# 3.60SUPPORTING STATEMENT - PART A

**TRICARE AWARD FEE PROVIDER SURVEY**

OMB Control Number 0720–0048

## 1. Need for the Information Collection

The Decision Support Division (DSD) under the authority of the Office of the Assistant Secretary of Defense (Health Affairs)/Defense Health Agency (DHA) is proposing an extension of an existing information collection of TRICARE network civilian providers. The TRICARE Award Fee Civilian Provider Survey (TAFPS) is designed to assess TRICARE network civilian provider' satisfaction, attitudes, and perceptions regarding the business functions and services provided by the managed care support contractors (MCSC) in the six (6) TRICARE regions world-wide. 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. DHA has partnered with civilian regional contractors in the regions to provide these health care services and support to beneficiaries, and is responsible for awarding, administering, and overseeing TRICARE's support contracts. These health care provider contracts or 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 DHA to measure their satisfaction and identify opportunities to increase it, thereby improving the quality of care delivered through the TRICARE program.

The MCSCs 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.

TRICARE is regionally structured program to provide health care services and support to beneficiaries world-wide in three U.S. regions: North, South, and West, and in three overseas regions: Eurasia-Africa Area, Latin America Canada Area, and the Pacific Area. Each TRICARE region has its own MCSC who is responsible for administering the TRICARE program in each region. DOD has delegated oversight of the civilian provider network to the TRICARE Regional Offices.

Public Law 114-328, Section 706 of the Fiscal Year 2017 National Defense Authorization Act, Establishment of High Performance Military-Civilian Integrated Health Delivery Systems, directed DoD to establish military-civilian integrated health delivery systems through partnerships with other health systems, including local or regional health systems in the private sector with the goals of (a) delivering high quality health care as measured by leading national health quality measurements or organizations; (b) achieving greater efficiency in the delivery of health care by identifying and implementing within each such system improvement opportunities; (c) improve population-based health outcomes by using a team approach; and (d) coordinate and integrate health care across the continuum of care, connecting all aspects of the health care received by the patient.

2. Use of the Information

The TRICARE Award Fee Provider Survey (TAFPS) is designed to assess TRICARE network civilian provider satisfaction, attitudes, and perceptions regarding the business functions/services that are provided by the MCSC in the six (6) TRICARE regions world-wide. Specifically, 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. 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.

An ongoing survey of network physicians regarding their satisfaction with their MCSCs enables DHA to continuously measure their satisfaction and identify opportunities to increase it, thereby improving the quality of care delivered through the TRICARE program. 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. The TAFPS obtains provider opinions regarding claims processing, customer service, and administrative support by the TRICARE regional contractors. This is critical to the successful development and implementation of TRICARE as a high performance military-civilian integrated health delivery system as directed by Congress.

In addition, 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.

Each month, random samples of TRICARE network providers who have had an encounter with a TRICARE patient in the preceding month are contacted. Potential survey participants are drawn from random samples of network providers identified by the MCSC in each Region. The government pulls the sample on a monthly basis. Information in the samples consists of first and last name of the network provider's office manager or billing supervisor, provider identification (ID) number, and office telephone number. Provider ID is not used unless a different contact name or number is needed. The survey script instructs the interviewer to administer the survey only to the person listed in the survey sample. Therefore, it is unlikely that the Survey would be administered to anyone other than the intended participants.

The survey uses a single instrument, but is fielded and reported separately for each TRICARE Region: TRICARE Regional Office (TRO) North, TRO West, TRO South, as well as TRICARE Overseas for Latin America, the Pacific, and Eurasia-Africa. The Survey does not create subgroups for any Region. Survey operations are conducted using standardized telephone scripts. These telephone scripts are read verbatim without adding any other scripting or tag questions, such as "How are you?" An electronic telephone interviewing system is used for administering the survey. An electronic telephone interviewing system uses standardized scripts and design specifications. The survey vendor is responsible for programming the scripts and specifications into their electronic telephone interviewing software. Regardless of patient response, the interviewer must record all responses in the telephone interview.

