

SUPPORTING STATEMENT – PART A

A. JUSTIFICATION

1. Need for the Information Collection

The Health Program Analysis and Evaluation Directorate under the authority of the Office of the Assistant Secretary of Defense (Health Affairs)/Defense Health Agency (DHA) undertakes 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. The TAFPS obtains 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, are used by the TRICARE Regional Administrative Contracting Officers to determine bi-annual award fees of the MCSC.

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 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 enables 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 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 is 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 is 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 DHA.

2. Use of the Information

TRICARE has managed care support services (MCSS) contractors who provide a network of health care providers and/or health care services to supplement the direct care services provided to MHS beneficiaries. MCSS contractors are given incentives/award fees to provide top performance in high quality care. For determination of award fees, TMA has designed the Managed Care Support Contractor Award Fee Satisfaction surveys to survey authorized network providers about their satisfaction with the MCSC services. These telephone surveys are fielded monthly and the results are reported to the TRICARE Regional Offices bi-annually. Survey questions focus on claims processing, customer service and administrative services. Currently, the following MCSS Satisfaction surveys are being conducted to measure overall customer satisfaction of the specified managed care support contractor:

The reports are labeled Health Care Services and Support (TRO North, TRO West, TRO South, and OCONUS—Latin America Region, OCONUS—Pacific Region, and OCONUS—Europe Region)

Regional Award Fee Determination Officials (AFDO) and TRICARE Regional Administrative Contracting Officers use this data to determine bi-annual award fees of the MCSC contractors.

3. Use of Information Technology

The TAFPS is conducted monthly via telephone interview to the office managers or billing supervisor of the target population. Zogby Analytics is the survey operations vendor and utilizes standardized Computer Assisted Telephone Interview (CATI) protocol. Zogby (1) conducts the telephone interview fielding operations, (2) produces respondent databases each quarter; (3) documents all fielding procedures. Deloitte then produces reports of findings for the TAFPS.

4. Non-duplication

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

5. Burden on Small Business

Respondents to this data collection are authorized network providers who have recent contacts with TRICARE beneficiaries. Efforts have been made to minimize response burden on respondents through careful design of the data collection strategy and efficient construction of the data collection instrument.

6. Less Frequent Collection

The proposed survey is fielded monthly. Sampled network providers are asked to complete a single survey. Once a completed survey is obtained from a network provider, or if a provider refuses participation, they are longer contacted.

7. Paperwork Reduction Act Guidelines

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. Consultation and Public Comments

a. The 60-day Federal Register Notice for this collection of information was published on Monday, January 27, 2014. (Vol. 79, No. 17, page 4336). No public comments were received.

The 30-day Federal Register Notice for this collection of information was published on April 24, 2014. (Vol. 79, No. 79, page 22807).

b. DHCAPE has consulted with the TRICARE Regional Administrative Contracting Officers on Monday December 2, 2013. The Contracting Officers require that the survey continue on a monthly basis in order to determine the appropriate bi-annual award fees awarded to the managed care support contract.

9. Gifts or Payment

All respondents are asked to complete the survey voluntarily. No payments are provided for participation.

10. Confidentiality

All data, which could be construed as being covered by the Privacy Act of 1974 (Public Law 93-579), are protected accordingly and are releasable only to organizations within the Department of Defense as designated by the Project Officer. Throughout the data collection process, personal identifying information is removed and separated from the respondent information, as soon as practicable. Separate computer files contain the contact information and the survey results of participants in the survey. A unique identification number is used to link or connect the personal identifiers to the respondent information.

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

Phone numbers are dialed at random from the sample by Zogby interviewers, who have access to only a name and a telephone number and no other identifiable information. All interviews are conducted from the Zogby call center located at the Utica, NY office. Upon completion of the fieldwork, data is extracted and processed using SPSS software. The finished data file does not contain any identifiable information. Data files are emailed to Deloitte in aggregate only and contain no identifiable information.

