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

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| **Form Type** | **Form Name and Appendix ID** | **Translations** |
| Eligibility Applications | Appendix C: World Trade Center Health Program FDNY Responder Eligibility Application English |  |
| Appendix D: World Trade Center Health Program Responder Eligibility Application (Other than FDNY) English | Appendix E: SpanishAppendix F: Polish |
| Appendix G: World Trade Center Health Program Pentagon/Shanksville Eligibility Application |  |
| Appendix H: World Trade Center Health Program Survivor Eligibility Application English | Appendix I: SpanishAppendix J: PolishAppendix K: Chinese |
| Appendix L: Web based Application Screen Shots |  |
| Additional Information Needed to Assess Eligibility | Appendix M: Initial Request for Additional Information | Appendix FF: Translations initial request (Spanish, Chinese, Polish) |
| Appendix N: 30 Day Letter Reminder for Additional Information | Appendix GG: Translations 30 day request (Spanish, Chinese, Polish) |
| Appendix O: 60 Day Letter Reminder for Additional Information | Appendix HH: Translations 60 day request (Spanish, Chinese, Polish) |
| Appendix P: 90 Day Letter Reminder for Additional Information | Appendix II: Translations 90 day request (Spanish, Chinese, Polish) |
| Appendix Q: 180 Day Letter Reminder for Additional Information | Appendix JJ: Translations 180 day request (Spanish, Chinese, Polish) |
| Denials and Appeals | Appendix Z: Enrollment Denial Letter and Appeal Notification | Appendix KK: Spanish |
| Appendix AA: Certification Denial Letter and Appeal Notification |  |
| Appendix BB: Treatment Denial Letter and Appeal Notification |  |
| Appendix PP Decertification Letter Template—Administrative Error |  |
| Appendix QQ Decertification Letter Template—Denial and Decertification Exposure |  |
| Appendix RR Decertification Letter Template—Latency Prostate Cancer/Cancer |  |
| Appendix OO: Disenrollment Letter and Appeal Notification |  |
| Appendix TT: Reimbursement Denial Letter and Appeal Notification |  |
| Administration of Program Benefits to Eligible Members | Appendix R: Clinic Selection Postcard |  |
| Appendix V: Prior Authorization Form – Standard |  |
| Appendix W: Prior Authorization Form – Dental |  |
| Appendix X: Prior Authorization Form – Transplant |  |
| Appendix CC: WTC Health Program Medical Travel Refund Request |  |
| Appendix LL: Designated Representative Form |  |
| Appendix MM: HIPAA Release |  |

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| Approval Process for Conditions, Procedures, or Medications Supported by the WTC Health Program | Appendix S: WTC-3 Request for Certification |  |
| Appendix T: WTC-5 Code or Procedure Request |  |
| Appendix U: WTC-6 Medication Request for Codebook |  |
| Appendix NN: Petition for the Addition of a New WTC-Related Health Condition for Coverage under the World Trade Center (WTC) Health Program Form |  |
| Appendix DD: 1 Federal Register Notice |  |
| Appendix EE: IRB Determination |  |
| Appendix Y: Outpatient Prescription Pharmaceuticals |  |
| Appendix Y-1: Non Formulary Prior Authorization – Prescription (General) |  |
| Appendix Y-2 Non-Formulary Prior Authorization – Prescription (Renewal) |  |
| Appendix Y-3 Non-Formulary Prior Authorization – Airway Medication |  |
| Appendix Y-4 Non-Formulary Prior Authorization – Antidepressant |  |
| Appendix Y-5 Non-Formulary Prior Authorization – Antiemetic |  |
| Appendix Y-6 Non-Formulary Prior Authorization – Antipsychotic |  |
| Appendix Y-7 Non-Formulary Prior Authorization – Epinephrine |  |
| Appendix Y-8 Non-Formulary Prior Authorization – Insulin |  |
| Appendix Y-9 Non-Formulary Prior Authorization –Methadone |  |
| Appendix Y-10 Non-Formulary Prior Authorization – Nucala |  |
| Appendix Y-11 Non-Formulary Prior Authorization – Opioid Abuse |  |

