**Summary of WTC Health Program Forms/Supporting Documentation and Standard Correspondence, by Type/Function**

|  |  |  |
| --- | --- | --- |
| **Form Type** | **Form Name and Appendix ID** | **Translations** |
| Eligibility Applications | Appendix A: World Trade Center Health Program FDNY Responder Eligibility Application English | N/A |
| Appendix B: World Trade Center Health Program Responder Eligibility Application (Other than FDNY) English | Appendix C: SpanishAppendix D: Polish |
| Appendix E: World Trade Center Health Program Pentagon/Shanksville Eligibility Application | N/A |
| Appendix F: World Trade Center Health Program Survivor Eligibility Application English | Appendix G: SpanishAppendix H: PolishAppendix I: Chinese |
| Appendix J: General Responder Clinic Selection Postcard | N/A |
| Administration of Program Benefits to Eligible Members | Appendix K: Designated Representative Appointment Form | N/A |
| Appendix L: Designated Representative HIPAA Authorization form | N/A |
| Appendix O: WTCHP HIPAA Authorization for Deceased Individuals | N/A |
| Appendix P: WTCHP General HIPAA Authorization to Third Parties | N/A |
| Appendix Q: Designated Representative Revocation Form | N/A |

|  |  |  |
| --- | --- | --- |
| **Supplemental Documentation** (Ones that were included in past burden table are now here) | **Supporting Documentation Name and Appendix ID** | **Translations** |
| Approval Process for Conditions, Procedures, or Medications Supported by the WTC Health Program | Appendix R: Zadroga Act (Sec 3301) | N/A |
| Appendix S: Summary of Covered Health Benefits, Health Conditions, Treatments, and Payments | N/A |
| Appendix T: Web Based Application Screen Shots (samples) | N/A |
| Appendix U: Initial Request for Additional Information | N/A |
| Appendix V: 30 Day Letter Reminder for Additional Information | N/A |
| Appendix W: 60 Day Letter Reminder for Additional Information | N/A |
| Appendix X: 90 Day Letter Reminder for Additional Information | N/A |
| Appendix Y: 180 Day Letter Reminder for Information | N/A |
| Appendix Z: WTC-5 Code or Procedure Request | N/A |
| Appendix AA: WTC-3 Request for Certification  | N/A |
| Appendix BB: Prior Authorization Form – Standard | N/A |
| Appendix CC: Prior Authorization Form – Dental | N/A |
| Appendix DD: Prior Authorization Form – Transplant | N/A |
| Appendix EE: Transcranial Magnetic Stimulation (TMS) Treatment Request Form | N/A |
| Appendix FF: Non-Emergency General Transportation Request Form | N/A |
| Appendix GG: Non-Emergency Medical Transportation Reimbursement Form | N/A |
| Appendix HH: Non-Emergency Medical Transportation Request Form | N/A |
| Appendix II: Prior Authorization General Level 2 | N/A |
|  | Appendix JJ: Prior Authorization General Level 3 | N/A |
|  | Appendix KK: Home Health Aid Prior Authorization Level 3 | N/A |
|  | Appendix LL: Long-term Care Hospitalization Prior Authorization Level 3 | N/A |
|  | Appendix MM In-Patient Rehabilitation Prior Authorization Level 3 | N/A |
|  | Appendix NN Hospice Respite Care Prior Authorization Level 3 | N/A |
|  | Appendix OO: Outpatient Prescription Pharmaceuticals | N/A |
|  | Appendix PP: Enrollment Denial Letter and Appeal Notification | N/A |
|  | Appendix QQ: Certification Denial Letter and Appeal Notification | N/A |
|  | Appendix RR: Treatment Denial Letter and Appeal Notification | N/A |
|  | Appendix SS-1: Federal Register Notice | N/A |
|  | Appendix TT: IRB Determination | N/A |
|  | Appendix UU: Translated Initial Request for Information (Spanish, Chinese, Polish)  | Spanish, Chinese, Polish |
|  | Appendix VV: Translated 30 Day Request for Information (Spanish, Chinese, Polish) | Spanish, Chinese, Polish |
|  | Appendix WW: Translated 60 Day Request for Information (Spanish, Chinese, Polish) | Spanish, Chinese, Polish |
|  | Appendix XX: Translated 90 Day Request for Information (Spanish, Chinese, Polish) | Spanish, Chinese, Polish |
|  | Appendix YY: Translated 180 Day Request for Information (Spanish, Chinese, Polish) | Spanish, Chinese, Polish |
|  | Appendix ZZ: Translated Enrollment Denial and Appeal Notification (Spanish) | Spanish |
|  | Appendix: AAA Disenrollment Letter and Appeal Notification  | N/A |
|  | Appendix BBB: Decertification Letter Template—Administrative Error | N/A |
|  | Appendix CCC: Decertification Letter Template—Denial and Decertification Exposure | N/A |
|  | Appendix DDD: Decertification Letter Template—Latency Prostate Cancer/Cancer | N/A |
|  | Appendix EEE: Overview of WTC Health Program Forms, Standard Correspondence and Changes to the Information Collection Request | N/A |
|  | Appendix FFF: Reimbursement Denial Letter and Appeal Notification | N/A |