The sample is housed on a secure server in Zogby's Utica, NY office. The sample is accessed by an authorized user only with a unique password and processed via internal network so that the data is never housed on the individual workstation; it is always housed on the server. The servers are located in a locked room in Zogby Analytics' secure facility only accessed by approved personnel. Servers are monitored by a suite of Microsoft applications that have a 99.9% uptime over the last 6 years. An automatic back-up server is running in concert with the primary server in the advent of a primary server failure. The fiber connection for the server is located on a SONET ring that "self-heals" in the event of a fiber cut. This connection uses two transmission paths between network nodes, which are digital cross-connects against failure. Data housed on the server can only be accessed by a user name and password. In addition, each Microsoft Access database requires a password for access. Zogby has a hardware firewall (Sonicwall).

These servers provide data that is password protected with "strong" passwords. Sample files are not backed up. A unique id is created by Zogby for each sample record. Data is uploaded to a secure CATI server that manages data and runs the survey. Upon completion of the fieldwork, data is extracted and processed using SPSS software. The finished data file does not contain any identifiable information. Data files are emailed to Deloitte and contain no identifiable information.

11. Sensitive Questions

The survey does not contain questions that are considered sensitive in nature.

12. Respondent Burden, and its Labor Costs

a. Estimation of Respondent Burden

The table below provides information on the estimated time to complete the data collection surveys for the year. We survey a total of approximately 1,224 PCMH contractors (17 per month per region). Since respondents on average spend 5 minutes completing the survey, the total burden for data collection for the survey is estimated at 102 hours.

A	B	C	D	E	F	G
Estimated Number of Respondents	Average Burden per Respondent (Minutes)	Total Annual Burden (Minutes)	Number of Responses per Respondent	Total Respondent Burden (Minutes)	Total Burden per Respondent (Minutes)	Total Respondent Burden (Hours)
		(A*B)		(C*D)	(B*D)	(E/60)
1,224	5	6,120	1	6,120	5	102

b. Labor Cost of Respondent Burden

Total annual burden hours * estimated hourly salary of respondents (office manager/billing supervisor) = annualized cost to respondents

Estimated annual salary of office manager/billing supervisor = \$60,000 (\$28.85/hour)

$$102 * \$28.85 = \mathbf{\$2942.70}$$

$$= \mathbf{\$2.40 \text{ per respondent } (\$2942.70 / 1,224)}$$

13. Respondent Costs Other Than Burden Hour Costs

a. There is no cost to respondents, other than the time required to respond to the survey.

b. There is no cost to respondents, other than the time required to respond to the survey.

14. Cost to the Federal Government

The total contracted cost to the federal government for the TRICARE Provider Satisfaction Survey is \$8,628.57. This includes costs to program, administer the survey, provide survey responses and costs to analyze survey responses and develop and produce a report.

14a. Labor Cost of Federal Employee

Total annual burden hours * estimated hourly salary of employees (2) = annualized cost

Estimated annual salary of federal employee = 120k (\$60/hr)

$200 * \$60 = \$12k$ (2) = \$24k

The total federal employee labor cost will be \$24k annually.

The total cost to the federal government is estimated at $\$8,628.57 + \$24,000 = \$32,629$.

15. Reasons for Change in Burden

The change in burden is very slight (from 100 hours to 102), which is the result of a more precise burden calculation and requirement to survey 102 respondents per month (past inventories may have rounded to 100)

16. Publication of Results

Analysis of the results does not require statistical methods other than descriptive statistics. The services are coded on completed survey responses that include:

Completely dissatisfied
Very dissatisfied
Somewhat dissatisfied
Somewhat satisfied
Very satisfied, or
Completely satisfied
(Don't Read) Not applicable
(Don't Read) Don't know/refused

Additional calculations include question mean, median, mode and response rate.

17. Non-Display of OMB Expiration Date

All data collection instruments delivered to the respondents will prominently display the expiration date for OMB approval.

18. Exceptions to "Certification for Paperwork Reduction Submissions"

This submission describing data collection requests no exceptions to the Certificate for Paperwork Reduction Act (5 CFR 1320.9)