

## **Supporting Document for Paperwork Reduction Act Submission**

### **Third Party Collection Program/Medical Services Account/Other Health Insurance**

#### **A. Justification**

##### **1. Need and Use**

DoD implemented the Coordination of Benefits Program in FY87 based on authority of 10 USC 1095, enacted as Section 2001 of Pub L. 99-272, Consolidated Omnibus budget Reconciliation Act of 1986 (COBRA), April 7, 1986, and Uniform Business Office (UBO) manual 6010.150-M, Military Treatment Facility UBO manual, April 1997. Under this program, DoD is required to collect from third-party payers the cost of inpatient and outpatient services rendered to military retirees, all dependents, and others who have private health insurance. Title 32, Part 220 of the Code of Federal Regulations, implements 10 USC 1095. Specifically, 32 CFR 220.2 (d) states that the form must be available to third-party payers upon request. A third-party payer may not request any other assignment of benefits form from the subscriber. Copies of the statute and regulatory provision are attached.

##### **2. Purpose and Users of the Information**

This information will be collected by administrative support staff, including but not limited to, admissions clerks, patient registration and scheduling clerks, and clinic staff at military treatment facilities (MTFs) from military retirees, all dependents, and others seeking medical care at the MTF at the time of outpatient visit and/or admission to the MTF. It will help the local MTF commander identify circumstances in which a claim for services may be submitted to a proper third-party payer and facilitate the collection of reasonable charges from that payer.

##### **3. Improved Information Techniques**

The information collected on this form will be entered into the Composite Health Care System (CHCS) database, which must be updated on a regular basis to ensure that the information is current and accurate. The form itself will serve as documentation that the requirements of the law have been satisfied. Since the information requested is readily available to the respondent, we feel the completion of the form is not unduly burdensome. The form may be stored in hard copy or electronically.

##### **4. Duplication and Similar Information**

This information is not being collected by any other agency or component nor is it currently available in any other format. This form simplifies and standardizes the process for collecting the required information. Duplication of information to be collected has been eliminated.

##### **5. Small Business**

No small business or other small entities are involved in this collection of information.

##### **6. Less Frequent Collections**

Currently, this form is the only way to identify potential third-party payers. This information must be collected at least annually from each individual seeking medical care in the MTF. It is crucial to collect the most up-to-date information on potential third-party payers. Therefore, data cannot be collected on a less frequent basis.

## 7. Special Circumstances

There are no special circumstances that require the collection to be conducted in a matter inconsistent with the guidelines in 5 CFR 1320.9 and the related provisions of 5 CFR 1320.8(b)(3).

## 8. Federal Notice and Consultations

The Federal Register Notice for this collection of information was published October 29, 2009 (Vol. 74, No. 208, pp. 55825). Copy attached. No public comments to the notice were received. This collection is being conducted in accordance with the guidelines outlined in 5 CFR 1320.8 and 5 CFR 1320.9.

## 9. Payment/Gift to Respondents

There will be no payment or gifts furnished to respondents.

## 10. Confidentiality

A Privacy Act Statement is provided on the form. The specific uses for the information are stated on the form. The form also states that disclosure is required and lists the consequences of non-disclosure and/or submitting false information.

## 11. Sensitive Questions

Questions of a sensitive nature are not asked.

## 12. Burden Estimate

There has been a significant increase in the number of beneficiaries seeking treatment at MTFs over the past several years. Some of this is due to increase in retirees. Of the 9.2 million TRICARE beneficiaries, it is expected that only 3,507,390 beneficiaries will be asked to complete the form.

To document program compliance, all patients must complete at least a portion of the questionnaire, which is entered into the medical record. We estimate that it will take no more than an average of three minutes to complete the form. In many cases that time will diminish if the beneficiary has his insurance card, since the front and back of the card can then be photocopied and stapled to the form, thereby relieving the beneficiary from having to write all of the information. The estimated annual burden is 175,370.

## 13. Cost of Respondents

The cost to the respondent of providing the information is negligible and beyond our ability to calculate.

## 14. Cost of the Federal Government

The average annualized costs are itemized as follows:

(printing = \$.05 X 3,507,390)	\$ 175,370
(clerical Costs = \$.73 <sup>1</sup> X 3,507,390)	\$2,560,395
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TOTAL ANNUAL COST	\$2,735,765

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<sup>1</sup> Prorated salary based on GS-5, step 5, admissions clerk

**15. Changes**

There are no changes to the form at this time.

**16. Publication/Tabulation**

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

**17. Expiration Date**

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

**18. Certification Statement**

There are no exceptions in 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**

Statistical methods are not employed for collection of this information.