

doctors of medicine and osteopathy practicing medicine or surgery in the review area, and who are representative of the physicians practicing in the review area.

b. The organization must not be a health care facility, health care facility association, health care facility affiliate, or in most cases a payor organization.

c. In order to meet the "substantial number of doctors of medicine and osteopathy" requirement of paragraph A.1.a of this section, an organization must be composed of at least 10 percent of the licensed doctors of medicine and osteopathy practicing medicine or surgery in the review area. In order to meet the representation requirement of paragraph A.1.a of this section, an organization must state and have documentation in its files demonstrating that it is composed of at least 20 percent of the licensed doctors of medicine and osteopathy practicing medicine or surgery in the review area.

Alternatively, if the organization does not demonstrate that it is composed of at least 20 percent of the licensed doctors of medicine and osteopathy practicing medicine or surgery in the review area, the organization must demonstrate in its statement of interest through letters of support from physicians or physician organizations, or through other means, that it is representative of the area physicians.

## 2. Physician-Access Organization

a. The organization must have available to it, by arrangement or otherwise, the services of a sufficient number of the licensed doctors of medicine or osteopathy practicing medicine or surgery in the review area to ensure adequate peer review of the services furnished by the various medical specialties and subspecialties.

b. The organization must not be a health care facility, health care facility association, health care facility affiliate, or in most cases a payor organization.

c. An organization meets the requirements of paragraph A.2.a of this section if it demonstrates that it has available to it at least one physician in every generally recognized specialty and has an arrangement or arrangements with physicians under which the physicians would conduct review for the organization.

## B. Have at Least One Individual Who Is a Representative of Consumers on Its Governing Board

If one or more organizations meet the above requirements in a PRO area and submit statements of interest in accordance with this notice, we will consider those organizations to be

potential sources for the 10 contracts upon their expiration. These organizations will be entitled to participate in a full and open competition for the PRO contract to perform the PRO statement of work.

## III. Information Collection Requirements

This notice contains information collection requirements that have been approved by the Office of Management and Budget (OMB) under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35) and assigned OMB Control Number 0938-0526.

**Authority:** Section 1153 of the Social Security Act (42 U.S.C. 1320c-2).

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance Program; and No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: December 12, 2001.

**Thomas A. Scully,**

*Administrator, Centers for Medicare & Medicaid Services.*

[FR Doc. 02-1066 Filed 1-24-02; 8:45 am]

**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS-4034-N]

### Medicare Program: Meeting of the Advisory Panel on Medicare Education—February 13, 2002

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), HHS.

**ACTION:** Notice of meeting.

**SUMMARY:** In accordance with section 10(a) of the Federal Advisory Committee Act (5 U.S.C. App. 2), this notice announces a meeting of the Advisory Panel on Medicare Education (the Panel) on Wednesday, February 13, 2002. This Panel advises and makes recommendations to the Secretary of the Department of Health and Human Services (HHS) and the Administrator of the Centers for Medicare & Medicaid Services (CMS), on opportunities for CMS to optimize the effectiveness of the National Medicare Education Program and other CMS programs that help Medicare beneficiaries understand Medicare and the range of Medicare options available with the passage of the Medicare+Choice program. The Panel meeting is open to the public.

**DATES:** The meeting is scheduled for Wednesday, February 13, 2002, from 9:00 am. to 5:00 pm.

**ADDRESSES:** The meeting will be held at the Wyndham Washington Hotel, 1400 M Street, NW., Washington, DC, 20005, (202) 429-1700.

### FOR FURTHER INFORMATION CONTACT:

Nancy Caliman, Health Insurance Specialist, Division of Partnership Development, Center for Beneficiary Choices, Centers for Medicare & Medicaid Services, 7500 Security Boulevard, S2-23-05, Baltimore, MD, 21244-1850, (410) 786-5052. Please refer to the CMS Advisory Committees Information Line (1-877-449-5659 toll free)/(410-786-9379 local) or the Internet (<http://www.hcfa.gov/events/apme/homepage.htm>) for additional information and updates on committee activities, or contact Ms. Caliman via e-mail at [APME@cms.hhs.gov](mailto:APME@cms.hhs.gov). Press inquiries are handled through the CMS Press Office at (202) 690-6145.

**SUPPLEMENTARY INFORMATION:** Section 222 of the Public Health Service Act (42 U.S.C. 217a), as amended, grants to the Secretary the authority to establish an advisory panel if the Secretary finds the panel necessary and in the public interest. The Secretary signed the charter establishing this Panel on January 21, 1999 and the charter renewing the Panel on January 18, 2001. The Advisory Panel on Medicare Education advises the Department of Health and Human Services and the Centers for Medicare & Medicaid Services on opportunities to enhance the effectiveness of consumer education strategies concerning the Medicare program.

The goals of the Panel are to provide advice concerning optimal strategies for:

- Developing and implementing a national Medicare education program that describes the options for selecting a health plan under Medicare;
- Enhancing the Federal government's effectiveness in informing the Medicare consumer, including the appropriate use of public-private partnerships;

- Expanding outreach to vulnerable and underserved communities, including racial and ethnic minorities, in the context of a national Medicare education program;
- Assembling an information base of best practices for helping consumers evaluate health plan options and building a community infrastructure for information, counseling, and assistance.

