



## **DEPARTMENT OF DEFENSE**

Office of the Secretary

[Docket ID: DoD-2015-HA-0038]

Proposed Collection; Comment Request

**AGENCY:** Office of the Assistant Secretary of Defense for Health Affairs, DoD.

**ACTION:** Notice.

**SUMMARY:** In compliance with the *Paperwork Reduction Act of 1995*, the Office of the Assistant Secretary of Defense for Health Affairs announces a proposed public information collection and seeks public comment on the provisions thereof. Comments are invited on: (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed information collection; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the information collection on respondents, including through the use of automated collection techniques or other forms of information technology.

**DATES:** Consideration will be given to all comments received by [INSERT DATE 60 DAYS AFTER DATE OF PUBLICATION IN THE FEDERAL REGISTER].

**ADDRESSES:** You may submit comments, identified by docket number and title, by any of the following methods:

- Federal eRulemaking Portal: <http://www.regulations.gov>. Follow the instructions for submitting comments.
- Mail: Department of Defense, Office of the Deputy Chief Management Officer, Directorate of Oversight and Compliance, Regulatory and Audit Matters Office, 9010 Defense Pentagon, Washington, DC 20301-9010.

*Instructions:* All submissions received must include the agency name, docket number and title for this Federal Register document. The general policy for comments and other submissions from members of the public is to make these submissions available for public viewing on the Internet at <http://www.regulations.gov> as they are received without change, including any personal identifiers or contact information.

Any associated form(s) for this collection may be located within this same electronic docket and downloaded for review/testing. Follow the instructions at <http://www.regulations.gov> for submitting comments. Please submit comments on any given form identified by docket number, form number, and title.

**FOR FURTHER INFORMATION CONTACT:** To request more information on this proposed information collection or to obtain a copy of the proposal and associated collection instruments, please write to the Defense Health Agency, TRICARE, Medical Benefits & Reimbursement Office, 16401 E. Centretch Parkway, Aurora, CO 80011, ATTN: Amber Butterfield, or call TRICARE, Medical Benefits and Reimbursement Office at (303) 676-3565.

**SUPPLEMENTARY INFORMATION:**

**TITLE; ASSOCIATED FORM; AND OMB NUMBER:** Health Insurance Claim Form, CMS-1500 OMB Control Number 0720-0001.

**NEEDS AND USES:** The information collection requirement is used by TRICARE to determine reimbursement for health care services or supplies rendered by individual professional providers to TRICARE beneficiaries. The requested information is used to determine beneficiary eligibility, appropriateness and cost of care, other health insurance liability and whether services received are covered benefits.

**AFFECTED PUBLIC:** Business or other for profit; Not-for-profit institutions, Federal government, state, local or tribal government.

**ANNUAL BURDEN HOURS:** 22,108,225

**NUMBER OF RESPONDENTS:** 88,432,900

**RESPONSES PER RESPONDENT:** 1

**AVERAGE BURDEN PER RESPONSE:** 15 minutes

**FREQUENCY:** On occasion

Respondents are individual professional providers or healthcare related providers, who file for reimbursement of civilian health care services or supplies provided to TRICARE beneficiaries under the Civilian Health and Medical Program of the Uniformed Services. TRICARE is a health benefits entitlement program for active duty, the dependents of active duty Uniformed Services member and deceased sponsors, retirees and their dependents, dependents of Department of Homeland Security (Coast Guard) sponsors, and certain North Atlantic Treaty Organizations, National Oceanic and Atmospheric Administration, and Public Health Service eligible beneficiaries. Use of this form continues TRICARE's commitment to use the national standard claim form for reimbursement of services/supplies provided by individual professional providers or

healthcare related providers, and is accepted by all major commercial and government payers.

Dated: April 30, 2015.

Aaron Siegel,

Alternate OSD Federal Register Liaison Officer,

Department of Defense.

**Billing Code: 5001-06**

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