

collections referenced below. In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, we have submitted to the Office of Management and Budget (OMB) the following requirements for emergency review. We are requesting an emergency review because the collection of this information is needed before the expiration of the normal time limits under OMB's regulations at 5 CFR, part 1320. This is necessary to ensure compliance with section 204 of the Ticket to Work and Work Incentives Act of 1999. We cannot reasonably comply with the normal clearance procedures because the law becomes effective on October 2, 2000, at which time we must award grants. Prior to that time, we must publish a notice in the **Federal Register** soliciting applications and have sufficient time to review all applications adequately. Delay of this approval will also result in public harm, as the awarding of grants will be delayed, thus delaying the ability to prevent physically and mentally impaired workers from becoming disabled because of not being eligible for Medicaid.

HCFA is requesting OMB review and approval of this collection by June 13, 2000, with a 180-day approval period. Written comments and recommendations will be accepted from the public if received by the individuals designated below by June 12, 2000. During this 180-day period, we will publish a separate **Federal Register** notice announcing the initiation of an extensive 60-day agency review and public comment period on these requirements. We will submit the requirements for OMB review and an extension of this emergency approval.

*Type of Information Request:* New collection; *Title of Information Collection:* TWWIIA Demonstration to Maintain Independence and Employment; *HCFA Form Number:* HCFA-10006 (OMB approval #: 0938-NEW); *Use:* Section 204 of the Ticket to Work and Work Incentives Act provides for the establishment of grants for states that develop and implement demonstration programs designed to support working people with physical or mental impairments that without medical assistance will result in disability. State agencies will be applying for these grants; *Frequency:* Annually; *Affected Public:* State, local or tribal government; *Number of Respondents:* 56; *Total Annual Responses:* 56; *Total Annual Burden Hours:* 5,600.

We have submitted a copy of this notice to OMB for its review of these

information collections. A notice will be published in the **Federal Register** when approval is obtained.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access HCFA's Web Site address at <http://www.hcfa.gov/regs/prdact95.htm>, or E-mail your request, including your address, phone number, OMB number, and HCFA document identifier, to [Paperwork@hcfa.gov](mailto:Paperwork@hcfa.gov), or call the Reports Clearance Office on (410) 786-1326.

Interested persons are invited to send comments regarding the burden on or any other aspect of these collections of information requirements. However, as noted above, comments on these information collection and recordkeeping requirements must be mailed and/or faxed to the designees referenced below, by June 12, 2000.

Health Care Financing Administration,  
Office of Information Services,  
Security and Standards Group,  
Division of HCFA Enterprise  
Standards, Room N2-14-26, 7500  
Security Boulevard, Baltimore, MD  
21244-1850. Fax Number: (410) 786-  
0262 Attn: Julie Brown HCFA-10006  
and,  
Office of Information and Regulatory  
Affairs, Office of Management and  
Budget, Room 10235, New Executive  
Office Building, Washington, DC  
20503, Fax Number: (202) 395-6974  
Attn.: Allison Herron Eydt, HCFA  
Desk Officer.

Dated: May 31, 2000.

**John P. Burke III,**

*HCFA Reports Clearance Officer, HCFA,  
Office of Information Services, Security and  
Standards Group, Division of HCFA  
Enterprise Standards.*

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BILLING CODE 4120-03-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Care Financing Administration [HCFA-1138-N]

#### Medicare Program; Town Hall Meeting To Discuss the Documentation Guidelines for Evaluation and Management Services—June 22, 2000

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

**ACTION:** Notice of meeting.

**SUMMARY:** This notice announces a town hall meeting to discuss the current status of our work on revising the documentation guidelines for evaluation and management (E/M) services. The

documentation guidelines provide the health care community with information regarding the proper use of E/M Current Procedural Terminology (CPT) codes. This meeting will present the results of our efforts to simplify the guidelines, reduce the burden on physicians, and foster consistent and fair medical review.

Since receiving recommendations for revising the existing guidelines from the American Medical Association (AMA) CPT Editorial Panel in June 1999, we have performed a technical assessment of those recommendations, reviewed other proposals for revising the guidelines, and started to plan a study of proposed revisions to the documentation guidelines. The purpose of this meeting is to inform the public about the current status of these activities and to reaffirm our commitment to work with physicians to improve the service they receive from the Medicare program. The meeting is open to the public, but attendance is limited to the space available.

**DATES:** *The Meeting:* June 22, 2000 from 9 a.m. until 1 p.m., E.D.T.

*Registration:* Persons wishing to attend the meeting must register by June 21, 2000.

*Special Accommodations:* Persons attending the meeting who are hearing impaired and require sign language interpretation, or have a condition that requires other special assistance or accommodations, should notify Ms. Martha Dixon by June 14, 2000.

**ADDRESSES:** The meeting will be held in the auditorium of the Health Care Financing Administration, 7500 Security Boulevard, Baltimore, Maryland 21244.