**Summary of Changes to Information Collection Forms, and Impact on Burden Estimates**

| **Type of****Respondent**(with burden table line number) | **Form Name** | **Appendix** | **Status** | **Comments** | **No. of****Respondents** | **No.****Responses****per****Respondent** | **Average****Burden per****Response****(in hours)** | **Total Burden Hours** | **Change in Burden** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1) FDNY Responder | World Trade Center Health ProgramFDNY Responder Eligibility Application | A | Modified | Revised applications that improve potential members’ application experience and reduce confusion | 140 | 1 | 30/60 | 70 | +47 |
| 2) General Responder | World Trade Center Health ProgramResponder Eligibility Application (Other than FDNY) | B-D | Modified  | Revised applications that improve potential members’ application experience and reduce confusion | 6,215 | 1 | 30/60 | 3,108 | +1,870 |
| 3) Pentagon /Shanksville Responder | World Trade Center Health Program Pentagon/ Shanksville Responder | E | Modified | Revised applications that improve potential members’ application experience and reduce confusion | 242 | 1 | 30/60 | 121 | -194 |
| 4) WTC Survivor | World Trade Center Health ProgramSurvivor Eligibility Application (all languages) | F-I | Modified | Revised applications that improve potential members’ application experience and reduce confusion | 9,240 | 1 | 30/60 | 4,620 | +4,020 |
| 5) General responder | Clinic Selection Postcard for new general responders in NY/NJ to select a clinic | J | Modified | Made language updates | 3,830 | 1 | 15/60 | 958 | +348 |
| 6) Program Members | Designated Representative Appointment Form  | K | Modified | Revised to include instructions to fill out the form | 1,300 | 1 | 15/60 | 325 | +317 |
| 7) Program Applicants or Members | Designated Representative HIPAA Release Form | L | Modified | Revised to include instructions to fill out the form | 1,300 | 1 | 15/60 | 325 | +317 |
| 8) Interested Party | Petition for the addition of health conditions | M | No changes |  | 35 | 1 | 1 | 35 | -25 |
| 9) Program Members | Member Satisfaction Survey | N | New | New Survey to be mailed to all Program members one time per year  | 6,600 | 1 | 30/60 | 3,300 | +3,300 |
| 10) General Public | WTC Health Program HIPAA Authorization for Deceased Individuals | O | New | New HIPAA Authorization for Deceased Individuals Form | 30 | 1 | 30/60 | 8 | +8 |
| 11) Program Applicants or Members  | WTC Health Program General HIPAA Authorization to Third Parties | P | New | New HIPAA Authorization to Third Parties Form | 30 | 1 | 30/60 | 8 | +8 |
| 12) Program Applicants or Members | Designated Representative Appointment Form that removes the members current designated representative. | Q | New | New Designated Representative Revocation Form | 15 | 1 | 15/60 | 4 | +4 |
| Total |  |  |  |  |  |  |  | 4,963 | 4,277 |