

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](mailto: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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