**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 | C | No change |  | 45 | 1 | 30/60 | 23 | 0 |
| 2) General Responder | World Trade Center Health ProgramResponder Eligibility Application (Other than FDNY) | D, E, F | Modified  | No change to form content or burden, but translations were added | 2,475 | 1 | 30/60 | 1,238 | 0 |
| 3) Pentagon/ Shanksville Responder | World Trade Center Health Program Pentagon/ Shanksville Responder | G | No change |  | 630 | 1 | 30/60 | 315 | 0 |
| 4) WTC Survivor | World Trade Center Health ProgramSurvivor Eligibility Application (all languages) | H, I, J, K | Modified | No change to form content or burden, but translations were added | 1,350 | 1 | 30/60 | 675 | 0 |
| 5) General responder | Clinic Selection Postcard for new general responders in NY/NJ to select a clinic | R | No change |  | 2,475 | 1 | 15/60 | 619 | 0 |
| 6) Program Medical Provider | Physician Request for Certification (WTC-3) | S | No change |  | 20,000 | 1 | 30/60 | 10,000 | 0 |
| 7) Responder (FDNY and General Responder)/ Survivor | Denial Letter and Appeal Notification – Enrollment | Z | No change |  | 45 | 1 | 30/60 | 23 | 0 |
| 8) Responder (FDNY and General Responder)/ Survivor | Disenrollment Letter and Appeal Notification – Enrollment | OO | New | Changes due to 42 CFR 88.14 | 3 | 1 | 30/60 | 2 | +2 |
| 9) Responder (FDNY and General Responder)/Survivor | Decertification Letter and Appeal Notification – Health Condition | QQ | New | Changes due to 42 CFR 88.21 | 5 | 1 | 1.5 | 8 | +8 |
| 10) Responder (FDNY and General Responder)/Survivor | Denial Letter and Appeal Notification – Health Condition Certification | AA | Modified | Due to clarification in 42 CFR 88.21, burden per response increased from 30 min to 90 min with resulting increase in total | 60 | 1 | 1.5 | 90 | +60 |
| 11) Responder (FDNY and General Responder)/Survivor | Denial Letter and Appeal Notification – Treatment Authorization | BB | Modified | Clarification of right to appeal under 42 CFR 88.21; burden per response increased from 30 min to 90 min with resulting change in total | 26 | 1 | 1.5 | 39 | +26 |
| 12) Responder (FDNY and General Responder)/Survivor | WTC Health Program Medical Travel Refund Request | CC | No change |  | 10 | 1 | 10/60 | 2 | 0 |
| 13) Program Members | Designated Representative Form  | LL | Modified | Form was modified but no change in average burden per response; number of forms increased resulting in increase in total burden | 30 | 1 | 15/60 | 8 | +5 |
| 14) Program Member | HIPAA Release Form to allow the sharing of member information with a third party | MM | New | This is a program-initiated change that allows the WTC program to interface with third parties | 30 | 1 | 15/60 | 8 | +8 |
| 15) Pharmacy | Outpatient prescription pharmaceuticals | Y | Form updated; No change to burden estimates |  | 150 | 261 | 1/60 | 653 | 0 |
| 16) Program Medical Provider | Reimbursement Denial Letter and Appeal Notification – Providers | TT | New | New appeals process under 88.23 Generated at CCE/NPN level | 600 | 1 | 30/60 | 300 | +300 |
| 17) Responder/ Survivor/ Advocate (physician) | Petition for the addition of health conditions | NN | Modified | Migrated from 0920-0929 | 60 | 1 | 1 | 60 | +60 |
| Total |  |  |  |  |  |  |  | 14,063 | +469 |