

SUPPORTING STATEMENT FOR PAPERWORK REDUCTION ACT SUBMISSION

Public Information Collection Requirements Submitted for Public Comments and
Recommendations: TRICARE Award Fee Provider Survey
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A. JUSTIFICATION

1. Needs and Use

The Health Program Analysis and Evaluation Directorate under the authority of the Office of the Assistant Secretary of Defense (Health Affairs)/TRICARE Management Activity (TMA) will undertake a survey of TRICARE network civilian providers to ask a series of questions regarding user satisfaction with the administrative processes/services with the TRICARE health plan. The TRICARE Award Fee Provider Survey (TAFPS) is designed to measure and report network provider user satisfaction with the administrative processes/services provided by the managed care support contractors (MCSC) in the six (6) TRICARE regions CONUS/OCONUS, the TAFPS will obtain provider opinions regarding claims processing, customer service, and administrative support by the TRICARE regional contractors. The findings from these surveys, coupled with additional performance criteria from other sources, will be used by the TRICARE Regional Administrative Contracting Officers to determine bi-annual award fees of the MCSC.

TRICARE, the Defense Department activity that administers the health care plan for the uniformed services, retirees and their families, serves more than 9.5 million eligible beneficiaries worldwide in the Military Health System (MHS). The mission of the MHS is to enhance Department of Defense and national security by providing health support for the full range of military operations. The MHS provides quality medical care through a network of providers, military treatment facilities, medical clinics and dental clinics worldwide.

TRICARE supplements the health care resources of the uniformed services with networks of civilian professionals to provide high-quality health care services while maintaining the capability to support military operations. TMA has partnered with civilian regional contractors in the three U.S. regions to provide these health care services and support to beneficiaries. These health care provider contracts, or Managed Care Support Contracts (MCSC) in turn, maintain networks of civilian health care providers to offer services through TRICARE Prime, the HMO benefit, and TRICARE Extra, which is a PPO. The ability of MCSCs to recruit health care providers into their networks to provide care needed by TRICARE beneficiaries is critical to the success of TRICARE, and depends on providers' satisfaction with the reimbursement and with

the business functions performed by MCSCs. A survey of network physicians regarding their satisfaction with their MCSCs will enable TMA to measure their satisfaction and identify opportunities to increase it, thereby improving the quality of care delivered through the TRICARE program.

The MCSCs who are partnering with TRICARE, are required to have a sufficient number and mix of health care providers, both primary care and specialists, to treat all beneficiaries. TRICARE contractors must also guarantee that beneficiaries have adequate access to health care and send periodic reports on the program to regional Defense officials. The contractors are responsible for ensuring adequate access to health care, referring and authorizing beneficiaries for health care, educating providers and beneficiaries about TRICARE benefits, ensuring that providers are credentialed, and processing claims. In their network agreements with civilian providers, contractors establish reimbursement rates and certain requirements for submitting claims. Reimbursement rates cannot be greater than Medicare rates unless DOD authorizes a higher rate.

DOD has delegated oversight of the civilian provider network to the TRICARE Regional Offices. In a report from the General Accounting Office (Defense Health Care: Oversight of the Tricare Civilian Provider Network Should Be Improved; GAO-03-928; July 31, 2003), it was recommended that the DoD increase its oversight of TRICARE to ensure that beneficiaries have sufficient access to health care services.

As a result, every six months, the new MCSC contract incorporates an incentive award fee component. The determination of the award fee is through an evaluation by the Government that rewards contractor performance that exceeds contract requirements. For assessment of awards, activities will include, in part, the collection and analyses of survey data obtained confidentially via telephone from authorized civilian network providers within U.S. CONUS/OCONUS regions.

