Supporting Statement for 2900-0578
Health Care for Certain Children of Korean & Vietnam Veterans--Spina Bifida & Covered Birth Defects
VA Form 10-7959e, VA Claim for Miscellaneous Expenses

A. JUSTIFICATION

1. Explain the circumstances that make the collection of information necessary. Identify legal or administrative requirements that necessitate the collection of information.

This information collection is needed to carry out the health care programs for certain children of Korean and/or Vietnam veterans authorized under 38 U.S.C., chapter 18, as amended by section 401, P.L. 106-419 and section 102, P.L. 108-183. VA's medical regulations 38 CFR part 17 (17.900 through 17.905) establish regulations regarding provision of health care for certain children of Korean and Vietnam veterans and women Vietnam veterans' children born with spina bifida and certain other covered birth defects. These regulations also specify the information to be included in requests for preauthorization and claims from approved health care providers.

2. Indicate how, by whom, and for what purposes the information is to be used; indicate actual use the agency has made of the information received from current collection.

The information collected is used by the professional staff at the VHA Health Administration Center (HAC), Denver, Colorado, to determine whether to approve requests for preauthorization of certain health care services and benefits for certain children of Korean and/or Vietnam veterans; to determine the appropriateness of billings for health care services and benefits for children of Korean and/or Vietnam veterans; and to make decisions during the review and appeal process concerning health care for certain children of Korean and/or Vietnam veterans.

(1) Preauthorization for Provision of Health Care for Certain Children of Korean and/or Vietnam Veterans. In accordance with the provisions of CFR 17.902, individuals seeking these benefits are required to submit to a benefits advisor of the HAC, a preauthorization request for health care consisting of rental or purchase of durable medical equipment with a rental or purchase price in excess of $2,000, respectively; mental health services; training; substance abuse treatment; dental services; transplantation services; or travel (other than mileage at the General Services Administration rate for privately owned automobiles). The preauthorization request should contain the child's name and Social Security number; the veteran's name and Social Security number; the type of service requested; the medical justification; the estimated cost; and the name, address, and telephone number of the provider. Preauthorization would not be required for a condition for which failure to receive immediate treatment poses a serious threat to life or health. Such emergency care should be reported by telephone to the HAC within 72 hours of the emergency.

(2) Payment of Claims for Provision of Health Care for Certain Children of Korean and/or Vietnam Veterans *(includes provider billing and VA Forms 10-7959e)*. This data collection is for the purpose of claiming payment/reimbursement of expenses related to spina bifida and certain covered birth defects. Beneficiaries utilize VA Form 10-7959e, VA Claim for Miscellaneous Expenses. Providers utilize provider generated billing statements and standard billing forms such as: Uniform Billing-Forms (UB) 92, and HCFA 1500, Medicare Health Insurance Claims Form. VA would be unable to determine the correct amount to reimburse providers for their services or beneficiaries for covered expenses without the requested information. The information is instrumental in the timely and accurate processing of provider and beneficiary claims for reimbursement. The frequency of submissions is not determined by VA, but will determined by the provider or claimant and will be based on the volume of medical services and supplies provided to patients and claims for reimbursement are submitted individually or in batches.

The provisions of 38 CFR 17.903 require that, as a condition of payment, claims from "approved health care providers" for health care provided under 38 CFR 17.900 through 17.905 must include the following information, as appropriate:

a. With respect to patient identification information:

1. The patient's full name,
2. Social Security number,

3. Address, and
4. Date of birth

b. With respect to provider identification information (inpatient and outpatient services):

1. Full name
2. Address (such as hospital or physician),
3. Remittance address,
4. Address where services were rendered,
5. Individual provider's professional status (M.D., Ph.D., R.N., etc.), and
6. Provider tax identification number (TIN) or Social Security number

c. With respect to patient treatment information (long-term care or institutional services):

