meeting shall have an open public hearing portion. Whether or not it also includes any of the other three portions will depend upon the specific meeting involved. There are no closed portions for the meetings announced in this notice. The dates and times reserved for the open portions of each committee meeting are listed above.

The open public hearing portion of each meeting shall be at least 1 hour long unless public participation does not last that long. It is emphasized, however, that the 1 hour time limit for an open public hearing represents a minimum rather than a maximum time for public participation, and an open public hearing may last for whatever longer period the committee chairperson determines will facilitate the committee's work.

Public hearings are subject to FDA's guideline (subpart C of 21 CFR part 10) concerning the policy and procedures for electronic media coverage of FDA's public administrative proceedings, including hearings before public advisory committees under 21 CFR part 14. Under 21 CFR 10.205, representatives of the electronic media may be permitted, subject to certain limitations, to videotape, film, or otherwise record FDA's public administrative proceedings, including presentations by participants.

Meetings of advisory committees shall be conducted, insofar as is practical, in accordance with the agenda published in this Federal Register notice. Changes in the agenda will be announced at the beginning of the open portion of a meeting.

Any interested person who wishes to be assured of the right to make an oral presentation at the open public hearing portion of a meeting shall inform the contact person listed above, either orally or in writing, prior to the meeting. Any person attending the hearing who does not in advance of the meeting request an opportunity to speak will be allowed to make an oral presentation at the hearing's conclusion, if time permits, at the chairperson's discretion.

The agenda, the questions to be addressed by the committee, and a current list of committee members will be available at the meeting location on the day of the meeting.

Transcripts of the open portion of the meeting may be requested in writing from the Freedom of Information Office (HFI–35), Food and Drug Administration, rm. 12A–16, 5600 Fishers Lane, Rockville, MD 20857, approximately 15 working days after the meeting, at a cost of 10 cents per page. The transcript may be viewed at the Dockets Management Branch (HFA–305), Food and Drug Administration, rm. 1–23, 12420 Parklawn Dr., Rockville, MD 20857, approximately 15 working days after the meeting, between the hours of 9 a.m. and 4 p.m., Monday through Friday. Summary minutes of the open portion of the meeting may be requested in writing from the Freedom of Information Office (address above) beginning approximately 90 days after the meeting.

This notice is issued under section 10(a)(1) and (2) of the Federal Advisory Committee Act (5 U.S.C. app. 2), and FDA's regulations (21 CFR part 14) on advisory committees.

Dated: March 11, 1996.

Michael A. Friedman,

Deputy Commissioner for Operations.

[FR Doc. 96–6373 Filed 3–14–96; 8:45 am]

BILLING CODE 4160–01–F

Health Care Financing Administration

Statement of Organization, Functions, and Delegations of Authority, Denver Regional Office

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. 60, No. 148, pp. 39404–39409, dated Wednesday, August 2, 1995) is amended to reflect a reorganization in the Denver Regional Office.

The Denver Regional Office (RO) proposes an organizational change, as a demonstration of a streamlined customer-focused organization, for up to 18 months. The new structure will eliminate one layer of management, reduce the number of management positions by nearly half, create customer-focused teams, and significantly empower staff.

The specific amendments to part F are described below:

Section F.10.D.6., (Organization) is amended to read as follows:

e1. State Team 1 (FLD8D)
e2. State Team 2 (FLD8E)
e3. State Team 3 (FLD8F)
e4. State Team 4 (FLD8G)

Section F.20.D.6.e., (Functions) will read as follows:

e.1.–4. State Team 1–4 (FLD8(D–G))

- State Teams will administer the full range of HCFA program responsibilities in the field. Teams are comprised of a multi-disciplinary work force which conducts all statutory, regulatory and administrative functions to manage the Medicare and Medicaid benefits for those enrolled in HCFA's programs with the six Regional VIII States—Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming.

Operations

- Assures that health care services provided under the Medicare, Medicaid and CLIA programs are furnished in the most effective and efficient manner consistent with recognized professional standards of care.
- Evaluates services to ensure protection of beneficiaries receiving health care services under the Medicare, Medicaid, and CLIA programs.
- Determines program eligibility for all providers and suppliers under the Medicare program, and executes required agreements.
- Initiates, implements, and coordinates State related adverse actions and alternative remedies, including civil money penalties, and Federal activities against health care facilities not in compliance with Medicare or CLIA requirements.
- Establishes and maintains an extensive data and information gathering system involving all aspects of the certification program and CLIA.
- Responds to beneficiary, Congressional, provider, and public inquiries concerning Medicaid issues, including Freedom of Information Act requests.
- Develops and conducts training programs for the State survey agencies.
- Monitors and evaluates State activities related to Medicare and Medicaid survey and certification.
- Plans, manages and provides Federal leadership to State agencies in program development, implementation, maintenance, and the regulatory review of State Medicaid program management activities under title XIX of the Social Security Act.
- Plans, directs, coordinates, and approves Medicaid State agency data processing systems, proposals, modifications, operations, contracts and reviews. Assists Medicaid State agencies in developing innovative automated data processing health care systems. Assures the propriety of Federal expenditures.
- Maintains day-to-day liaison with State agencies and monitors their Medicaid program activities and practices by conducting periodic program management and financial reviews to assure State adherence to Federal Law and regulations.
- Reviews, approves, recommends disapproval, and maintains official State plans and plan amendments for medical assistance.

