

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:* Public Law 104–13; 44 U.S.C. 3501–21.

*Title:* HUDVA Addendum to Uniform Residential Loan Application, VA form 26–1802a.

*OMB Control Number:* 2900–0144.

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

*Abstract:* VA Form 26–1802a, Department of Housing and Urban Development (HUD)/Department of Veterans Affairs (VA) Addendum to Uniform Residential Loan Application, serve as the lender's and veteran's application for home loans authorized by 38 U.S.C.

*Affected Public:* Individuals or households.

*Estimated Annual Burden:* 35,000 hours.

*Estimated Average Burden per Respondent:* 6 minutes.

*Frequency of Response:* One-time.

*Estimated Number of Respondents:* 350,000.

By direction of the Secretary.

**Danny S. Green,**

*Interim VA Clearance Officer, Office of Quality, Performance and Risk, Department of Veterans Affairs.*

[FR Doc. 2019–21148 Filed 9–27–19; 8:45 am]

**BILLING CODE 8320–01–P**

## DEPARTMENT OF VETERANS AFFAIRS

### Reasonable Charges for Inpatient Medical Severity-Diagnosis Related Groups (MS–DRG) and Skilled Nursing Facility (SNF) Medical Services; v3.26, Fiscal Year (FY) 2020 Update

**AGENCY:** Department of Veterans Affairs.

**ACTION:** Notice.

**SUMMARY:** This document updates the acute inpatient and the skilled nursing facility (SNF)/sub-acute inpatient facility charges. The updated charges are based on the Medicare severity-diagnosis related groups (MS–DRG) for Fiscal Year (FY) 2020.

**FOR FURTHER INFORMATION CONTACT:** Romona Greene, Office of Community Care, Revenue Operations, Payer Relations and Services, Rates and Charges (10D1C1), Veterans Health Administration, Department of Veterans Affairs, 810 Vermont Avenue NW, Washington, DC 20420; email: [Romona.Greene@va.gov](mailto:Romona.Greene@va.gov); telephone:

(202) 382–2521 (This is not a toll-free number.)

**SUPPLEMENTARY INFORMATION:** Section 17.101(a)(1) of title 38 of the Code of Federal Regulations (CFR) sets forth the Department of Veterans Affairs (VA) medical regulations concerning “Reasonable Charges” for medical care or services provided or furnished by VA to a Veteran: 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 worker's 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 reparations insurance. The methodologies for establishing billed amounts for several types of charges are found in 38 CFR 17.101; however, this notice will only address the acute inpatient and the SNF/sub-acute inpatient facility charges.

Based on the methodologies set forth in 38 CFR 17.101(b), this notice updates the acute inpatient facility charges that were based on the FY 2019 MS–DRGs. Acute inpatient facility charges by MS–DRGs are posted on the Veterans Health Administration (VHA) Office of Community Care's website, at the following link: [www.va.gov/communitycare/revenue\\_ops/payer\\_rates.asp](http://www.va.gov/communitycare/revenue_ops/payer_rates.asp), under the “Reasonable Charges Data Tables” section, Inpatient Data Table, as Table A (v3.24). This Table A corresponds to the Table A referenced in 83 *Federal Register* (FR) 47412, September 19, 2018. Table A (v3.26) referenced in this notice provides updated charges based on the FY 2020 MS–DRGs and will replace Table A (v3.24) posted on the VHA Office of Community Care's website.

Also, this document updates the SNF/sub-acute inpatient facility all-inclusive per diem charge using the methodologies set forth in 38 CFR 17.101(c). This charge is adjusted by a geographic area factor that is based on the location where the care is provided. For the geographic area factors, see Table N, *Acute Inpatient*, and Table O, *SNF*, on the VHA Office of Community Care's website under the v3.25 link in the “Reasonable Charges Data Tables” section. Tables N and O are not being updated by this notice. The SNF/sub-acute inpatient facility per diem charge is posted on the VHA Office of

Community Care's website under the “Reasonable Charges Data Tables” section, Table B (v3.24). This Table B corresponds to the Table B referenced in 83 FR 47412, September 19, 2018. Table B referenced in this notice is v3.26, which provides an update to the all-inclusive nationwide SNF/sub-acute inpatient facility per diem charge and will replace Table B (v3.24) posted on the VHA Office of Community Care's website.

The charges in this notice for acute inpatient and SNF/sub-acute inpatient facility services are effective October 1, 2019.

This notice is retaining the table designations used for acute inpatient facility charges by MS–DRGs, which are posted on the VHA Office of Community Care's website under “Reasonable Charges Data Tables.” This notice is also retaining the table designation used for SNF/sub-acute inpatient facility charges, which are also posted on the VHA Office of Community Care's website. Accordingly, the tables identified as being updated by this notice correspond to the applicable tables referenced in 83 FR 47412, September 19, 2018.

The list of data sources presented in Supplementary Table 1 (v3.26) reflects the updated data sources used to establish the updated charges described in this notice and will be posted on the VHA Office of Community Care's website under the “Reasonable Charges Data Sources” section.

