## DEPARTMENT OF VETERANS AFFAIRS

**[OMB Control No. 2900–0042]**

### Agency Information Collection Activities Under OMB Review

**AGENCY:** Board of Veterans' Appeal, Department of Veterans Affairs.

**ACTION:** Notice.

**SUMMARY:** In compliance with the Paperwork Reduction Act (PRA) of 1995 (44 U.S.C. 3501–21.), this notice announces that the Board of Veterans' Appeal (BVA), Department of Veterans Affairs, has submitted the collection of information abstracted below to the Office of Management and Budget (OMB) for review and comment. The PRA submission describes the nature of the information collection and its expected cost and burden; it includes the actual data collection instrument.

**DATES:** Comments must be submitted on or before September 21, 2006.

**FOR FURTHER INFORMATION CONTACT:** Denise McLamb, Records Management Service (005G2), Department of Veterans Affairs, 810 Vermont Avenue, NW., Washington, DC 20420, (202) 565–8374, Fax (202) 565–7045 or e-mail: *denise.mclamb@mail.va.gov.* Please refer to ''OMB Control No. 2900–0042.''

Send comments and recommendations concerning any aspect of the information collection to VA's OMB Desk Officer, OMB Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503, (202) 395–7316. Please refer to ''OMB Control No. 2900–0042'' in any correspondence.

**SUPPLEMENTARY INFORMATION:** *Title:* Statement of Accredited Representative in Appealed Case, VA Form 646.

*OMB Control Number:* 2900–0042.

*Type of Review:* Extension of a currently approved collection.

*Abstract:* A recognized organization, attorney, agent, or other authorized person representing VA claimants before the Board of Veterans' Appeals complete VA Form 646 to provide identifying data describing the basis for their claimant's disagreement with the denial of VA benefits. VA uses the data collected to identify the issues in dispute and to prepare a decision responsive to the claimant's disagreement.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The **Federal Register** Notice with a 60-day comment period soliciting comments on this collection of information was published on April 6, 2006, at pages 17563–17564.

*Affected Public:* Not for profit institutions.

*Estimated Total Annual Burden:* 30,462 hours.

*Estimated Average Burden Per Respondent:* 60 minutes.

*Frequency of Response:* On occasion.

*Estimated Number of Respondents:* 30,462.

Dated: August 7, 2006.

By direction of the Secretary.

**Denise McLamb,**

*Program Analyst, Records Management Service.*

[FR Doc. E6–13923 Filed 8–21–06; 8:45 am]

**BILLING CODE 8320–01–P**

## DEPARTMENT OF VETERANS AFFAIRS

### Medicare-Equivalent Remittance Advice; Use by the Department of Veterans Affairs

**AGENCY:** Department of Veterans Affairs.

**ACTION:** Notice.

**SUMMARY:** The Department of Veterans Affairs (VA) is making a change in its procedures for seeking reimbursement from third-party insurers for certain medical care and services provided to Medicare-eligible veterans for nonservice-connected disabilities, to add a Medicare-equivalent remittance advice (MRA) as an attachment to each bill for such care and services provided by VA, with the exception of those services noted in the **SUPPLEMENTARY INFORMATION** section below.

**FOR FURTHER INFORMATION CONTACT:** Barbara C. Mayerick, VHA Chief Business Office (161), Veterans Health Administration, Department of Veterans Affairs, 810 Vermont Ave., NW., Washington, DC 20420, Telephone: (202) 254–0337. (This is not a toll free number.)

**DATES:** *Effective:* August 22, 2006.

**SUPPLEMENTARY INFORMATION:** Section 1729, Title 38, United States Code, is VA's authority to seek reimbursement from third-party insurers, including Medigap and other Medicare supplemental insurers, for the cost of medical care or services furnished to veterans for nonservice-connected disabilities as described below. Section 17.101 of title 38 of the Code of Federal Regulations sets forth VA's methodology for ''reasonable charges'' for medical care or services provided or furnished by VA to a veteran for nonservice-connected disabilities:

—For a nonservice-connected disability for which the veteran is entitled to care (or the payment of expenses of care) under a health plan contract;

—For a nonservice-connected disability incurred incident to the veteran's employment and covered under a workers' compensation law or plan that provides reimbursement or indemnification for such care and services; or

—For a nonservice-connected disability incurred as a result of a motor vehicle accident in a State that requires automobile accident insurance in a State that requires automobile reparations insurance.

VA has entered into an interagency agreement (IA) with the Centers for Medicare and Medicaid Services (CMS) which allows VA to work with the CMS fiscal intermediary and carrier, currently TrailBlazer Health Enterprises (TrailBlazer), in processing VA claims on a no-pay basis and produce Medicare-equivalent Remittance Advice (MRA) notices for the cost of medical care furnished to Medicare-eligible veterans for nonservice-connected treatment. The MRA reflects the payment that Medicare would have made, along with the deductible and coinsurance amounts applicable, for an equivalent service rendered by a Medicare provider. VA's bills are processed according to Medicare's coverage and payment policies, as well as claims processing guidelines and timeframes. Supplemental insurers will use this information to reimburse the VA coinsurance and deductible amounts they would have paid had the claims been payable by Medicare.