1. Dates of service (specific and inclusive);
2. Summary level itemization (by revenue code);
3. Dates of service for all absences from a hospital or other approved institution during a period for which inpatient benefits are being claimed;
4. Principal diagnosis established, after study, to be chiefly responsible for causing the patient's hospitalization;
5. All secondary diagnoses;
6. All procedures performed;
7. Discharge status of the patient; and
8. Institution's Medicare provider number;

d. With respect to patient treatment information for all other health care providers and ancillary outpatient services:

1. Diagnosis,
2. Procedure code for each procedure, service, or supply for each date of service, and
3. Individual billed charge for each procedure, service, or supply for each date of service;

e. With respect to prescription drugs and medicines and pharmacy supplies:

1. Name,
2. Address of pharmacy where drug was dispensed,
3. Name of drug,
4. National Drug Code (NDC) for drug provided,
5. Strength,
6. Quantity,
7. Date dispensed, and
8. Pharmacy receipt for each drug dispensed (including billed charge), and
9. Diagnosis for which each drug is prescribed.

(3) Review and Appeal Process Regarding Provision of Health Care or Payment Relating to Provision of Health Care for Certain Children of Korean and/or Vietnam Veterans. The provisions of 38 CFR 17.904 establish a review process regarding disagreements by an eligible veteran's child or representative with a determination concerning provision of health care or a health care provider's disagreement with a determination regarding payment. The person or entity requesting reconsideration of such determination is required to submit such a request to the HAC (Attention: Chief, Customer Service), in writing within one year of the date of initial determination. The request must state why the decision is in error and include any new and relevant information not previously considered. After reviewing the matter, a Customer Service Advisor issues a written determination to the person or entity seeking reconsideration. If such person or entity remains dissatisfied with the determination, the person or entity is permitted to submit within 90 days of the date of the decision a written request for review by the Director, HAC.

3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology,

e.g., permitting electronic submission of responses, and the basis for the decision for adopting this means of collection. Also describe any consideration of using information technology to reduce burden.

At present, except as stated below, the collection will not make use of automated, electronic, mechanical or other technological collection techniques. In accordance with the Government Paperwork Elimination Act, the feasibility of permitting electronic submission has been explored and we currently have made progress in this area. We have changed most of our program forms, including this one, to be interactively fillable on the internet. We are planning to test in October 2006 an actual electronic submission for collecting claims information for one of our other program forms. Once the testing is completed, provided we have no problems, this will become a definable process that we can apply and make available to the rest of our forms, including the 10-7959e. New commercial software is now available that allows us to address the transmission of attachments and electronic signatures, and recent changes in methods of business practices has allowed us to move forward. The VA will accept provider generated billing statements and is actively encouraging greater electronic commerce participation throughout the medical care provider population. However, certain 'small' health care providers may not have the electronic equipment that will be necessary to file claims (i.e., reliable Internet access). To comply with HIPAA (Health Insurance Portabilility and Accountability Act) and GPEA, we will continue to actively promote electronic submission.

4. Describe efforts to identify duplication. Show specifically why any similar information already available cannot be used or modified for use for the purposes described in Item 2 above.

Similar information is not available from other sources. The VA does not currently possess and is not aware of an alternative source for the required information.

5. If the collection of information impacts small businesses or other small entities, describe any methods used to minimize burden.

Small businesses and other entities provide this information. However, the number of hours involved does not significantly impact these businesses. Only essential information is requested from each provider. To reduce the burden on all providers, including smaller ones, VA will accept provider generated billing statements and or commercially available forms such as the UB 92, Uniform Billing Form, or HCFA 1500, the Medicare Health Insurance Claim Form. VA Form 10-7959e, used for spina bifida and children of women Korean and/or Vietnam veterans and associated covered condition claims, does require minimal information from health care providers when the beneficiary claims travel expenses. The information required from providers includes the date of service, the provider's tax identification number, as well as a signature certifying the service.

6. Describe the consequences to Federal program or policy activities if the collection is not conducted or is conducted less frequently as well as any technical or legal obstacles to reducing burden.

