Dated: January 25, 1996.

Stephen F. Sundlof,
Director, Center for Veterinary Medicine.

[FR Doc. 96–2371 Filed 2–5–96; 8:45 am]
BILLING CODE 4160–01–F

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 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)

• 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.

• Develops, implements, and directs
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 contractor(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 contractor(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
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.

SUPPLEMENTS 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.