

SUPPORTING STATEMENT

UNIFORM BILL - FORM OWCP-92 (UB-92) OMB NO. 1215-0176

1. The Office of Workers' Compensation Programs (OWCP) is the agency responsible for administration of the Federal Employees' Compensation Act (FECA), 5 U.S.C. 8101 *et seq.*, the Black Lung Benefits Act (BLBA), 30 U.S.C. 901 *et seq.*, and the Energy Employees Occupational Illness Compensation Program Act of 2000 (EEOICPA), 42 U.S.C. 7384 *et seq.* All three of these statutes require that OWCP pay for medical treatment of beneficiaries; this medical treatment can include inpatient/outpatient hospital services, as well as services provided by nursing homes, skilled nursing facilities, and home health aides in the home. In order to determine whether billed amounts are appropriate, OWCP needs to identify the patient, the specific services that were rendered and their relationship to the work-related injury or illness. The regulations implementing these statutes require the use of Form OWCP-92 or UB-92 for the submission of medical bills from institutional providers (20 CFR 10.801, 30.701, 725.405, 725.406, 725.701 and 725.704).

The Uniform Bill, known as the paper UB-92, has been approved by the American Hospital Association, the Centers for Medicare and Medicaid Services, the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), by various other government health care programs, and by the private sector, to request payment to institutional providers of medical services. The paper UB-92 has been designed by the National Uniform Billing Committee and is neither a government-printed form nor distributed by OWCP; OWCP has, however, developed detailed instructions to ensure that it obtains the information it needs to consider requests for payment from institutional providers using this form. Form OWCP-92 or the paper UB-92 is an ideal billing instrument for the provider community that services FECA, BLBA and EEOICPA beneficiaries because of its familiarity, its common use, and its acceptance by both government and private health service payers.

2. Form OWCP-92 is used by OWCP and contractor bill payment staff to process bills for medical services provided by hospitals and other institutional medical providers. To ensure that OWCP is able to consider the appropriateness of the requested payment in a timely fashion, it is essential that bills be submitted on a standard form that will capture the critical data elements needed

to evaluate the bill, such as procedure and diagnosis codes. To do this, Form OWCP-92 therefore includes the Uniform Bill (UB-92) used by CMS, CHAMPUS, DVA and private health insurance carriers. However, since OWCP only needs some of the information requested by the UB-92 to process the medical bills submitted in the three programs, it does not require providers to respond fully to the UB-92 (see instructions for completing Form OWCP-92).

The Internal Revenue Service requires the reporting of payments to specific providers in excess of \$600 in any one year, making it necessary to obtain the provider's tax identification number for each bill. If the provider's tax identification number and social security number (SSN) are the same, we are required to obtain the SSN to meet IRS reporting requirements.

3. The instructions for Form OWCP-92 have been designed to be computer-generated and take advantage of the common acceptability of Form UB-92. Use of this standard billing form keeps paperwork burden on the public at a minimum level since it lends itself to automation, provides information necessary to process payment of a bill, and is in a format that is acceptable to both government and private sector payers.

Form OWCP-92 (the paper Form UB-92 with OWCP instructions) is posted on the Internet for downloading by OWCP users at <http://owcp.dol.acs-inc.com/portal/pdf/UB-92.pdf>. Since the paper Form UB-92 is a common billing form used by institutional providers, it is posted on the Internet at many other locations. However, since the Form UB-92 is a summary billing form, providers must attach itemized bills, plans of any nursing or hospice care, or hospital admission/discharge summaries, as appropriate. As a result, electronic submission of Form OWCP-92 is not considered to be practicable.

4. Form OWCP-92 is used by OWCP to obtain information necessary to appropriately process payments for medical services provided under each program. Duplicate information is not obtained since the three programs service distinct populations. Other Federal agencies (CHAMPUS and CMS) request similar information but the populations serviced are not the same; therefore, no duplication of information is expected.

5. This information collection has been streamlined to obtain the necessary information for OWCP's bill processing system while imposing the minimum burden on respondents. Form OWCP-92 does

not impose additional burdens on small businesses or other small entities because providing billing information in this format is part of a medical provider's usual business practices.

Efforts to minimize burden on providers include requiring the use of a standard bill form that is readily available and accepted by many users, that facilitates automated bill processing, and that uses standard coding language for identification of conditions treated and services provided. Additionally, the three programs provide detailed instructions for completion of the OWCP-92 in program provider manuals that are distributed to all providers enrolled in the programs, as well as opportunities for providers to attend workshops conducted by OWCP's medical bill processing contractor. The National Uniform Billing Committee evaluates the use of paper Form UB-92 periodically and initiates changes when appropriate.

6. Please refer to Nos. 1 and 2 above on pages 1 and 2. The information required is the minimum needed to meet the bill processing needs of the three programs and is in a widely recognized standard format. Appropriate payment for the medical services provided by law to eligible claimants cannot be made by OWCP and contractor bill payment staff without the information collected. Frequency of data collection is based on how often the provider requests payment for covered services it has rendered. Because Form OWCP-92 is a summary billing form and lends itself to multiple visits or services, the actual number of times the form is filed with OWCP varies with the number of times during any period that the provider decides to submit billing. Less frequent collection of data would result in delayed payment to providers.

7. There are no special circumstances for the collection of this information.

8. The National Uniform Billing Committee has been established to develop and revise the forms used by hospital provider types. This Committee consults with users and third party payers to meet the needs of both groups. The Committee includes representatives from the Federal government (CMS and CHAMPUS), private industry (the American Hospital Association) and third party payers like Blue Cross/Blue Shield. OWCP and other interested groups can attend open meetings, petition for changes, and request a hearing on issues. The Committee routinely meets to discuss and resolve issues.