The survey is delivered exclusively by phone, and interviewers see only name and phone number. This information is provided on a monthly basis. Potential participants are randomly drawn from a list of TRICARE network providers as identified by each MCSC. The survey vendor must attempt to reach each and every potential respondent in the sample. Telephone call attempts are to be made between the hours of 9 AM and 6 PM respondent time. Repeated attempts must be made until the provider is contacted, found ineligible or five attempts have been made. After five attempts to contact the provider have been made, no further attempts are to be made.

The random samples are constructed such that there is a sufficient amount in each sample to yield 1,224 completed responses per year, reported in groups of 102 participant responses for each of the six TRICARE Regions every six months. The total sample size (including all TRICARE Regions) received annually is approximately 11,500. The cooperation rate has historically been 73%, calculated as outlined by the American Association for Public Opinion Research. This involves researchers making approximately 9,100 calls annually (the number of potential participants researchers attempt to contact will be lower as a number may be called more than once if the call is not answered).

Survey interviewers are trained to read the script from the telephone screens (reciting the survey from memory can lead to unnecessary errors and missed updates to the scripts); to read response options exactly as worded and at an even pace without emphasis on any particular response category; to record responses to survey questions only after the provider has responded to the questions; that is, interviewers must not pre-code response choices; are trained in the definition of each disposition code; and trained to adjust the pace of the survey interview to be conducive to the needs of the respondent .

The survey interviewer must record all responses verbatim in the telephone interview. The electronic telephone interviewing system uses standardized scripts and design specifications. The survey vendor is responsible for programming the script and specifications into the electronic telephone interviewing software. The survey is formatted to ensure anonymity of the responses

Data collected through the electronic telephone interviewing system must be retained in a secure manner for a minimum of one year and must be easily retrievable by the survey vendor. To protect data confidentiality, the survey vendor (a) prevents unauthorized access to confidential electronic and hard copy information by restricting physical access to confidential data (use locks or password-protected entry systems on rooms, file cabinets and areas where confidential data are stored); (b) develops confidentiality agreements which include language related to HIPAA regulations and the protection of patient information, and obtain signatures from all personnel with access to survey information, including staff and all subcontractors involved in survey administration and data collection; (c) executes Business Associate Agreement(s) with DHA in accordance with HIPAA regulations; (d) confirms that staff and subcontractors are compliant with HIPAA regulations in regard to patient protected health information (PHI); (e) establishes protocols for secure file transmission. Emailing of PHI via unsecure email is prohibited; and (f) establishes protocols for identifying security breaches and instituting corrective actions.

3. Use of Information Technology

An electronic telephone interviewing system is used for administering the survey. An electronic telephone interviewing system uses standardized scripts and design specifications. The survey vendor is responsible for programming the scripts and specifications into their electronic telephone interviewing software.

4. Non-duplication

The information obtained through this collection is unique and is not already available for use or adaptation from another cleared source.

5. Burden on Small Businesses

This information collection does not impose a significant economic impact on a substantial number of small businesses or entities.

6. Less Frequent Collection

The proposed survey is fielded monthly and reported on twice yearly. Telephone surveys are fielded monthly to a sample of and the results are reported to the TRICARE Regional Offices bi-annually. The survey conducts approximately 1,224 telephone surveys world-wide per year to network providers (17 per month per region X 6 regions). Respondents on average spend 5 minutes completing the survey.

Sampled network providers are asked to complete a single survey. After a completed survey is obtained from a network provider, or if a provider refuses participation, they are excluded for the survey for a period of one year.

It is critical that TRICARE continually conduct a longitudinal assessment of its TRICARE provider network satisfaction to determine what, if any, organizational issues exist that may impact provider participation in TRICARE. Early detection of key issues can then be quickly and adequately addressed to insure a robust cadre of network providers. Provider satisfaction reflects multiple critical aspects of healthcare operations and delivery. Because lower levels of provider satisfaction have potentially negative effects on operational efficiency, provider retention, health care costs, and patient loyalty, health care facilities and networks.

7. Paperwork Reduction Act Guidelines

This collection of information does not require collection to be conducted in a manner inconsistent with the guidelines delineated in 5 CFR 1320.5(d)(2).

8. Consultation and Public Comments

Part A: PUBLIC NOTICE

A 60-Day Federal Register Notice for the collection was published on Friday, July 28, 2017. The 60-Day FRN citation is 82 FRN 35190.

