

Dated: January 25, 1996.

Stephen F. Sundlof,

Director, Center for Veterinary Medicine.

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Health Care Financing Administration

Bureau of Program Operations, 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), (60 FR 42888, 42889, 42898, and 42899, Aug. 17, 1995) is amended to reflect a reorganization in the Bureau of Program Operations (BPO).

BPO is moving the Medicare Transaction System (MTS) functions from the MTS Initiative Task Force to the Office of Analysis and Systems (OAS). Expanding OAS's functions to include MTS is necessary because HCFA is transitioning to a new phase in the development of MTS. This phase requires a different management strategy to align the initial planning decisions with the organizational component that will bear responsibility for implementing MTS and ultimately strengthen the overall management of MTS.

The specific amendments to part F are described below:

Section F.10.D., Health Care Financing Administration, Associate Administrator for Operations and Resource Management (FL) (Organization), paragraph 4.b. is amended by adding subparagraphs (5) through (7). Paragraph 4.g. and all the associated subparagraphs are deleted in their entirety.

b. Office of Analysis and Systems (FLG1)

(5) Medicare Transaction System Quality Assurance (FLG15)

(6) Medicare Transaction System Development (FLG16)

(7) Medicare Transaction System Program Planning & Needs Analysis (FLG17)

Section F.20.D, Health Care Financing Administration Associate Administrator for Operations and Resource Management (FL) (Functions), paragraph 4.b. is deleted and replaced with the following new functional statement. In addition, paragraph 4.b. is further amended by adding subparagraphs (5) through (7). Paragraph 4.g. and subparagraphs (1) through (3) are deleted in their entirety.

b. Office of Analysis and Systems (FLG1)

- Provides requirements and specifications for the design, development, and maintenance of reporting and information management systems that generate data reflecting on Medicare program operations.

- Serves as the Agency focal point for the management and coordination of the Medicare Transaction System Initiative (MTSI). Represents HCFA to the Department, other Federal Agencies, and outside organizations.

- Provides direction and technical guidance for the design, development, implementation, verification and validation, and maintenance of the Medicare Transaction System (MTS) to integrate Medicare Part A and Part B claims processing systems.

- Identifies reporting and information needs for data relating to Medicare contractor operations and initiates appropriate action for establishing or modifying the reporting and information systems to satisfy these needs.

- Analyzes a broad range of information, including computer stored data, on operations performed in support of the Medicare program; prepares interpretive reports and recommendations on findings to internal bureau components for purposes of conducting program and performance evaluations.

- Provides overall support to other staff in analyzing and interpreting program and operational data to better understand the program.

- Provides requirements and specifications for the design, development, and management at the national level, activities required to enhance systems for improvement of the Medicare eligibility systems, Part A and Part B claims processing systems, and the Medicare program database.

- Provides direction and guidance to HCFA staff (central office and regional) on improving contractor systems.

- Prepares systems plans and develops policies for the design, implementation, and evaluation of shared systems and standardized modules for use by Medicare carriers, intermediaries, and hosts.

- Directs the design, development testing, and implementation of innovative system enhancements to the Common Working File (CWF) shared claims processing systems resulting in improvements to the national Medicare claims payment process.

- Provides requirements and specifications for the development, implementation, execution, and monitoring of a procedure to provide

ongoing testing of national claims processing and information system to detect flaws in the operation of software, hardware, and related operations.

- Provides requirements and specifications for the development and implementation of systems that provide for the creation and maintenance of databases and test files that are required to conduct comprehensive system acceptance testing of a national claims processing and information system.

(5) Medicare Transaction System Quality Assurance (FLG15)

- Develops, implements, directs, and operates activities to assure the quality of Medicare Transaction System (MTS) development throughout the system development life cycle.

- Provides technical management, oversight, coordination and day-to-day monitoring of contract(s) for the independent verification and validation of MTS analysis, design, development, validation, implementation, and maintenance activities.

- Reviews and evaluates the effectiveness of the processes and procedures used to analyze, design, develop, implement, and maintain the MTS.

- Provides the documentation and analysis necessary to initiate and support corrective action resulting from findings of the MTS quality assurance activities.

- Reviews and evaluates quality assurance programs maintained by the MTS design contractor, the independent verification and validation contractor and HCFA to ensure integration of quality assurance activities throughout the MTS development process.

- Recommends alternatives to proposed methodologies for the analysis, design, development, validation, implementation and maintenance of the MTS.

(6) Medicare Transaction System Development (FLG16)

- Develops, implements, and directs activities to assure the development of the Medicare Transaction System (MTS) throughout the system development life cycle.

- Provides technical management, oversight and coordination and day-to-day monitoring of the contract(s) for performing the Medicare Transaction System (MTS) analysis, design, development, validation, implementation, and maintenance activities.

