

the amount submitted for payment is less than the amount billed, VA will accept the submission as payment, subject to verification at VA's discretion. A VA employee having responsibility for collection of such charges may request that the third party payer submit evidence or information to substantiate the appropriateness of the payment amount (e.g., health plan policies, provider agreements, medical evidence, proof of payment to other providers demonstrating the amount paid for the same care and services VA provided). This information would be needed to determine whether the third-party payer has met the test of properly demonstrating its equivalent private sector provider payment amount for the same care or services and within the same geographic area as provided by VA. This form provides for requesting patient medical records, health plan policies, provider agreements and any type or records that provide evidence of medical services and proof of payments made to others for the same medical care and services.

If VA accepts the submitted payment that is less than the billed charges, the third party payer can be subject to rate verification. In the event that rate verification is conducted, the results can be used to negotiate better rates, recoup underpayments, or amend agreements. Absent a third party payer agreement, VA should also be reimbursed billed charges or the amount third party payers would pay to non-government entities.

Affected Public: Individuals and households.

Estimated Annual Burden: 800 hours.

Estimated Average Burden per Respondent: 120 minutes.

Frequency of Response: Annually.

Estimated Number of Respondents: 400.

By direction of the Secretary.

Cynthia Harvey-Pryor,

Department Clearance Officer Office of Quality and Compliance, Department of Veterans Affairs.

[FR Doc. 2017-18158 Filed 8-25-17; 8:45 am]

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DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900-0219]

Agency Information Collection Activity: CHAMP VA Benefits—Application, Claim, Other Health Insurance & Potential Liability

AGENCY: Veterans Health Administration, Department of Veterans Affairs.

ACTION: Notice.

SUMMARY: Veterans Health Administration, Department of Veterans Affairs (VA), is announcing an opportunity for public comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act (PRA) of 1995, Federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed revision of a currently approved collection, and allow 60 days for public comment in response to the notice.

DATES: Written comments and recommendations on the proposed collection of information should be received on or before October 27, 2017.

ADDRESSES: Submit written comments on the collection of information through Federal Docket Management System (FDMS) at www.Regulations.gov or to Brian McCarthy, Veterans Health Administration, Office of Regulatory and Administrative Affairs (10B4), Department of Veterans Affairs, 810 Vermont Avenue NW., Washington, DC 20420 or email to Brian.McCarthy4@va.gov. Please refer to "OMB Control No. 2900-0219" in any correspondence. During the comment period, comments may be viewed online through FDMS.

FOR FURTHER INFORMATION CONTACT: Brian McCarthy at (202) 461-6345.

SUPPLEMENTARY INFORMATION:

Under the PRA of 1995, Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. This request for comment is being made pursuant to Section 3506(c)(2)(A) of the PRA.

With respect to the following collection of information, VHA invites comments on: (1) Whether the proposed collection of information is necessary for the proper performance of VHA's functions, including whether the information will have practical utility; (2) the accuracy of VHA's estimate of the burden of the proposed collection of information; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or the use of other forms of information technology.

Authority: 38 U.S.C. Sections 501 and 1781, 10 U.S.C. Sections 1079 and 1086, 42 U.S.C. Sections 2651, 2652 and 2653.

Title: CHAMP VA Benefits—Application, Claim, Other Health Insurance & Potential Liability.

OMB Control Number: 2900-0219.

Type of Review: Revision of a currently approved collection.

- Titles:*
1. VA Form 10-10d, Application for CHAMPVA Benefits
 2. VA Form 10-7959a, CHAMPVA Claim Form
 3. VA Form 10-7959c, CHAMPVA Other Health Insurance (OHI) Certification
 4. VA Form 10-7959d, CHAMPVA Potential Liability Claim
 5. VA Form 10-7959e, VA Claim for Miscellaneous Expenses
 6. Payment (beneficially claims)
 7. Review and Appeal Process
 8. Clinical Review

OMB Control Number: 2900-0219.

Type of Review: Revision of a currently approved collection.

Abstracts:

1. VA Form 10-10d, Application for CHAMPVA Benefits, is used to determine eligibility of persons applying for healthcare benefits under the CHAMPVA program in accordance with 38 U.S.C. Sections 501 and 1781.

2. VA Form 10-7959a, CHAMPVA Claim Form, is used to adjudicate claims for CHAMPVA benefits in accordance with 38 U.S.C. Sections 501 and 1781, and 10 U.S.C. Sections 1079 and 1086. This information is required for accurate adjudication and processing of beneficiary submitted claims. The claim form is also instrumental in the detection and prosecution of fraud. In addition, the claim form is the only mechanism to obtain, on an interim basis, other health insurance (OHI) information.

3. Except for Medicaid and health insurance policies that are purchased exclusively for the purpose of supplementing CHAMPVA benefits, CHAMPVA is always the secondary payer of healthcare benefits (38 U.S.C. Sections 501 and 1781, and 10 U.S.C. Section 1086). VA Form 10-7959c, CHAMPVA—Other Health Insurance (OHI) Certification, is used to systematically obtain OHI information and to correctly coordinate benefits among all liable parties.

4. The Federal Medical Care Recovery Act (42 U.S.C. 2651-2653), mandates recovery of costs associated with healthcare services related to an injury/illness caused by a third party. VA Form 10-7959d, CHAMPVA Potential Liability Claim, provides basic information from which potential liability can be assessed. Additional authority includes 38 U.S.C. Section 501; 38 CFR 1.900 *et seq.*; 10 U.S.C. Sections 1079 and 1086; 42 U.S.C. Sections 2651-2653; and Executive Order 9397.