The current members of the Panel are: Diane Archer, J.D., President, Medicare Rights Center; David Baldrige, Executive Director, National Indian Council on Aging; Bruce Bradley, M.B.A., Director, Managed Care Plans, General Motors Corporation; Carol

Cronin, Chairperson, Advisory Panel on Medicare Education; Joyce Dubow, M.U.P., Senior Policy Advisor, Public Policy Institute, AARP; Jennie Chin Hansen, Executive Director, On Lok Senior Health Services; Elmer Huerta, M.D., M.P.H., Director, Cancer Risk and Assessment Center, Washington Hospital Center; Bonita Kallestad, J.D., M.S., Mid Minnesota Legal Assistance; Steven Larsen, J.D., M.A., Maryland Insurance Commissioner, Maryland Insurance Administration; Brian Lindberg, M.M.H.S., Executive Director, Consumer Coalition for Quality Health Care; Heidi Margulis, B.A., Vice President, Government Affairs, Humana, Inc.; Patricia Neuman, Sc.D., Director, Medicare Policy Project, Henry J. Kaiser Family Foundation; Elena Rios, M.D., M.S.P.H., President, National Hispanic Medical Association; Samuel Simmons, B.A., President and CEO, The National Caucus and Center on Black Aged, Inc.; Nina Weinberg, M.A., President, National Health Council; and Edward Zesk, B.A., Executive Director, Aging 2000.

The agenda for the February 14, 2002 meeting will include the following:

- A recap of the previous (October 25, 2001) meeting;
- CMS update/issues;
- Update on the Fall Medicare Ad Campaign;
- Update on the State Health Insurance Assistance Program;
- Medicare Education Research Update;
- APME Annual Report;
- Public comment.

Individuals or organizations that wish to make a 5-minute oral presentation on an agenda topic should contact Ms. Caliman by 12 noon, Thursday, February 7, 2002. In conjunction, a written copy of the oral presentation should also be submitted to Ms. Caliman by 12 noon, Thursday, February 7, 2002. The number of oral presentations may be limited by the time available. Individuals not wishing to make a presentation may submit written comments to Ms. Caliman by 12 noon, Thursday, February 7, 2002. The meeting is open to the public, but attendance is limited to the space available. Individuals requiring sign language interpretation for the hearing impaired or other special accommodation should contact Ms. Caliman at least 15 days before the meeting.

(Section 222 of the Public Health Service Act (42 USC 217a) and section 10(a) of Public Law 92-463 (5 U.S.C. App. 2, section 10(a) and 41 CFR 102-3))

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital

Insurance Program; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: January 14, 2002.

**Thomas A. Scully,**

*Administrator, Centers for Medicare & Medicaid Services.*

[FR Doc. 02-1687 Filed 1-18-02; 8:45 am]

**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

#### 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, Centers for Medicare & Medicaid Services (CMS), (**Federal Register**, Vol. 66, No. 177, pp. 47497-47499 dated September 12, 2001) is amended to reflect changes to the Press Office and the Center for Medicaid and State Operations (CMSO). Specifically, the Press Office will be retitled as the Public Affairs Office (PAO) and the Intergovernmental and Tribal Affairs Group (ITAG) will be transferred from CMSO. The transfer of ITAG from CMSO to PAO will strengthen and improve the coordination of responses to the press, and local/national media, while integrating the State, local government, and tribal affairs programs into the PAO media relations and communications activities.

The specific amendments to part F are described below:

- Section F.10. (Organization) is amended to read as follows:
  1. Public Affairs Office (FAC)
  2. Center for Beneficiary Choices (FAE)
  3. Office of Legislation (FAF)
  4. Center for Medicare Management (FAH)
  5. Office of Equal Opportunity and Civil Rights (FAJ)
  6. Office of Strategic Planning (FAK)
  7. Office of Communications and Operations Support (FAL)
  8. Office of Clinical Standards and Quality (FAM)
  9. Office of the Actuary (FAN)
  10. Center for Medicaid and State Operations (FAS)
  11. Northeastern Consortium (FAU)
  12. Southern Consortium (FAV)
  13. Midwestern Consortium (FAW)
  14. Western Consortium (FAX)
  15. Office of Internal Customer Support (FBA)
  16. Office of Information Services (FBB)

#### 17. Office of Financial Management (FBC)

• Section F.20. (Functions) is amended by deleting the functional statements in their entirety for the Press Office and the Center for Medicaid and State Operations. The new functional statements read as follows:

##### 1. Public Affairs Office (FAC)

- Serves as the focal point for the Agency to the news media and provides leadership for the Agency in the area of intergovernmental affairs. Advises the Administrator and other Agency components in all activities related to the media and on matters which affect other units and levels of government.
- Coordinates CMS activities with the Office of the Assistant Secretary for Public Affairs and the Secretary's intergovernmental affairs officials.
- Serves as senior counsel to the Administrator in all activities related to the media. Provides consultation, advice, and training to the Agency's senior staff with respect to relations with the news media.
- Develops and executes strategies to further the Agency's relationship and dealings with the media. Maintains a broad based knowledge of the Agency's structure, responsibilities, mission, goals, programs, and initiatives in order to provide or arrange for rapid and accurate response to news media needs.
- Prepares and edits appropriate materials about the Agency, its policies, actions and findings, and provides them to the public through the print and broadcast media. Develops and directs media relations strategies for the Agency.
- Responds to inquiries from a broad variety of news media, including major newspapers, national television and radio networks, national news magazines, local newspapers and radio and television stations, publications directed toward the Agency's beneficiary populations, and newsletters serving the health care industry.
- Manages press inquiries, coordinates sensitive press issues, and develops policies and procedures for how press and media inquiries are handled.
- Arranges formal interviews for journalists with the Agency's Administrator or other appropriate senior Agency staff; identifies for interviewees the issues to be addressed, and prepares or obtains background materials as needed.
- For significant Agency initiatives, issues media advisories and arranges press conferences as appropriate; coordinates material and personnel as necessary.