No comments were received during the 60-Day Comment Period.

Part B: CONSULTATION

DSD has consulted with the Senior Director, TRICARE Regional Operations, and with the TRICARE Regional Administrative Contracting Officers who have confirmed they continue to require the survey to determine the appropriate bi-annual award fees awarded to the managed care support contracts.

No additional consultation apart from soliciting public comments through the 60-Day Federal Register Noticed was conducted for this submission.

9. Gifts or Payment

No payments or gifts are being offered to respondents as an incentive to participate in the collection.

10. Confidentiality

A System of Record Notice (SORN) is not required for this collection because records are not retrievable by PII.

A Privacy Impact Assessment (PIA) is not required for this collection because PII is not being collected electronically.

A Privacy Act Statement is not required for this collection because we are not requesting individuals to furnish personal information for a system of records. A Privacy Advisory is recommended.

Records Retention and Disposition Schedule: "Destroy after 5 years or discontinuance, whichever is first. 103-03.4"

11. Sensitive Questions

No questions considered sensitive are being asked in this collection.

12. Respondent Burden and its Labor Costs

a. Estimation of Respondent Burden

| | |
|---|---|
| a. Number of Respondents: | 1,224 |
| b. Number of Responses per Respondent: | 1 |
| c. Number of Total Annual Responses: | 1,224 |
| d. Response Time: | 5 minutes |
| e. Respondent Burden Hours: | 102 hours |

2. **Total Submission Burden**

| | |
|---|---|
| a. Total Number of Respondents: | 1,224 |
| b. Total Number of Annual Responses: | 1,224 |
| c. Total Respondent Burden Hours: | 102 hours |

b. Labor Cost of Respondent Burden

| | |
|---|---|
| a. Number of Total Annual Responses: | 1,224 |
| b. Response Time: | 5 min |
| c. Respondent Hourly Wage: | $43.29/hour |
| d. Labor Burden per Response: | $3.60 |
| e. Total Labor Burden: | $4,415.56 |

2. **Overall Labor Burden**

| | |
|---|---|
| a. Total Number of Annual Responses: | 1,224 |
| b. Total Labor Burden: | $4,415. 56 |

The respondent hourly wage was determined by using the Bureau of Labor Statistics, U.S. Department of Labor, Occupational Outlook Handbook, 2016-17 Edition, Administrative Services Managers, on the Internet at

https://www.bls.gov/ooh/management/administrative-services-managers.htm (visited May 18, 2017).

13. Respondent Costs Other than Burden Hour Costs

There are no annualized costs to respondents other than the labor burden costs addressed in Section 12 of this document to complete this collection.

14. Cost to the Federal government

1. Labor Cost to the Federal Government (Contract Costs)

| | |
|---|---|
| a. Number of Total Annual Responses: | 1,224 |
| b. Processing Time per Response: | 5 min |
| c. Hourly Wage of Worker(s) Processing Responses: | $94.80 |
| d. Cost to Process Each Response: | $7.90 |
| e. Total Cost to Process Responses: | $9,669.60 |

2. **Overall Labor Burden to Federal Government**

| | |
|---|---|
| a. Total Number of Annual Responses: | 1,224 |
| b. Total Labor Burden*:* | $9,669.60 |

b. Operational and Maintenance Costs

| | |
|---|---|
| a. Equipment: | $0 |
| b. Printing: | $0 |
| c. Postage: | $0 |
| d. Software Purchases: | $0 |
| e. Licensing Costs: | $0 |
| f. Other: | $0 |
| g. Total: | $0 |

| | |
|---|---|
| 1. Total Operational and Maintenance Costs: | $0 |
| 2. Total Labor Cost to the Federal Government: | $9,669.60 |
| 3. Total Cost to the Federal Government: | $9,669.60 |

15. Reasons for Change in Burden

There has been no change in burden since the last approval.

16. Publication of Results

The results of this information collection will not be published.

17. Non-Display of OMB Expiration Date

We are not seeking approval to omit the display of the expiration date of the OMB approval on the collection instrument.

18. Exceptions to "Certification for Paperwork Reduction Submissions"

We are not requesting any exemptions to the provisions stated in 5 CFR 1320.9.