5. VA Form 10-7959e, VA Claim for Miscellaneous Expenses, information collection is needed to carry out the health care programs for certain children of Korea and/or Vietnam veterans authorized under 38

U.S.C., chapter 18, as amended by section 401, Public Law 106–419 and section 102, Public Law 108–183. VA's medical regulations 38 CFR part 17 (17.900 through 17.905) establish regulations regarding provision of health care for certain children of Korea and Vietnam veterans and women Vietnam veterans' children born with spina bifida and certain other covered birth defects. These regulations also specify the information to be included in requests for preauthorization and claims from approved health care providers.

6. Payment of Claims for Provision of Health Care for Certain Children of Korea and/or Vietnam Veterans (includes provider billing and VA Forms 10–7959e). This data collection is for the purpose of claiming payment/reimbursement of expenses related to spina bifida and certain covered birth defects. Beneficiaries utilize VA Form 10–7959e, VA Claim for Miscellaneous Expenses. Providers utilize provider generated billing statements and standard billing forms such as: Uniform Billing-Forms UB–04, and CMS 1500, Medicare Health Insurance Claims Form. VA would be unable to determine the correct amount to reimburse providers for their services or beneficiaries for covered expenses without the requested information. The information is instrumental in the timely and accurate processing of provider and beneficiary claims for reimbursement. The frequency of submissions is not determined by VA, but will be determined by the provider or claimant and will be based on the volume of medical services and supplies provided to patients and claims for reimbursement are submitted individually or in batches.

7. Review and Appeal Process Regarding Provision of Health Care or Payment Relating to Provision of Health Care for Certain Children of Korea and/or Vietnam Veterans. The provisions of 38 CFR 17.904 establish a review process regarding disagreements by an eligible veteran's child or representative with a determination concerning provision of health care or a health care provider's disagreement with a determination regarding payment. The person or entity requesting reconsideration of such determination is required to submit such a request to the Chief Business Office Purchased Care (CBOPC) (Attention: Chief, Customer Service), in writing within one year of the date of initial determination. The request must state why the decision is in error and include any new and relevant information not previously considered. After reviewing the matter, a Customer Service Advisor issues a written determination to the person or entity seeking reconsideration. If such person or entity remains dissatisfied with the determination, the person or entity is permitted to submit

within 90 days of the date of the decision a written request for review by the Director, CBOPC.

Affected Public: Individuals or households.

Estimated Annual Burden:

1. VA Form 10–10d—7,000 hours.
2. VA Form 10–7959a—13,500 hours.
3. VA Form 10–7959c—16,666 hours.
4. VA Form 10–7959d—467 hours.
5. VA Form 10–7959e—1,350 hours.
6. Payment (beneficially claims)—183 hours.

7. Review and Appeal Process—6,577 hours.

8. Clinical Review—433 hours.

Estimated Average Burden per Respondent:

1. VA Form 10–10d—10 minutes.
2. VA Form 10–7959a—10 minutes.
3. VA Form 10–7959c—10 minutes.
4. VA Form 10–7959d—7 minutes.
5. VA Form 10–7959e—15 minutes.
6. Payment (beneficially claims)—10 minutes.

7. Review and Appeal Process—30 minutes.

8. Clinical Review—20 minutes.

Frequency of Response: Annually.

Estimated Annual Responses:

1. VA Form 10–10d—42,000.
2. VA Form 10–7959a—81,000.
3. VA Form 10–7959c—100,000.
4. VA Form 10–7959d—4,000.
5. VA Form 10–7959e—5,400.
6. Payment (beneficially claims)—1,100.

7. Review and Appeal Process—13,154.

8. Clinical Review—1,300.

By direction of the Secretary:

Cynthia Harvey-Pryor,

Department Clearance Officer, Office of Quality and Compliance, Department of Veterans Affairs.

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DEPARTMENT OF VETERANS AFFAIRS

Geriatrics and Gerontology Advisory Committee; Notice of Meeting

The Department of Veterans Affairs (VA) gives notice under the Federal Advisory Committee Act that a meeting of the Geriatrics and Gerontology

Advisory Committee will be held on October 23–24, 2017 at the Department of Veterans Affairs, 810 Vermont Avenue NW., Washington, DC. On October 23rd, the session will be held in Room 730 and begin at 1:00 p.m. and end at 5 p.m. On October 24th, the session will be held in Room 630 and begin at 8 a.m. and end at 4:30 p.m. This meeting is open to the public.

The purpose of the Committee is to provide advice to the Secretary of VA and the Under Secretary for Health on all matters pertaining to geriatrics and gerontology. The Committee assesses the capability of VA health care facilities and programs to meet the medical, psychological, and social needs of older Veterans and evaluates VA programs designated as Geriatric Research, Education, and Clinical Centers.

The meeting will feature presentations and discussions on VA's geriatrics and extended care programs, aging research activities, updates on VA's employee staff working in the area of geriatrics (to include training, recruitment and retention approaches), Veterans Health Administration (VHA) strategic planning activities in geriatrics and extended care, recent VHA efforts regarding dementia and program advances in palliative care, and performance and oversight of VA Geriatric Research, Education, and Clinical Centers.

No time will be allocated at this meeting for receiving oral presentations from the public. Interested parties should provide written comments for review by the Committee to Mrs. Alejandra Paulovich, Program Analyst, Geriatrics and Extended Care Services (10P4G), Department of Veterans Affairs, 810 Vermont Avenue NW., Washington, DC 20420, or via email at Alejandra.Paulovich@va.gov. Individuals who wish to attend the meeting should contact Mrs. Paulovich at (202) 461–6016.

Dated: August 23, 2017.

LaTonya L. Small,

Federal Committee Management Officer.

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