The study population will be authorized network providers who have recent contacts with TRICARE beneficiaries. TRICARE defines a provider as a person, business, or institution that provides or gives health care. At a minimum, all TRICARE providers must be authorized/certified under TRICARE Regulation and must have their authorized/certification status verified by the MCSCs in each region. For example, a doctor, hospital, or ambulance company may be an authorized provider. A TRICARE-authorized provider is a provider who meets TRICARE licensing and certification requirements and has been certified by the managed care support contractor to provide care to TRICARE beneficiaries. A TRICARE network provider must sign a contractual agreement with the MCSC, and agree to provide care at a negotiated rate and file claims for beneficiaries.

The survey sample will be drawn from a sample frame consisting of authorized network providers who have had an encounter with TRICARE patients in the 6 months prior to the survey, as identified from claims data maintained by TMA.

2. Purpose and use of the information

The TAFPS, one component of the MCSC award fee plan determination process, will assess providers' satisfaction with contractors' performance and other TRICARE requirements that will provide regional Award Fee Determining Official (AFDO) with information on provider-user satisfaction with the administrative processes/services of MCSC. The award fee determination will be made every six months by the regional AFDO in accordance with Section H.7. When determining the award fee, the AFDO will consider the Government's survey data, the performance assessments provided by subject matter experts, and all other contractor performance information he/she deems appropriate.

Specifically, the TAFPS is a confidential telephone survey of civilian network providers that focuses on three basic administrative processes/services business functions provided of claims processing, customer service, and administrative services by the MCSC.

3. Information Collection Techniques

The TAFPS will be conducted every six months via telephone interview to the office managers or billing supervisor of the target population. The government anticipates the telephone survey will use standardized Computer Assisted Telephone Interview (CATI) protocol. To administer the telephone survey, the Government will contract with a survey operations vendor to (1) conduct the telephone interview fielding operations, (2) produce respondent databases each quarter; (3) document all fielding procedures, and (4) produce reports of findings for the TAFPS.

4. Duplication and Similar Information

There is no duplication of the data collection effort. No other DoD survey addresses these issues.

5. Small Business

This collection of information will impact small businesses or other small entities.

6. Less Frequent Collections

The proposed survey is planned for every three months only. Sampled network providers will be asked to complete a single survey. Once a completed survey is obtained from a network provider, or if a provider refuses participation, they will no longer be contacted.

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 Friday, October 16, 2009 (Vol. 74, No. 199, p 56221). No public comments were received.

9. Payment/Gift to Respondents

No payments or gifts will be provided to respondents.

10. Confidentiality

The information provided by the network providers selected to participate in this project will be protected to the extent provided by the law. Respondent names will not be released when data and analytic results are reported. This survey does not request any Protected Health Information (as defined by HIPAA), and the data being collected similarly are not patient or beneficiary-specific.

11. Sensitive Questions

There are no questions of sensitive nature in the survey questionnaire.

12. Burden (hours)

a) Burden Information:

The total annual burden hours for this collection are projected to be 100 hours, based on the following. $1200 \text{ network providers} \times .083 \text{ hrs.} = 100 \text{ hrs.}$ The respondents will not be required to maintain any information from the collection.

b) Cost to Respondents:

The total annual cost is estimated to be \$1,810.72. It is expected that most of the work of responding will be delegated to an office manager or billing supervisor personnel. The estimated cost is based upon $1200 \text{ respondents} \times .083 \text{ hrs.} \times \$18.18 \text{ (GS 7 Step 5)} = \$1,810.72.$

13. Cost to Respondents or Record Keepers resulting from the collection of information
There are no start-up, O&M, or capital costs to respondents.

14. Cost of Federal Government

The Department of Defense will contract with a survey operations vendor to conduct this survey. The estimated contract amount to conduct the survey proposed is \$150,000.

15. Change in Burden

This is a program change due to a new requirement in the MCSC contract.

16. Publication/Tabulation

There are no plans to publish at this time. These findings will be reported to the Health Affairs/TRICARE Management Activity and the MCSC ADFOs as part of the award fee determination process.

17. Expiration Date

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

18. Exceptions to Certification for Paperwork Reduction Act Submissions.

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.