**FOR FURTHER INFORMATION CONTACT:** Dr. Bernice Harper, (202) 690-7899, for general questions about the meeting. Ms. Martha Dixon, (202) 358-1420, for questions regarding registration or special accommodations.

#### SUPPLEMENTARY INFORMATION:

##### Intent of the Meeting

The intent of this meeting is to provide an update to the public on documentation guidelines for evaluation and management services Current Procedural Terminology (CPT) codes. Although there will be a question and answer period, there will be no time scheduled for public presentations by the attendees.

##### Agenda Topics

The following topics will be addressed by members of our staff at the meeting:

- The history and current status of the documentation guidelines.
- Our technical assessment of the June 1999 proposed AMA recommendations.
- Other proposals for revising the guidelines.
- The proposed study.
- The role of organized medicine and practicing physicians in commenting on the guidelines and the study.
- A proposed time line for eventual implementation of new documentation guidelines.
- New efforts to improve responsiveness and service to physicians.

### Registration

If you wish to attend the meeting, you must register in advance by sending a fax to the attention of Ms. Martha Dixon, Office of Professional Relations, at (202) 401-7438 by the date listed in the **DATES** section of this notice. Your fax must include your name, organization, address, telephone number, and fax number. Our receipt of your fax will constitute confirmation of your registration. If space at the meeting is no longer available when your fax is received, you will be notified by phone that you are on an attendance waiting list. If space should subsequently become available, individuals on the waiting list will be notified in turn. Written materials will be provided at the time of the meeting.

**Authority:** Section 1102 of the Social Security Act (42 U.S.C. 1302).

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

Dated: June 1, 2000.

**Nancy-Ann Min DeParle,**

*Administrator, Health Care Financing Administration.*

[FR Doc. 00-14163 Filed 6-5-00; 8:45 am]

**BILLING CODE 4120-01-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Care Financing Administration

#### Privacy Act of 1974; System of Records

**AGENCY:** Department of Health and Human Services (HHS), Health Care Financing Administration (HCFA).

**ACTION:** Notice To Delete Three Systems of Records.

**SUMMARY:** The Health Care Financing Administration is deleting three systems of records from its inventory subject to the Privacy Act of 1974 (5 U.S.C. 552a), as amended.

**EFFECTIVE DATE:** The deletions will be effective on June 6, 2000.

**ADDRESSES:** The public should address comments to: Director, Division of Data Liaison and Distribution, HCFA, Room N2-04-27, 7500 Security Boulevard, Baltimore, Maryland 21244-1850. The telephone number is (410) 786-3673. Comments received will be available for review at this location, by appointment, during regular business hours, Monday through Friday from 9 a.m.-3 p.m., eastern time zone.

**SUPPLEMENTARY INFORMATION:** The "Medicare Enrollment Records Statistics (MERS)," System No. 09-70-0006, was established to study the characteristics of persons enrolled in the Medicare program and establish the basis for Medicare services utilization rates. The "Health Insurance Enrollment Statistics (HIES), General Enrollment Period," System No. 09-70-0007 was established to contact persons eligible for Part B benefits who had refused or withdrawn coverage of these benefits, for purposes of re-enrollment for Part B coverage and to evaluate results of such contacts. The "Medicare Beneficiary Correspondence Files (MBC)," System No. 09-70-0509 was established to maintain and track correspondence in a HCFA component that no longer exist. All of these systems are being deleted from HCFA's inventory because they are no longer used. Retention and destruction of the data contained in these systems has been in accordance with the retention and disposal schedules listed in the system notice.

#### Deletions

No. 09-70-0006 "Medicare Enrollment Records Statistics (MERS)," HHS/HCFA/BDMS;

No. 09-70-0007 "Health Insurance Enrollment Statistics (HIES), General Enrollment Period," HHS/HCFA/BDMS.

No. 09-70-0509 "Medicare Beneficiary Correspondence Files (MBC)," HHS/HCFA/BPO;

Dated: May 26, 2000.

**Nancy-Ann Min DeParle,**

*Administrator, Health Care Financing Administration.*

[FR Doc. 00-14071 Filed 6-5-00; 8:45 am]

**BILLING CODE 4120-03-U**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104-13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer on (301) 443-1129.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including the use of automated collection techniques or other forms of information technology.

#### Proposed Project: Drug Pricing Program Reporting Requirements (OMB No. 0915-0176)

Extension—Section 602 of Public Law 102-585, the Veterans Health Care Act of 1992, enacted section 340B of the Public Health Service Act (PHS Act), "Limitation on Prices of Drugs Purchased by Covered Entities." Section 340B provides that a manufacturer who sells covered outpatient drugs to eligible entities must sign a pharmaceutical pricing agreement with the Secretary of Health and Human Services in which the manufacturer agrees to charge a price for covered outpatient drugs that will not exceed an amount determined under a statutory formula.

Covered entities which choose to participate in the section 340B drug discount program must comply with the requirements of section 340B(a)(5) of the PHS Act. Section 340B(a)(5)(A) prohibits a covered entity from accepting a discount for a drug that would also generate a Medicaid rebate.