(1) Preauthorization for Provision of Health Care for Certain Children of Korean and/or Vietnam Veterans. If the collection were not conducted, we would not be able to have a preauthorization process that we believe is cost-effective. We have little control over how often people request preauthorization for the types of services and benefits that our regulations require to be preauthorized. However, whenever a requirement for preauthorization is no longer cost-effective, VA eliminated the requirement for preauthorization.

(2) Payment of Claims for Provision of Health Care for Certain Children of Korean and/or Vietnam Veterans *(includes VA Form 10-7959e)*. Since the frequency of payment is dependent upon the frequency of submission of the information, we have little control over how often providers and beneficiaries submit their requests. However, the amount of data collected is kept to a minimum. If any of this information was not collected, VA would be unable to process provider and beneficiary claims for payment or reimbursement of medical care.

(3) Review and Appeal Process Regarding Provision of Health Care or Payment Relating to Provision of Health Care for Certain Children of Korean and/or Vietnam Veterans. If the collection were not conducted, VA would be unable to provide an appeals process that VA believes is appropriate as a matter of law and policy.

7. Explain any special circumstances that would cause an information collection to be conducted more often than quarterly or require respondents to prepare written responses to a collection of information in fewer than 30 days after receipt of it; submit more than an original and two copies of any document; retain records, other than health, medical, government contract, grant-in-aid, or tax records for more than three years; in connection with a statistical survey that is not designed to produce valid and reliable results that can be generalized to the universe of study and require the use of a statistical data classification that has not been reviewed and approved by OMB.

There are no special circumstances that will require collection to be conducted in a manner inconsistent with the guidelines in 5 CFR 1320.6.

8. a. If applicable, provide a copy and identify the date and page number of publication in the Federal Register of the sponsor's notice, required by 5 CFR 1320.8(d), soliciting comments on the information collection prior to submission to OMB. Summarize public comments received in response to that notice and describe actions taken by the sponsor in responses to these comments. Specifically address comments received on cost and hour burden.

The notice of Proposed Information Collection Activity was published in the Federal Register on November 1, 2006, Volume 71, Number 211, Page 64339. We received no comments in response to this notice.

b. Describe efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, clarity of instructions and recordkeeping, disclosure or reporting format, and on the data elements to be recorded, disclosed or reported. Explain any circumstances which preclude consultation every three years with representatives of those from whom information is to be obtained.

Outside consultation is conducted with the public through the 60- and 30-day Federal Register notices. VA also consulted with representatives of the Spina Bifida Association of America, The Shriners Hospitals, and various Veterans' Service Organizations including the Disabled American Veterans, American Legion, and the Vietnam Veterans of America. The purpose of this consultation was to obtain their views regarding the availability of data, frequency of collection, clarity of instructions, disclosure and record keeping format and on the data elements to be recorded, disclosed, or reported. In addition, staff at the HAC provided the expertise and advice gained in reviewing numerous public and private health insurance forms. This expertise and advice resulted in the VA determination to use provider generated billing statements and existing forms (e.g., UB 92 and HCFA 1500) in lieu of creating new VA forms.

9. Explain any decision to provide any payment or gift to respondents, other than remuneration of contractors or grantees.

No gifts will be made to respondents. The purpose of the information is to reimburse health care providers for services rendered to certain children of Korean and Vietnam veterans and women Vietnam veterans' children born with spina bifida and certain other covered birth defects and associated covered conditions.

10. Describe any assurance of confidentiality provided to respondents and the basis for the assurance in statute, regulation, or agency policy.

Respondents are informed that the information collected will be included as a part of the Consolidated Health Record, which complies with the Privacy Act of 1974. These documents are part of the system of records identified as 54VA16 as set forth in the 2005 Compilation of Privacy Act Issuances via online GPO access at http://www.gpoaccess.gov/privacyact/index.html

11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private; include specific uses to be made of the information, the explanation to be given to persons from whom the information is requested, and any steps to be taken to obtain their consent.

Respondents are not asked questions of a sensitive nature.