VA attaches the MRA provided by TrailBlazer to VA's secondary claim and both are submitted to the Medigap or other Medicare supplemental insurer either via the standard 837 transaction or via a print/mail function at the clearinghouse.

The attachment of the MRA to VA's bills submitted to Medigap or other Medicare supplemental insurers will improve VA's collection from these insurers. The MRA will correct the practice of overstating VA's outstanding accounts receivable by recording the expected supplemental payment rather than 100 percent of VA's billed charges. The submission of the MRA with a claim to Medigap or other Medicare supplemental insurers is expected to reduce the number of denials VA receives from supplemental insurers, since it will be obvious from the bill and the MRA that VA intends to collect only the supplemental payment.

Effective August 22, 2006, with the exception of the following services, all VA Medical Centers will submit an

MRA along with bills to Medigap or other Medicare supplemental insurers:

| √ | Claim type | Reason for exclusion |
|---|---|---|
| 1 | Purchased Services (fee-basis, contracted out) | Centers for Medicare and Medicaid (CMS) and VA policy differences. |
| 2 | Mammography Services | CMS and VA policy differences. |
| 3 | Institutional (Part A) Adjustments | Updates in process: Expected to be included October 2006. |
| 4 | Skilled Nursing Facilities (SNF) | Not currently covered by CMS/VA Interagency Agreement. |
| 5 | Ambulance | CMS and VA policy differences. |
| 6 | Rehab Services | Not currently covered by CMS/VA Interagency Agreement. |
| 7 | Professional (Part B) Durable Medical Equipment (DME) and Prosthetics & Orthotics (P&O). | Not currently covered by CMS/VA Interagency Agreement. |
| 8 | Hospice/Respite Care | Not currently covered by CMS/VA Interagency Agreement. |
| 9 | Home Health Care (HHC) | Not currently covered by CMS/VA Interagency Agreement. |
| 10 | Maintenance/Routine Dialysis | Not currently covered by CMS/VA Interagency Agreement. |
| 11 | Patients with Medicare Health Maintenance Organization (HMO) Policies. | Not currently covered by CMS/VA Interagency Agreement. |
| 12 | Independent Laboratories | Not currently covered by CMS/VA Interagency Agreement. |
| 13 | Ambulatory Surgical Centers | Not currently covered by CMS/VA Interagency Agreement. |

VA continues to work with CMS to add these claim types to our program; in the interim, we expect that all Medicare supplemental insurers will continue to process these claims for payment under their previous methodology and based on the provisions of 38 U.S.C. 1729.

**Authority:** 38 U.S.C. 1729.

Approved: August 10, 2006.

**Gordon H. Mansfield,**

*Deputy Secretary of Veterans Affairs.*

[FR Doc. E6–13801 Filed 8–21–06; 8:45 am]

**BILLING CODE 8320–01–P**

## DEPARTMENT OF VETERANS AFFAIRS

### Advisory Committee on CARES Business Plan Studies; Notice of Meeting

The Department of Veterans Affairs (VA) gives notice under the Public Law 92–463 (Federal Advisory Committee Act) that the Advisory Committee on CARES Business Plan Studies will meet on Friday, September 8, 2006, from 9 a.m. until 3 p.m., in the Dining Room of the Nursing Home Care Unit, Building 90, VA Palo Alto Health Care System, 4951 Arroyo Road, Livermore, CA. The meeting is open to the public.

The purpose of the Committee is to provide advice to the Secretary of Veterans Affairs on proposed business plans at those VA facility sites identified in May 2004 as requiring further study by the Capital Asset Realignment for Enhanced Services (CARES) Decision document.

The objectives of the Local Advisory Panel meeting are to communicate the Secretary's decision on the specific options to be evaluated and the timeframe for the completion of the study. Additional presentations will focus on the VA-selected contractor's methodology and tools to evaluate the remaining options. The agenda will also accommodate public commentary on implementation issues associated with each option.

Interested persons may attend and present oral or written statements to the Committee. For additional information regarding the meeting, please contact Mr. Jay Halpern, Designated Federal Officer, (00CARES), 810 Vermont Avenue, NW., Washington, DC 20024, by phone at (202) 273–5994, or by e-mail at *jay.halpern@hq.med.va.gov.*

Dated: August 11, 2006.

By Direction of the Secretary.

**E. Philip Riggin,**

*Committee Management Officer.*

[FR Doc. 06–7075 Filed 8–21–06; 8:45 am]

**BILLING CODE 8320–01–M**