

SUPPORTING STATEMENT FOR PAPERWORK REDUCTION ACT SUBMISSION

Public Information Collection requirements Submitted for Public Comments and Recommendations: CHAMPUS Claim-Patient's Request for Medical Payment (DD Form 2642).

A. JUSTIFICATION

1. Need and Use

This form is used solely by beneficiaries claiming reimbursement for medical expenses under the TRICARE Program [formerly the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)]. The information collected will be used by TRICARE to determine beneficiary eligibility, other health insurance liability, certification that the beneficiary received the care, and reimbursement for the medical services received. The program is authorized by 10 USC Chapter 55.

2. Purpose and users of the information

This collection instrument is for use by beneficiaries under the TRICARE Program. TRICARE is a health benefits entitlement program for the dependents of active duty Uniform Services members and deceased sponsors, retirees and their dependents, dependents of Department of Transportation (Coast Guard) sponsors, and certain North Atlantic Treaty Organizations, National Oceanic and Atmospheric Administration, and Public Health Service eligible beneficiaries. DD Form 2642 is used solely by TRICARE beneficiaries to file for reimbursement of costs paid to provider and suppliers for authorized health care services or supplies.

3. Information Collection Techniques

Most claims for medical services are filed directly by the providers of care (e.g., doctors, hospitals) on different claim forms than the DD Form 2642. The DD Form 2642 is designed to be a low use form that is filed only occasionally by TRICARE/CHAMPUS beneficiaries; less than 3% of all TRICARE claims are filed on the DD Form 2642. The DD Form 2642 is available for completion and printing on the Department of Defense forms page.

4. Duplication and Similar Information

There is no duplication of data collection. The uniqueness of each claim is comparing all newly submitted claims against prior submitted claims. Files are maintained according to sponsor's Social Security Number (SSN).

5. Small Business

This collection of information does not involve small businesses or other small entities.

6. Less Frequent Collections

There is no required frequency of collection of information. Each claim is submitted as deemed appropriate by beneficiaries. There is a claim filing deadline and any claims received after that date may be denied. The deadline is within one year of the date in which the care or supply was rendered. No payment for the services or supplies may be made unless or until the claim form is received by the TRICARE contractor for processing.

7. Special Circumstances

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

8. Federal Register Notice/Consultations

The Federal Register Notice for this collection of information was published on October 13, 2009 (74 FR 52460). No public comments were received.

This form has been coordinated with TRICARE contractors who are required to receive the DD Form 2642 from the beneficiaries, adjudicate the claim, and make any payments. Many comments were received and used to further clarify the information required and the instruction on the use of the form.

9. Payment/Gift to Respondents

None.

10. Confidentiality

The privacy Act Statement on the form indicates the many possible authorized condition on disclosure of information. In addition, the signature of the patient or authorized person on the claim form authorizes the "release of medical or other insurance information." In all other circumstances, confidentiality is assured in accordance with Privacy Act [5 U.S.C. 552(a)].

11. Sensitive Questions

There are no questions of sensitive nature asked on this form.

12. Burden Estimated (hour)

The total annual hour burden for the respondents of 750,000 hours is based on an annual projected use of 3,000,000. The burden is based on an estimate of 15 minutes to complete the form. Other than postage to mail the form to the government, there is no cost to the beneficiary for completing this form as the government furnishes this form free. (3,000,000 claims mailed at \$.42 = \$1,260,000.

13. Cost to Respondents

None.

14. Cost to the Federal Government

The annualized cost to the Federal government is based on the total number of CHAMPUS forms received for processing (currently 3,000,000 for a 12 month period). The cost is as follows:

a. CHAMPUS Contractors Average Administrative Processing Cost: \$6.70 per claim = \$20,100,000 per 12 month period.

b. Printing of form (3,000,000 per year @ \$0.017 per form): \$510,000.

15. Change in Burden

The DD Form 2642 was designed for use by only the beneficiary, but replaces another form for use by both the beneficiary and the provider of care. Providers are now required to submit claims on nationally approved claims, not Department of Defense claims. This has resulted in the lessening of a need for providers to rely on DoD forms for submitting medical claims. In addition, the National Defense Authorization Act for FY92 (10 U.S.C. Section 1106) mandates that providers file all claims with certain exceptions. The burden has increased due to the number of beneficiaries filing claims.

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.

18. There are no exceptions to the certification statement in Item 19, "Certification for Paperwork Reduction Act Submission," of OMB Form 83-1.

B. Collections of Information Employing Statistical Methods

This entire section is non-applicable because the information collection does not utilize any statistical methods.