

instructions must be available in the form of manuals, audiotapes, and videotapes and must be provided to all sites as part of the licensing arrangement.

2. A list of multiple sites or affiliates that are located in various geographic locations throughout the United States and that use the parent organization's name and are recognized as entities of the parent organization. The parent organization must provide initial on-site training to all affiliated staff and schedule regular on-site visits to ensure adherence to the prescribed regimen.

3. A standardized protocol that describes the program in detail and includes a prescription of a low-fat diet, lifestyle counseling, nutrition education, supervised exercise, stress management training, group support, and smoking cessation. In addition, the protocol must provide for medical lipid management. The protocol must have a defined treatment plan that provides the length of the regimen and the sessions (by frequency and time). Patient and staff goals must be specified. The manual must contain a description of staffing needs, educational requirements, and the roles and responsibilities of all personnel.

4. A formal management plan that describes the coordination of reporting and communicating to the affiliated sites (for example, regular phone conferences, annual or bi-annual retreats, and electronic messaging). A recognized program or site coordinator must act as a liaison at the parent site to provide guidance and address issues that arise during day-to-day operations.

5. A minimum of 3 years of continuous operation using the standardized protocol. Affiliates must have a minimum of 1 year of experience in providing the same standardized services and should be recognized as a part of, or operate under, a larger corporate entity that is a Medicare provider.

6. A record of successful marketing of its program to, or its use by, the age 65 and over population, including the under-served and minority populations.

7. A record of successful patient adherence to the program.

8. Coverage by a minimum of one major private insurer.

9. The capability or potential of receiving and transmitting information electronically between its sites and HCFA.

This notice is not covered by the Paperwork Reduction Act of 1995 and accordingly was not reviewed by the Office of Management and Budget. In accordance with Executive Order 12866,

this notice was not reviewed by the Office of Management and Budget.

We have examined this notice in accordance with Executive Order 13132, Federalism, and have determined that it will not have any negative impact on the rights, roles, or responsibilities of State, local, or Tribal governments.

**Authority:** Sections 402(a)(1)(G) and (a)(2) of the Social Security Amendments of 1967 (Public Law 90-248), as amended (42 U.S.C. 1395b-1(a)(1)(G) and (a)(2)).

(Catalog of Federal Domestic Assistance Program No. 93.779; Health Financing, Demonstrations, and Experiments)

Dated: December 15, 1999.

**Nancy-Ann Min DeParle,**

*Administrator, Health Care Financing Administration.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Care Financing Administration

[HCFA-3029-WN]

#### Medicare Program; Cancellation of the Meeting of the Medical and Surgical Procedures Panel of the Medicare Coverage Advisory Committee—January 19 and 20, 2000

**AGENCY:** Health Care Financing Administration (HCFA), HHS.

**ACTION:** Notice of meeting cancellation.

**SUMMARY:** This notice announces the cancellation of the January 19 and 20, 2000 meeting of the Medical and Surgical Procedures Panel of the Medicare Coverage Advisory Committee (MCAC).

**FOR FURTHER INFORMATION CONTACT:** Constance A. Conrad, Executive Secretary, 410-786-4631.

**SUPPLEMENTARY INFORMATION:** This notice announces the cancellation of the January 19 and 20, 2000 meeting of the Medical and Surgical Procedures Panel of the MCAC. Notice of the meeting was given on December 13, 1999 (64 FR 69538). The meeting will be rescheduled and announced in a subsequent **Federal Register** notice.

**Authority:** 5 U.S.C. App. 2, section 10(a)(1) and (a)(2).

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

Dated: December 14, 1999.

**Jeffrey L. Kang,**

*Director, Office of Clinical Standards and Quality, Health Care Financing Administration.*

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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. 62, No. 85, pp. 24122, 24123, and 24124, dated Friday, May 2, 1997) is amended to update the Office of Communications and Operations Support (OCOS) and the Center for Beneficiary Services (CBS) functional statements to reflect the transfer of the Agency's beneficiary-centered communications functions from OCOS to CBS. CBS made additional changes to the organization's functional statement to more accurately reflect the Center's responsibilities.

The specific amendments to Part F are described below.

Section F.20.A.5. (Functions), paragraph 6, Office of Communications and Operations Support (FAL) and paragraph 10, Center for Beneficiary Services (FAQ), are amended by deleting both organizations' functional statements in their entirety and replacing them with the following:

#### 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 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 Executive Council.

- Manages speaking and meeting requests for or on behalf of the

Administrator, Deputy Administrator, and Executive Associate 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 Reform Initiative and Reports to Congress) significant item reports, legislative (Balanced Budget Act) implementation, and management information reports for the Office of the Administrator.
- Acts as the committee management official for HCFA under the Federal Advisory Committee Act (FACA).
- Develops standard processes for all HCFA FACA committees and provides operational and logistical support to HCFA components for conferences and on all matters relating to Federal Advisory Committees.

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

- Serves as the focal point for all Agency interactions with beneficiaries, their families, care givers, health care providers, and others operating on their behalf 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, execution, assessment and communications.

- Assesses beneficiary and other consumer needs, develops and oversees activities targeted to meet these needs, and documents and disseminates results of these activities. 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 assessment 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 policy for all Medicare Parts A, B, and C beneficiary eligibility, enrollment, entitlement; premium billing and collection; coordination of benefits; rights and protections; dispute resolution process; as well as policy for managed care enrollment and disenrollment to assure the effective administration of the Medicare program, including the development of related legislative proposals.
- Oversees the development of privacy and confidentiality policies pertaining to the collection, use, and release to individually identifiable data.
- 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, XIX, and XXI demonstrations and other creative approaches to meeting the needs of agency beneficiaries.
- Assures, in coordination with other centers and offices, 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 State Health Insurance Assistance Program grants.
- Formulates strategies to advance overall beneficiary communications goals and coordinates the design and publication process for all beneficiary-

centered information, education, and service initiatives.

- Builds a range of partnerships with other national organizations for effective consumer outreach, awareness, and education efforts in support of Agency programs.
- Serves as the HCFA lead for Medicare carrier and fiscal intermediary management, oversight, budget, and performance issues.
- Functions as HCFA liaison for all Medicare carrier and fiscal intermediary program issues and, in close collaboration with the regional offices and other HCFA components, coordinates the agency-wide contractor activities.
- Manages contractor instructions, workload, and change management process.
- Collaborates with other HCFA components to establish ongoing performance expectations for Medicare contractors (carriers and fiscal intermediaries) consistent with the agency's goals; interpret, evaluate, and provide information on Medicare contractors in terms of ongoing compliance with performance requirements and expectations; evaluate compliance with issued instructions; evaluate contractor-specific performance and/or integrity issues; and evaluate/monitor corrective action, if necessary.
- Manages, monitors, and provides oversight of contractor (carriers and fiscal intermediaries) transition activities including replacement of departing contractors and the resulting transfer of workload, functional realignments, and geographic workload carveouts.
- Maintains and provides accurate contractor specific information. Develops and implements long-term fee-for-service contractor strategy, tactical plans, and other planning documents.
- Serves as lead on current/proposed legislation in order to determine impact on contractor operations.

Dated: December 15, 1999.

**Nancy-Ann Min DeParle,**

*Administrator, Health Care Financing Administration.*

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