Analysis of the results does not require statistical methods other than descriptive statistics. The sample frame for the TAFPS will be constructed from a database of all TRICARE network participating providers with at least 1 claim in the past six months. From each CONUS/OCONUS region, the frame will encompass a simple random sample of unique network providers with claims processing and associated customer support services to claims submitted by and on behalf of MHS beneficiaries who are eligible for both Medicare and TRICARE benefits. The data sources are collected from electronic transactions or claims of any authorized network provider who has submitted a claim for the six month reference period. On a semi-annual basis, the government will provide a list of de-duped randomly selected regional network providers from the TRICARE Encounter Data (TED) records. The Government will extract information last name, first name, ID #, and office phone number for each provider.

The sample design will be a random sample of all network providers. A sample of 3,000 providers will be selected from the sample frame, stratified by region, regardless if the provider's business address lies within a military treatment facility (MTF) catchment area. The random samples will be constructed such that there is sufficient amount in each sample to yield 1200 completed surveys per year.

Survey samples will be provided every quarter to the survey operations contractor to use to phone network providers. The survey operations vendor will make at least five attempts to reach each potential respondent in order to complete a survey. Each potential respondent in the initial sample will be dialed at least once each: on a weekday evening, a weekday daytime, and during the weekend, in an attempt to complete a survey.

At the end of survey fielding, raw survey results will be tabulated as a component of the award fee determination. The survey is not meant to cover all aspects of contractor performance; rather it is the simplest way to obtain a sample. The random samples will be constructed such that there is sufficient amount in each sample to yield 1200 completed surveys per year.

2. Procedures for Collecting Information.

For each region, a random sample will be drawn with name and contact information. The telephone contact information will then be sent to the survey operations contractor for survey fielding operations.

For the TAFPS, the sample frame consists of civilian network providers who have a submitted a claim for purchased health care in a CONUS/OCONUS TRICARE region. On a monthly basis, the government will provide a list of de-duped provider phone numbers from TRICARE Encounter Data (TED) records to the survey operations contractor. The survey operations contractor will complete on a quarterly basis, telephone surveys of 300 TRICARE network

providers who have submitted a claim within the previous three months (3 CONUS and 3 OCONUS, for a total of 1200 (annual) participants in the study.

The Government anticipates the contact information included on claims submissions will be a business address. The survey operations contractor will administer the telephone survey with as many telephone interviewers as needed to complete a response pool of 50 per quarter per region. Vendor will use standard telephone survey research methodology in administering the telephone questionnaires to include documentation of interviewer training, valid retrievable call records, and a log of interview sessions. Telephone protocols will include a minimum of three call attempts to each case for which a telephone number can be identified. A computerized telephone matching service (if needed) and Directory Assistance shall be used to track current telephone numbers. To optimize the chances of locating respondents and enlisting cooperation, calls will be placed at different times of the day, on different days of the week, with day time and evening call attempts occurring midweek and on weekends.

The sample for this telephone-administered survey will be randomly drawn from a list of TRICARE Network providers as described by the TMA and identified by each of the TRICARE MCSCs. "Satisfaction" with provider services will then be coded on complete surveys as responses that include a survey response scale of 1-6 where "1" indicates "completely dissatisfied" and "6" indicates "completely satisfied". "Percent satisfied" will be calculated as the simple ratio of responses to all completed survey items for that MCSC.

The results of the survey will be aggregated, and will not be associated with any individual person. The dialog for telephone survey includes the federal requirements for disclosure. The respondent database will only be retained by the Government. Only aggregated information about demographics of the entire database is available to the contracting officer and vendor.

3. Methods to Increase Response Rates. – N/A

4. Points of Contact. Office of Secretary of Defense Health Affairs, TRICARE Management Activity, Health Program Analysis & Evaluation. (703) 681-3636. Lorraine Babeu, PhD, LTC USA Project Manager. Kim Frazier, Information Management Control Officer.