

SUPPORTING STATEMENT FOR PAPERWORK REDUCTION ACT SUBMISSION

TRICARE Network Provider Satisfaction Survey (TNPSS)

A. JUSTIFICATION

1. Needs and Use

The Government Accountability Office (GAO) has reported on TRICARE's purchased care network on several occasions. GAO report #GAO-03-928 (July 2003) recommended that TRICARE needs to improve oversight of the civilian provider network. The report indicated that low reimbursement rates and administrative requirements contribute to potential provider network inadequacy. The TNPSS will allow TRICARE to quantitatively assess provider's satisfaction with numerous factors including claims processing and provider enrollment.

NDA 2004-2006 all included improving the benefit for Reservists. The increased benefit for reservists and their families has many implications including potential impacts on the Health Care Support and Service Contractors who provide health care through civilian network providers. It is necessary to measure the satisfaction of these network providers given the increased demand for health care.

The goals of this survey effort are to assess TRICARE Network Provider satisfaction, attitudes and perceptions regarding the services provided by civilian Health Care Support and Service Contractors (HCSS) and TRICARE. The survey focuses on basic business functions provided by the HCSS Contractors such as inquiries, provider communications, claims processing, appeals, provider enrollment, medical review and provider audit and reimbursement. The survey will be based on the Medicare Contractor Provider Satisfaction Survey (MCPSS) core instrument that may include additional DoD specific questions. The MCPSS provides a standardized instrument for measuring providers' perspectives on satisfaction with their Medicare Contractors as well as providing the capability to make statistically valid comparisons of results to national and system-wide statistical findings.

2. Purpose and users of the information

Information will be collected about the satisfaction of TRICARE network providers with their interactions with their Managed Care Support Contractor (MCSC). The survey is based on a CMS survey of their network providers and covers provider inquiries, provider communications, claims processing, appeals, provider certification, medical review, and provider audit and reimbursement.

3. Information Collection Techniques

The contractor will mail one paper/pen survey to each individual sampled. The survey is to be completed and returned via mail, fax or web to the contractor. Follow

up mailings and phone survey of non-responders will be used to encourage a high response rate.

4. Duplication and Similar Information

There is no duplication of data collection. This is the first time TRICARE network providers are surveyed by DoD to collect this specific information.

5. Small Business

This collection of information does involve small businesses or other small entities. However, it will not have significant economic impact on small businesses or other small entities.

6. Less Frequent Collections

Individuals are requested to provide one response per survey per year. Efforts will be taken to ensure that there is no duplication with the sampling of individuals.

7. Special Circumstances

There are no special circumstances that require the collection to be conducted in a manner inconsistent with the guidelines in 5 CFR 1320.5 (d) (2).

8. Federal Register Notice/Consultations

The Federal Register Notice for this collection of information was published on January 26, 2007 (Vol 72, No. 17, p 3796-3797). Copy attached. No public comments were received.

9. Payment/Gift to Respondents

None

10. Confidentiality

Network providers selected to participate in this data collection effort will have their information protected, except as required by law. Respondents' names will not appear on the data collection instrument. The contractor will not release any of the information collected in such a way that it can be linked to the respondents or a health care facility.

11. Sensitive Questions

There are no questions of sensitive nature asked on the surveys.

12. Burden Estimated (hours)

Respondent Burden:

2790 hours is based on an annual projected response of 9000 respondents (one survey/respondent), estimated 19 minutes per response.

Respondent Cost:

\$49,950. This estimated cost is based upon 19 minutes to complete the survey at an hourly rate of \$17.34 (GS 7 step 5).

13. Cost to Respondents

This is no additional cost to the respondents.

14. Cost of Federal Government

The Department of Defense has contracted with the NRC+PICKER to conduct this survey. The estimated contract amount to conduct the survey proposed is \$162,684.

15. Change in Burden

This is the first time TRICARE network providers are surveyed by DoD to collect this specific information, therefore there is a program change of plus 2790 hours.

16. Publication/Tabulation

Information gathered through this collection will be aggregated and analyzed for the purposes of answering the questions of leadership and to compare to similar information collected from CMS network providers. These findings will be reported to the Department of Defense and considered for scientific publication in relevant peer-reviewed journals.

