

PART 61—HEALTHCARE INTEGRITY AND PROTECTION DATA BANK FOR FINAL ADVERSE INFORMATION ON HEALTH CARE PROVIDERS, SUPPLIERS AND PRACTITIONERS

1. The authority citation for part 61 continues to read as follows:

Authority: 42 U.S.C. 1320a–7e.

2. Section 61.3 is amended by republishing the introductory text, and by revising the definition for the term Health plan to read as follows:

§ 61.3 Definitions.

The following definitions apply to this part:

* * * * *

Health plan means a plan, program or organization that provides health benefits, whether directly, through insurance, reimbursement or otherwise, and includes but is not limited to—

- (1) A policy of health insurance;
- (2) A contract of a service benefit organization;

(3) A membership agreement with a health maintenance organization or other prepaid health plan;

(4) A plan, program, agreement or other mechanism established, maintained or made available by a self insured employer or group of self insured employers, a practitioner, provider or supplier group, third party administrator, integrated health care delivery system, employee welfare association, public service group or organization or professional association; and

(5) An insurance company, insurance service or insurance organization that is licensed to engage in the business of selling health care insurance in a State and which is subject to State law which regulates health insurance.

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Dated: November 1, 2000.

William E. Clark,

Acting Director for Information Resource Management.

[FR Doc. 00–29991 Filed 11–22–00; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

45 CFR Parts 160 and 162

[HCFA–0149–CN]

RIN 0938–AI58

Health Insurance Reform: Standards for Electronic Transactions; Correction

AGENCY: Office of the Secretary, HHS.

ACTION: Correction of final rule.

SUMMARY: This document corrects technical and typographical errors that appeared in the final rule published in the **Federal Register** on August 17, 2000, entitled “Health Insurance Reform: Standards for Electronic Transactions” (65 FR 50312). The final rule adopted standards for eight electronic transactions and for code sets to be used in those transactions.

DATES: The effective date of this correction notice is November 24, 2000. The final rule adopted standards for eight electronic transactions and for code sets to be used in those transactions.

FOR FURTHER INFORMATION CONTACT: Joy Glass, (410) 786–6125.

SUPPLEMENTARY INFORMATION: The August 17, 2000 final rule published at 65 FR 50312 (FR Doc. 00–20820) contained technical and typographical errors. Therefore, we are making the following corrections:

1. On page 50312, in the middle column, in the eighteenth and nineteenth lines, “http://www.access.gpo.gov/su-docs/aces/aces140.html” is corrected to read “http://www.access.gpo.gov/su__docs/aces/aces140.html.”

2. On page 50324, in the first column, in the twenty-ninth line, paragraph “6. Proprietary coding systems” is corrected to read, “b. Proprietary coding systems.”

3. On page 50332, in the first column, in the fourth line from the bottom, “276 comments” is corrected to read “267 comments.”

4. On page 50338, in the first column, in the twelfth line, “Title VII” is corrected to read “Title VI.”

5. On page 50358, in Table 4—Ten Year Net Savings, the figure “0.1” for Savings from Manual Transactions for Health Plans in 2007 is corrected to read “0.0.”

6. On page 50361, in the third column, section “N. Transaction Standards” is corrected as follows:

A. Paragraph N.1. is corrected to read as follows:

“Specific Impact of Adoption of the NCPDP Telecommunication Standard Implementation Guide, Version 5 Release 1 and Equivalent Batch Standard Implementation Guide Version 1 Release 0 for the Health Care Claim and Equivalent Encounter Information, Eligibility for a Health Plan, Referral Certification and Authorization, and Coordination of Benefits Transactions.”

B. In paragraph 1.a., in the sixth line, the words “encounter is” are corrected to read “encounter, eligibility, and referral certification and authorization are.”

C. In paragraph 1.a., in the third sentence, the word “claim” is removed.

D. In paragraph 1.b., in the last line of the column, the word “claim” is removed.

Authority: Secs. 1171 through 1179 of the Social Security Act (42 U.S.C. 1320d–1320d–8), as added by sec. 262 of Public Law 104–191, 110 Stat. 2021–2031, and sec. 264 of Pub. L. 104–191, 110 Stat. 2033–2034 (42 U.S.C. 1320d–2 (note)).

(Catalog of Federal Domestic Assistance Program No. 93.774, Medicare—Supplementary Medical Insurance Program)
Dated: November 17, 2000.

Brian P. Burns,

Deputy Assistant Secretary for Information Resources Management.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

45 CFR Parts 1355, 1356 and 1357

[RIN 0970–AA97]

Title IV–E Foster Care Eligibility Reviews and Child and Family Services State Plan Reviews

AGENCY: Administration on Children, Youth and Families (ACYF), Administration for Children and Families (ACHF), Department of Health and Human Services (DHHS).

ACTION: Final rule; correction.

SUMMARY: This document corrects the regulatory text of the final rule on Title IV–E Foster Care Eligibility Reviews and Child and Family Services State Plan Reviews published in the **Federal Register** on January 25, 2000 (65 FR 4019–4093).

DATES: Effective November 24, 2000.

FOR FURTHER INFORMATION CONTACT: Kathleen McHugh, Children’s Bureau, 202–401–5789.

SUPPLEMENTARY INFORMATION:

Correction

In the final rule, 45 CFR Part 1355 through 1357, beginning on page 4019 in the issue of January 25, 2000, make the following correction. On page 4075 in the second column, instruction 2 currently says, “Section 1355.20 is amended by revising the definition of Foster care and by adding the following definitions in alphabetical order to read as follow:” It is corrected to read, “Section 1355.20 is amended by revising the definitions of *Foster care*