A Federal Register notice inviting public comment was published on June 20, 2006. No comments were received.

9. The only payment OWCP makes to respondents is for medical services they have provided under the three programs; no gifts or other forms of remuneration are made.

10. All bill payment requests that are submitted on Form OWCP-92 are fully protected by the Privacy Act in the following systems of records: DOL/GOVT-1 (FECA); DOL/ESA-6 (BLBA); DOL/ESA-49 (EEOICPA).

11. There are no questions of a sensitive nature on the form.

12. The following burden estimates for the three programs have been derived from data compiled during the latest complete fiscal year—FY 2005:

FECA: An estimated 1,395 respondents submit the OWCP-92 four times yearly, for a total number of responses under that program of 5,580. It is estimated that each of these responses will take approximately seven minutes to complete, for an annual hour burden of 651 hours. ($5,580 \times 0.1167 = 651$ hours)

BLBA: An estimated 6,047 respondents submit the OWCP-92 four times yearly, for a total number of responses under that program of 24,188. It is estimated that each of these responses will take approximately seven minutes to complete, for an annual hour burden of 2,823 hours ($24,188 \times 0.1167 = 2,823$ hours).

EEOICPA: An estimated 151 respondents will submit Form OWCP-92 four times yearly, for a total number of responses under that program of 604. It is estimated that each of these responses will take about seven minutes to complete, for an annual hour burden of 70 hours. ($604 \times 0.1167 = 70$ hours)

Combining the burden hours for all three programs, Form OWCP-92 has a total respondent burden hour estimate of 3,544. The current mean wage-rate for billing clerks (based on Bureau of Labor Statistics data) is \$13.68 per hour. Thus, the respondent cost estimate for this collection is \$48,482.

13. The cost of completing billing forms is included in the charges submitted by respondents for medical services provided. Therefore, no operation and maintenance costs are experienced by respondents.

14. The estimated costs to the Federal government for collecting the information on Form OWCP-92 are set out below:

Printing/Mailing costs: There are no printing or mailing costs associated with Form OWCP-92. The instructions for filling out the portions of the form that are required for OWCP's billing processes are included in the program provider manuals that are available to and/or disseminated by the servicing contractor to all providers in the programs. When needed, updates are issued in the form of bulletins to the programs' provider community. Printing and mailing costs for provider manuals and bulletins are built into the contract that OWCP has with the contractor that provides billing support services to the three programs.

Processing/Reviewing costs:

FECA: Under OWCP's contractor medical bill processing system, the average contractor cost to process one Form OWCP-92 is \$19.25. Therefore, the contractor cost to process 5,580 forms for the FECA program will be \$107,415 (5,580 forms x \$19.25/form = \$107,415).

Bills that suspend out of the contractor medical bill processing system and require manual review are examined by 80 bill resolution clerks and coding specialists employed by the FECA program at the GS-5/step 4 level, and by 12 at the GS-9/step 2 level; approximately 10% of their time is required for this function. Thus, the cost to provide this review function is \$302,744 (80 x \$31,185/year (GS 5/step 4 using Salary Table 2006-RUS) x 10% = \$249,480; 12 x \$44,387/year (GS 9/step 2 using Salary Table 2006-RUS) x 10% = \$53,264; \$249,480 + \$53,264 = \$302,744).

Total FECA processing/review costs: \$410,159.

BLBA: OWCP's contractor medical bill processing system also processes Forms OWCP-92 for the BLBA program at an average cost of \$19.25 per form. Therefore, the contractor cost to process the estimated 24,188 forms submitted for the BLBA

program will be \$465,619 (24,188 forms x \$19.25/form = \$465,619).

EEOICPA: OWCP's contractor medical bill processing system processes Forms OWCP-92 for EEOICPA program at an average cost of \$19.25 per form. Therefore, the contractor cost to process the estimated 604 forms submitted for the EEOICPA program will be \$11,627 (604 forms x \$19.25/form = \$11,627).

Two Federal employees in Washington, DC review all OWCP-92 forms under the EEOICPA program that suspend out of the bill processing system: a Payment Systems Manager (GS-14/step 5 using Salary Table 2006-DCB) at \$103,594 yearly and an Assistant Payment Systems Manager (GS-13/step 4 using Salary Table 2006-DCB) at \$85,086 yearly. About 10% of their time is attributable to this reviewing function, for a cost of \$18,868 ($\$103,594 + \$85,086 = \$188,680 \times 10\% = \$18,868$).

Total EEOICPA Processing/Reviewing costs: \$30,495.

\$410,159 (FECA processing and reviewing costs) + \$465,619 (BLBA processing cost) + \$30,495 (EEOICPA processing and reviewing costs) = Total Federal Cost of \$906,273.

15. Many of the data fields on the Form OWCP-92 are generated in electronic billing systems already used by hospitals and other institutional medical providers for patient billing, inventories, and bookkeeping. As a result, this reduces the burden hours for any one use of the form. In addition, institutional providers are reducing their use of the form for billing purposes and are moving to other billing formats. For these reasons, OMB Form 83-I shows a net adjustment decrease of -23,440 hours.

16. There are no plans to publish data collected on the OWCP-92.

17. This information collection request does not seek a waiver from the requirement to display the expiration date.

18. There are no exceptions to the certification statement.