### 7. 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 offices, 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 Senior Leadership.

• 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 for correspondence, manuals, regulations, and responses to audits.

• 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.

• Provides management and administrative support to the Office of the Attorney Advisor and staff.

• Acts as audit liaison with the General Accounting Office (GAO) and the HHS Office of Inspector General (OIG).

• Develops and maintains agency-wide executive management information reporting and tracking systems (including the Management