

SUPPORTING STATEMENT FOR PAPERWORK REDUCTION ACT SUBMISSION

Public Information Collection Requirements Submitted for Public Comments and Recommendations

A. Justification

1. Need and Use

This information collection requirement is necessary for a medical institution to claim benefits under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS). This information collection will be used by TRICARE/CHAMPUS to determine beneficiary eligibility, other health insurance liability, certification that the beneficiary received the care, and that the provider is authorized to receive TRICARE/CHAMPUS payments. The form will be used by TRICARE/CHAMPUS and its contractors to determine the amount of benefits to be paid to TRICARE/CHAMPUS institutional providers. Authority to collect this information is found in 10 USC, Chapter 55 and 32 CFR 199.7 (attached).

2. Purpose and users of the information

The information collection requirement is necessary for a medical institution to claim benefits under the Defense Health Program, TRICARE, which includes the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS). The information collected will be used by TRICARE/CHAMPUS to determine beneficiary eligibility, other health insurance liability, certification that the beneficiary received the care, and that the provider is authorized to receive TRICARE/CHAMPUS payments. The form will be used by TRICARE/CHAMPUS and its contractors to determine the amount of benefits to be paid to TRICARE/CHAMPUS institutional providers. Use of the HCFA 1450 (UB-92) continues TRICARE/CHAMPUS commitments to use the national standard claim form for reimbursement of medical services/supplies.

CHAMPUS is dedicated to accepting any electronic versions of the form and fiscal intermediaries/contractors are required to work with individual providers to assist them in submitting the electronic versions.

4. Duplication and Similar Information

There is no duplication of data collection. The information is a one-time submission by an institutional provider for a specific episode of care. All claims for medical services are electronically duplicate-checked by comparing the sponsor's Social Security Number and the beneficiary's name with the dates of service, place of service and types of services against the CHAMPUS contractor's data base of past claims paid. Any claims identified

as potential duplicates are manually reviewed, and if any service or total claim is a duplicate, the service(s) is denied.

5. Small Business

The information collection includes small business such as rural hospitals, skilled nursing facilities, hospices, mental health institutions, and other categories of institutional health care providers. The reporting burden on these entities is the same as for all institutions. The data required to be submitted on the claim form is the same for each type of institution. Only the type of care and type of institution differentiates the information required to perfect a claim.

6. Less Frequent Collections

This information is required only on an "occasion" basis.

7. Special Circumstances

There are no special circumstances that required the collection to be conducted in a manner inconsistent with the guidelines in 5 CFR 1320.5. (d)(2).

8. Federal Register Notice

The Federal Register Notice for this collection of information was published on February 8, 2005 (Vol. 70, No. 25, p. 6634). Copy attached. No public comments were received.

Consultations

The UB-92 was developed in conjunction with other organizations, both payers and providers, that utilize the form. The UB-92 is governed by these organizations through the National Uniform Billing Committee (NUBC) of which the Civilian Health and Medical Program of the Uniformed Services is a member. Any changes to the form or the instructions have to be approved by the voting members of the NUBC.

9. Payment/Gift to Respondents

No payments or gifts will be provided respondents other than remuneration of contractors.

10. Confidentiality

The reverse side of the form contains a Privacy Act Statement for government claims and other certifications and authorizations required by law. All TRICARE/CHAMPUS fiscal intermediaries and contractors are contractually required to adhere to Privacy Act restrictions set forth in 44 USC 1079 and 1086; 38 USC 613; EO 9397, and

TRICARE/CHAMPUS guidelines. The provider instructions also contain the Privacy Act requirements [5 USC 552(a)].

11. Sensitive Questions

The form requires a diagnosis and the type of service provided. Claims can involve all possible medical conditions. The Privacy of the patient is ensured regardless of the condition, but especially if the condition is of a sensitive nature. The fiscal intermediaries and contractors are especially aware of maintaining the privacy of the patient for claims involving venereal disease, alcoholism, drug abuse, mental conditions, and AIDS. The Privacy Act statement explains how the information will be used. The form instructions also explain that the patient/sponsor signature authorizes the release of medical information necessary to adjudicate and process the claim.

12. Burden Estimate (hour)

The total annual hour burden for the respondents of 525,000 hours is based on an annual projected use of 2,100,000 claims requesting government reimbursement for medical services rendered. The burden is based on an estimate of 15 minutes to complete the form. The forms are purchased by the medical care provider from private vendors. Cost to purchase the forms (2,100,000 claims purchased @ \$0.055 per claim = \$115,500) Postage to mail the form is paid by the provider of care (2,100,000 claims mailed at \$.37 = \$777,000). Total costs for the purchase of forms and postage: \$892,500.00

The annual burden hours calculated as follows:

Respondents: 7,836
Response time: 0.25
Response Frequency: (occasion)
Burden Hours: 525,000*
*(2,100,000 x .25 hours = 525,000)

13. Cost to Respondents

There will be no additional cost burden to respondent.

14. Cost to Federal Government

The annual cost to the Federal government is based on the total number of Form UB 92s received for processing (currently 2,100,000).

a. CHAMPUS Contractors Average Administrative Processing Cost: \$6.11 per claim x 2,100,000 = \$12,831,000 per 12 month period.

b. Printing of forms: None. The provider of care purchases the forms from private vendors.

15. Change in Burden

No change in burden.

16. Publication/Tabulation

There are no plans to publish or tabulate the information collected.

17. Expiration Date

Approval is not sought for avoiding display of the expiration date for OMB approval.

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

B. Collection of Information Employing Statistical Methods

This information collection does not employ statistical methods.