12. a. Estimate of the hour burden of the collection of information:

Data Collection	Annual Responses	Annual Respondents	Burden
Preauthorization	400	800	x 15 min. / 60 = 200 hrs
Payment of Claims *(provider billing)*	1,500	15,000	x 6 min. / 60 = 1,500 hrs
Payment of Claims *(beneficiary claims-10-7959e)*	1,500	15,000	x 6 min. / 60 = 1,500 hrs
Review and Appeal Process	200	600	x 20 min. / 60 = 200 hrs
TOTALS	**3,600**	**31,400**	**3,400 hours**

b. If this request for approval covers more than one form, provide separate hour burden estimates for each form and aggregate the hour burdens in Item 13 of OMB 83-I.

This justification covers pre-authorizations, provider billings, UB Forms 92, HCFA Forms 1500, VA Forms 10-7959e, VA Claim for Miscellaneous Expenses, as well as the review and appeal process. The burden estimate for each process is outlined in 12a above.

c. Provide estimates of annual cost to respondents for the hour burdens for collections of information.

Since preauthorization, billing and record keeping is a customary and usual health care business practice and since the VA will accept provider generated billing statements these hours do not add any additional hourly burden and therefore the annualized cost estimate to provider respondents is $0.00. The cost for beneficiary respondents is estimated at $22,500 (1,500 burden hours x $15 per hour). The review and appeal process is not considered a customary and usual health care business practice. The burden hours for this process are 200 and the cost for this is estimated at $3,000 (200 x $15 per hour, the estimated cost for health care administrative staff and the claimant). Therefore, we project a total cost to the respondents to be $25,500 ($22,500+$3,000).

13. Provide an estimate of the total annual cost burden to respondents or record keepers resulting from the collection of information.

a. There are no capital, start-up, operation or maintenance costs.

b. Cost estimates are not expected to vary widely. The only cost is that for the time of the respondent.

c. There is no anticipated recordkeeping burden beyond that which is considered usual and customary.

14. Provide estimates of annual cost to the Federal Government. Also, provide a description of the method used to estimate cost, which should include quantification of hours, operation expenses (such as equipment,

overhead, printing, and support staff), and any other expense that would not have been incurred without this collection of information. Agencies also may aggregate cost estimates from Items 12, 13, and 14 in a single table.

Processing/Analyzing Costs						
	Salary	Responses	Equals	Minutes	Divided by 60	Total
Preauthorization (GS 5/5)	$13.68	800	$10,944	30	60	$5,472
Clinical review (GS 14/5)	$42.24	400	$16,896	30	60	$8,448
Provider billing (GS 5/5)	$13.68	15,000	$205,200	5	60	$17,100
Beneficiary claims (GS 5/5)	$13.68	15,000	$205,200	5	60	$17,100
Review/Appeal (GS 5/5)	$13.68	600	$8,208	30	60	$4,104
Clinical review (GS 14/5)	$42.24	300	$12,672	30	60	$6,336
Printing						$1,500
TOTALS		31,400				$60,060

15. Explain the reason for any changes reported in Items 13 or 14 above.

We do not anticipate any changes.

16. For collections of information whose results will be published, outline plans for tabulation and publication. Address any complex analytical techniques that will be used. Provide the time schedule for the entire project, including beginning and ending dates of the collection of information, completion of report, publication dates, and other actions.

No publication of this data is planned.

17. If seeking approval to omit the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.

VA seeks to minimize the cost to itself of collecting, processing and using the information by not displaying the expiration date. We seek an exemption that waives the displaying of the expiration date on this VA Form. The VA Form may be stocked by the HAC or reproduced by the respondents and veterans service organizations from the Internet and then stocked. If we are required to display an expiration date, it would result in unnecessary waste of existing stock of the forms. Inclusion of the expiration date would place an unnecessary burden on the respondent (since they would find it necessary to obtain a newer version, while VA would have accepted the old one).

18. Explain each exception to the certification statement identified in Item 19, "Certification for Paperwork Reduction Act Submissions," of OMB 83-I.

There are no exceptions to the certification statement identified in item 19, "Certification for Paperwork Reduction Act Submissions," of OMB Form 83-I.

B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

No statistical methods are used in selecting respondents.