17. Expiration Date

DoD is not seeking an exception to displaying the expiration date of this information collection.

18. There are no exceptions to the certification statement in Item 19 of OMB Form 83-1.

B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS

1. Respondent Universe and Sampling: The sampling methodology for this information collection will employ statistical methods. The overall strategy is to sample 9,000 of the approximately 180,000 TRICARE Network participating providers stratified by TRICARE Health Service Region, State, and Provider type with a targeted response rate of 60 percent. The population universe will be all TRICARE network participating providers with at least 1 claim in the last year. Using the Purchased Care Claims Data Records from the Department of Defense, a contractor will extract relevant variables (Provider ID, Provider Sub-ID, provider specialty, provider zip code (5-digit), health service region, enrollment status (to indicate participation in the network), and contact information) for each unique provider within the records. This file should include about 180,000 records (approximately 60,000 per region). Providers will be identified as one of five provider types: physician, non-physician provider, inpatient facilities, outpatient facilities, and other (includes ambulance services, durable medical equipment and any other provider type not captured in the first four categories).
2. Collection of Information: The sample will first be stratified by the three TRICARE Health Service Region (3), State (50), and Provider Type (5). Once these files are generated, a stratified random sample (stratification variables will include: health service region, state, and provider type) will be taken. This sample will be designed to ensure adequate representation of providers across all health service regions and TRICARE network providers. The sampling will be designed as follows:
 - a. Identify all TRICARE Network providers with at least 1 claim in the last year
 - b. Stratify the sample by Health Care Service Region (North, South, and West); State; and Provider type (physician, non-physician provider, inpatient, facility, outpatient facility, other)
 - c. Randomly sample providers within each strata.

For the resulting "sample" of Providers, we will request that DoD extract contact information (name and mailing address) for each Provider Tax ID. Using this file, we will generate a final stratified random sample of 9000 providers, generate the survey implementation materials (letters, envelopes, etc.), and mail the survey. Our precision objectives by state and by provider type are 95% confidence intervals with a half-length of 0.05 around a proportion of 0.5. Because we assume a response rate of 60 percent in each strata, and assuming a design effect of 3 percent we estimate the sample design would produce confidence interval half-lengths of .04 for statewide estimates from combined provider samples and .06 for estimates by provider type group.

All target population members will receive a US postal mail survey with an accompanying cover letter that provides information about the survey effort, its purpose, and to encourage participation. Surveys will be mailed in hard copy, with an option to complete the survey on the Internet. Two weeks after the initial mailing, surveys will again be mailed to non-responders. Attempts will be made to complete the survey via phone interviews with providers who do not respond either by mail or online within two weeks after the second mailing. Telephone surveying will begin after the conclusion of the mailed survey fielding period. Telephone contact will be

attempted only to the target provider's office; no contact will knowingly be attempted to a place of residence. Once contacted by telephone, respondents may either complete the interview or refuse participation. A maximum of ten telephone attempts will be made to contact those who have not completed a survey and who have not refused participation in the survey effort. At present, a 30 day field period is planned for the telephone survey portion of this project.

3. Methods to Increase Response Rates: There will be several methods to increase response rates for this survey. The initial contact letter will discuss the importance of the study and its scientific purpose. The multi- mode survey with multiple telephone follow-up during the office hours and allowing sufficient time between waves are intended to increase response rates. Basing the sample frame on claims data improves the accuracy of addresses for the target population because the address is tied to reimbursement. The target population is network providers who are already participating in TRICARE. Their awareness and active participation (based on at least one claim) may increase response rates. The survey will be sent to the provider's staff which should increase response rates and reduce the public burden cost. A non-responder survey will also be conducted. To evaluate bias due to non-response, we will compare characteristics of providers who responded with characteristics of those who did not. Characteristics will include provider type across strata. All results will be weighted to the sample population to account for non-response bias.
4. Tests: No tests (focus groups, etc) are planned for this survey effort. An almost identical survey has been conducted and field tested by the Centers for Medicare and Medicaid Services.
5. Points of Contact (POCs)
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