• Provides consistent guidance, technical assistance, and policy interpretation to States on Medicaid program and financial issues.

• Reviews and approves managed care contracts and prepaid health plans.

• Directs activities in support of the Medicaid managed care program including technical support and oversight of these plans.

• Implements Title XIX special initiatives, such as maternal and child health, Acquired Immune Deficiency Syndrome, health maintenance organization contracts, and other special programs and operations of major management initiatives.

• Directs activities in support of the managed care program including technical support and oversight of prepaid contractors.

• Monitors all aspects of contractor performance including claims/bills processing; coverage decisions; medical review; the detection of fraud, abuse, and waste in the Medicare Program; overpayment identification and collection; Medicare Secondary Payer (MSP); provider payment and audit; payment to physicians and suppliers; and electronic media claims.

• Evaluates Medicare contractor performance and prepares annual Report of Contractor Performance.

• Recommends renewals, non-renewals, rescissions, and terminations of Medicare contracts.

• Coordinates the ESRD program.

Fiscal Integrity

• Makes final determination on all budget requests submitted by State Survey Agencies.

• Reviews, evaluates, and determines acceptability of audit findings and recommendations and takes necessary clearance and closure actions.

• Reviews, approves, and monitors State payment systems and determines the allowability of claims for Federal financial participation. Takes action to disallow claims when expenditures are not in accordance with Federal requirements and defends such action before the Departmental Appeals Board and in court. Defers payment action on questionable State claims for allowability.

• Reviews States' Medicaid Quarterly Estimates and Statement of Expenditures reports and recommends the amount to be estimated and allowed in the quarterly grants.

• Coordinates on-going contractor fiscal management activities, including subcontracting, cash management activities, and compliance with the Chief Financial Officers Act.

• Negotiates and approves Medicare contractor budget and budget modifications.

Customer Service

• Authorizes investigation of complaints received from beneficiaries, the public, the Congress, the media, and other sources which allege deficiencies in the quality of care rendered by certified health care providers.

• Actively participates in and takes a lead role in training, outreach and collaborative activities involving providers, provider groups, health care professionals, professional organizations, consumer groups, and State Survey Agencies, relating to quality of health care services.

• Conducts customer outreach and service initiatives.

• Manages beneficiary, provider, and public information programs.

• Ensures that Medicare beneficiaries are informed of HCFA program benefits, rights and responsibilities through a comprehensive marketing strategy to varied audiences.

• Coordinates the operation of a public information and outreach programs directed at beneficiary groups, professional organizations, advocacy organizations, other health care entities, and the media.

• Directs the implementation of HCFA beneficiary services initiatives, such as the Medigap, Retired Senior Volunteer Programs, Information Counseling Assistance grants, and Qualified Medicare Beneficiary programs.

Quality Functions

• Directs the review and evaluation of the effectiveness of the Medicare program.

• Pro-actively utilizes resources and information to effectively and efficiently assure practical quality health care for HCFA beneficiaries.

• Interprets and implements health and safety standards and evaluates, through surveillance and surveys, the impact on the utilization and quality of health care services.

• Provides leadership in the development, implementation and continuation of continuous quality improvement activities for the State Survey Agencies and providers.

• Provides leadership in the quality improvement aspects of HCFA's national managed care program.

• Directs Medicare program administration through working relationships with contractors, providers, physicians, beneficiaries, the Social Security Administration district offices, the Administration on Aging, the Office of Inspector General, and other Federal agencies, as well as local and national organizations and individuals, as required.

Dated: March 6, 1996.

Bruce C. Vladeck,

Administrator, Health Care Financing Administration.

[FR Doc. 96–6296 Filed 3–14–96; 8:45 am]

BILLING CODE 4120–01–P

National Institutes of Health; Notice of Meeting

Notice is hereby given of the third meeting of the Task Force on Genetic Testing of the National Institutes of Health—Department of Energy Joint Working Group on the Ethical, Legal, and Social Implications of Human Genome Research (ELSI Working Group) on Monday, April 29, 1996, 8:30 a.m. to recess; Tuesday, April 30, 1996, 8:30 a.m. to adjournment, at the Clarion Hotel at Mount Vernon Square, 612 Cathedral Street, Baltimore, Maryland, (410) 727–7101.

Contact Person: Joshua H. Brown, J.D., Genetics and Public Policy Studies, The Johns Hopkins Medical Institutions, 550 North Broadway, Suite 511, Baltimore, Maryland 21205, (410) 955–7894. An agenda for the meeting may be obtained from Mr. Brown.

The Task Force on Genetic Testing has developed a set of interim principles in three areas: scientific validation of new tests; laboratory quality; and, education, counseling, and delivery. These interim principles are being made public to give interested parties an opportunity to comment before the principles are finalized. A copy of the principles is available from Mr. Brown upon request.

Public Comment: Individuals or representatives of organizations wishing to make an oral presentation, of no more than 10 minutes, to the Task Force on Monday, April 29, between 2:00 p.m. and 4:30 p.m., should submit their name, affiliation, address, telephone number, and summary of their remarks to Mr. Brown at the above address by April 18. Written comments will be accepted up to May 31. Written comments received by April 18 will be considered by the Task Force at the April 29 meeting. All comments, whether oral or written, will be given full consideration by the Task Force on Genetic Testing.

Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should contact Mr. Brown in advance of the meeting.