The list of VA medical facility locations is also updated. In Supplementary Table 3, posted on the VHA Office of Community Care's website under the VA Medical Facility Locations section, VA set forth the list of VA medical facility locations, which includes the first three digits of their zip codes and provider-based/non-provider-based designations.

Consistent with VA's regulations, the updated data tables and supplementary tables containing the changes described in this notice will be posted on the VHA Office of Community Care's website, under the “Payer Rates and Charges” information section.

### Signing Authority

The Secretary of Veterans Affairs, or designee, approved this document and authorized the undersigned to sign and submit the document to the Office of the Federal Register for publication electronically as an official document of the Department of Veterans Affairs. Robert L. Wilkie, Secretary, Department of Veterans Affairs, approved this document on September 26, 2019, for publication.

Dated: September 26, 2019.

**Jeffrey M. Martin,**

*Assistant Director, Office of Regulation Policy & Management, Office of the Secretary, Department of Veterans Affairs.*

[FR Doc. 2019-21329 Filed 9-27-19; 8:45 am]

**BILLING CODE 8320-01-P**

**DEPARTMENT OF VETERANS AFFAIRS**

**Cost-Based and Inter-Agency Billing Rates for Medical Care or Services Provided by the Department of Veterans Affairs for FY 2020**

**ADDRESSES:** The Department of Veterans Affairs.

**ACTION:** Notice.

**SUMMARY:** This document updates the Cost-Based and Inter-Agency billing rates for medical care or services provided by the Department of Veterans Affairs (VA) furnished in certain circumstances.

**DATES:** The rates set forth herein are effective October 1, 2019.

**FOR FURTHER INFORMATION CONTACT:** Romona Greene, Office of Community Care, Revenue Operations, Payer Relations and Services, Rates and Charges (10D1C1), Veterans Health Administration (VHA), Department of

Veterans Affairs, 810 Vermont Avenue NW, Washington, DC 20420, (202) 382-2521. (This is not a toll free number.)

**SUPPLEMENTARY INFORMATION:** VA's methodology for computing Cost-Based and Inter-Agency rates for medical care or services provided by VA is set forth in 38 Code of Federal Regulations 17.102(h). Two sets of rates are obtained by applying this methodology, Cost-Based and Inter-Agency.

Cost-Based rates apply to medical care and services that are provided by VA under § 17.102(a), (b), (d) and (g), respectively, in the following circumstances:

- In error or based on tentative eligibility,
- In a medical emergency,
- To pensioners of allied nations, and
- For research purposes in circumstances under which the medical care appropriation shall be reimbursed from the research appropriation.

Inter-Agency rates apply to medical care and services that are provided by VA under § 17.102(c) and (f), respectively, in the following circumstances when the care or services provided are not covered by any applicable sharing agreement in accordance with § 17.102(e):

- To beneficiaries of the Department of Defense or other Federal agencies; and

- To military retirees with chronic disability.

The calculations for the Cost-Based and Inter-Agency rates are the same with two exceptions. Inter-Agency rates are all-inclusive and are not broken down into three components (*i.e.*, Physician; Ancillary; and Nursing, Room and Board), and do not include standard fringe benefit costs that cover Government employee retirement, disability costs, and return on fixed assets. When VA pays for medical care or services from a non-VA source under circumstances in which the Cost-Based or Inter-Agency rates would apply if the care or services had been provided by VA, the charge for such care or services will be the actual amount paid by VA for the care or services. Inpatient charges will be at the per diem rates shown for the type of bed section or discrete treatment unit providing the care.

The following table depicts the Cost-Based and Inter-Agency rates that are effective October 1, 2019 and will remain in effect until the next fiscal year **Federal Register** update. These rates supersede those established by the **Federal Register** notice published on August 28, 2018, at 83 FR 43958.

	Cost-based rates	Inter-agency rates
<b>A. Hospital Care per inpatient day:</b>		
General Medicine:		
All Inclusive Rate .....	\$4,301	\$4,156
Physician .....	515	.....
Ancillary .....	1,121	.....
Nursing Room and Board .....	2,665	.....
Neurology:		
All Inclusive Rate .....	4,232	4,086
Physician .....	620	.....
Ancillary .....	1,117	.....
Nursing Room and Board .....	2,495	.....
Rehabilitation Medicine:		
All Inclusive Rate .....	2,910	2,803
Physician .....	331	.....
Ancillary .....	889	.....
Nursing Room and Board .....	1,690	.....
Blind Rehabilitation:		
All Inclusive Rate .....	1,995	1,920
Physician .....	161	.....
Ancillary .....	991	.....
Nursing Room and Board .....	843	.....
Spinal Cord Injury:		
All Inclusive Rate .....	2,636	2,540
Physician .....	327	.....
Ancillary .....	663	.....
Nursing Room and Board .....	1,646	.....
Surgery:		
All Inclusive Rate .....	7,526	7,272
Physician .....	829	.....
Ancillary .....	2,283	.....
Nursing Room and Board .....	4,414	.....
General Psychiatry:		
All Inclusive Rate .....	2,174	2,091
Physician .....	205	.....