- Provides the inter- and intra-component coordination required to insure appropriate and timely review

and dissemination of the contract work products and other pertinent information.

- Reviews and evaluates the effectiveness of the processes and procedures used to coordinate and facilitate the review of the contract work products.

- Develops, conducts, and coordinates modifications to existing operational procedures, contracts, reporting mechanisms and related materials as required.

- Provides the documentation and analysis necessary to initiate and support corrective action resulting from the findings of the MTS development activities.

(7) Medicare Transaction System Program Planning and Needs Analysis (FLG17)

- Recommends alternatives to existing requirements, operational priorities, processes, procedures, and methods for improvement which will enhance the quality and cost-effectiveness of Medicare operational and administrative procedures and meet the needs of HCFA's internal and external customers.

- Develops, implements, and directs project planning, control and administration procedures, processes, and methods used to determine Medicare Transaction System Initiative (MTSI) program status, assess performance, report progress, and implement changes.

- Maintains the MTSI program schedule and MTSI program management plan and various program management databases.

- Provides advisory and consultative services on project planning to HCFA central and regional office staff and key officials responsible for planning and implementing projects in support of the development and implementation of the Medicare Transaction System.

- Conducts project planning training to HCFA staff responsible for MTSI projects.

Dated: December 21, 1995.

Bruce C. Vladeck,

Administrator, Health Care Financing Administration.

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Office of the Secretary

Advisory Committees; Notice

ACTION: Notice.

SUMMARY: This notice announces a new charter for the National Committee on

Vital and Health Statistics (NCVHS) and solicits nominations for membership on the Committee. The NCVHS is the statutory public advisory body to the Department of Health and Human Services in the area of health data and statistics. The Charter has been revised to address emerging issues in health data, including a focus on health data standards and privacy issues.

A number of vacancies will occur on the Committee beginning on March 1, 1996. New members of the Committee will be appointed to four year terms by the Secretary from among persons who have distinguished themselves in the following fields: Health statistics, electronic interchange of health care information, privacy and security of electronic information, population-based public health, purchasing or financing health care services, integrated computerized health information systems, health services research, consumer interests in health information, health data standards, epidemiology, and the provision of health services.

The Department will give close attention to equitable geographic distribution and to minority and female representation. Appointments will be made without discrimination on the basis of age, race, gender, sexual orientation, HIV status, cultural, religious or socioeconomic status.

DATES: Nominations for new members should include a letter describing the qualifications of the nominee and the nominee's current resume or vitae. The closing date for nominations is March 22, 1996. Nominations previously submitted for vacancies occurring in 1995 automatically will be considered in this solicitation and need not be resubmitted.

Nominations should be sent to the person named below: James Scanlon, Executive Secretary, HHS Data Council, U.S. Department of Health and Human Services, Room 440-D, 200 Independence Avenue SW., Washington, DC 20201, (202) 690-7100.

FOR FURTHER INFORMATION CONTACT: James Scanlon, (202) 690-7100.

SUPPLEMENTARY INFORMATION:

Introduction

The National Committee on Vital and Health Statistics serves as the statutory public advisory body to the Department of Health and Human Services in the area of health data and statistics. In that capacity, the Committee provides advice and assistance to the Department on a variety of key health data issues. Over its forty-five year history, the Committee has stimulated a host of improvements

in national and international health data and statistics. The Committee has been associated with groundbreaking contributions in such areas as disease classification, health surveys, health data sets and standards as well as privacy protection for health information.

Over its existence, the Committee has reshaped and redirected its work in response to changing needs and priorities. The 1990's have witnessed striking changes in health and health care and in health data and information systems. Both the national environment for health information systems and the nature of the information systems issues which the Department is confronting have changed dramatically. For example, ten years ago, efforts to improve data compatibility focused on encouraging the use of standard paper forms. Today, public/private compatibility requires coordination of electronic data transmission and coding standards, and compatibility with the evolving national information infrastructure. The new electronic information environment is raising new privacy issues and magnifying the importance of insuring that the Department's current policies are appropriate for new technologies.

The revisions to the NCVHS charter and solicitation for new members announced in this Notice are designed to refocus the NCVHS to reflect these changes. Of particular concern is the lack of shared standards for health data. Consensus on such standards could dramatically reduce paperwork burdens and increase the analytic potential of health data. Today, there is little ability to share, make multiple uses of, or link data. Many electronic data systems cannot communicate with one another, either within the private sector or between public and private data holders. There is a developing consensus that everyone—consumers, industry, policy makers—would be better served by more uniform, voluntary shared standards for collection and transmission of health information.

The NCVHS is in a unique position to serve as a national forum for the collaboration of interested parties, with the long-term goal of improving the compatibility of private sector, state, and federal health information systems. In particular, the new charter will enable the NCVHS to foster collaboration on voluntary means to facilitate and accelerate the development of consensus across the public and private sectors around key data standards and privacy issues.