SUPPORTING STATEMENT - PART A

TRICARE Select Survey of Civilian Providers OMB Control Number – 0720-0031

Summary of Changes from Previously Approved Collection

- ICR title change: Formerly titled as "TRICARE: Standard Survey of Civilian Providers," changed to "TRICARE Select Survey of Civilian Providers "
- Updated collection instruments (mailing instruments, telephone survey script and internet survey screenshots)
- Burden decrease due to revised estimated response rate (based on past results)

1. Need for the Information Collection

The TRICARE Select Survey of Civilian Providers (TSS) is an annual survey conducted over four (4) years designed gather data on providers (physicians and non-physician behavioral health providers) to assess the extent to which they are aware of the overall TRICARE program, accept new TRICARE patients specifically, the extent to which these providers accept Medicare patients, and reasons if they are not. The survey is sent to a random sample of providers, stratified to include in each year 20 geographic areas where the TRICARE Prime benefit option is offered, as well as 20 where it is not. TRICARE Prime Service Areas (PSAs) are those geographic areas where the TRICARE managed care support contractors (MCSCs) offer the TRICARE Prime benefit through established networks of providers. Legislation outlines that the survey must include areas with concentrations of reservists, who, with their families, may also be eligible for care under TRICARE if activated, or if enrolled to a TRICARE offering for reservists.

The original legislation directing this information collection was Section 723 of Fiscal Year (FY) 2004 National Defense Authorization Act (NDAA), later modified by Section 711 FY06 NDAA (requiring collection from 2005-2007), subsequently amended by Section 711 of FY08 NDAA (P.L. 110-181 requiring collection from 2008-2011), and extended by Section 721 of FY12 NDAA, (Public Law (PL) 112-81) requiring collection from 2012-2015.

Section 712 of FY15 NDAA has extended the requirement again to continue the survey from 2017 through 2020. Funding and contractual efforts will likely result in beginning the 2020 survey fielding the end of calendar year 2020 with completion and analysis by mid-2021. The extended legislation required the Department to establish benchmarks for primary and specialty care providers (including mental health providers) to determine adequacy of providers available to TRICARE-eligible beneficiaries.

The legislation changed the TRICARE Standard benefit, the subject of the survey, which necessitates corresponding modifications to the survey language. The TSS purpose, sample design, methodology, and survey operations will remain unchanged, with exception of changes to the survey name and instrument to reflect the most current legislation. Section 701 of the FY17 NDAA established TRICARE Select as the replacement for TRICARE Standard as of January 1, 2018. TRICARE Select brings together the features of TRICARE Standard and TRICARE Extra in a single plan. Select enrollees may obtain care from any TRICARE authorized provider without a referral or authorization. The goal is to broaden access for beneficiaries by setting the requirement that at least 85 percent of our U.S. beneficiaries have ready access to network providers in TRICARE Select and gives Select beneficiaries access to no-cost preventive services from network providers. To meet this goal, the department must establish mechanisms for monitoring compliance with access standards.

As a result of the benefits change, the Defense Health Agency (DHA) proposes to: (1) Change the TSS survey title to reflect a change in TRICARE health benefit option from "Standard" to "Select;" and (2) revise selected questions on the data collection instruments to reflect a change in TRICARE health benefit option from "Standard" to "Select."

DHA has complied with previous congressional requirements through the survey described herein. No other information source or data collection exists that will fulfill legislation required to monitor the level of TRICARE Select acceptance amongst civilian providers.

2. Use of the Information

The information gathered through this project will be used to generate reports to address the legislative requirements specified above. Information resulting from the collection efforts of this project will assist DHA in developing policies and initiatives to improve TRICARE beneficiaries' access to civilian providers.

The TSS target population includes both physicians and non-physician behavioral health providers. There are two separate questionnaires fielded with common questions to the two groups: physicians and non-physician behavioral health providers. Behavioral health providers and non-psychiatrist physicians are randomly sampled from a selected group of zip codes that include PSAs, Non-PSAs, and Health Service Areas selected for the sample frame. Providers are selected based upon criteria for type of practice, office- based or unclassified patient care. Providers whose principal employer is federal government and some specialties (i.e. forensic pathology) are excluded from the sample. The sample is stratified within 20 randomly selected PSAs and 20 randomly selected non-PSAs. The sampling strata are a combination of area type and provider type. The stratification scheme results in a sample that is proportional to the distribution of the types of civilian providers in each geographical area. The sample is split between physicians (to include psychiatrists) and TRICARE Authorized non-physician behavioral health providers with a projected response rate of 40%.

The TSS is conducted in the US once per fiscal year using a two wave postal mailing of the questionnaire with mail, fax and internet response options for all respondents. The questionnaire is mailed to the provider's office address if such is available. If an office address is not available, it is measured to the provider's residence. A scripted telephone follow-up interview is then conducted to non-respondents. Providers are contacted at their office number if such is available. The interviewer will attempt to obtain responses from the provider's office manager, if possible, to reduce the burden on the provider.

Data collected will 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

A multi-mode data collection method is used, beginning with a mailed questionnaire with the option to complete the questionnaire on the web, followed by a telephone survey. The mail survey may be returned by mail or by facsimile (fax). These options have been made available since FY08, when the web option was added to the mail and telephone surveys. In the most recent year (2017), 53% percent of responses were obtained by mail, 3% percent by fax, 8% percent by internet, and 35% percent by telephone.

Because the questionnaire is a single page and can be printed on the back of the notification and is filled out by office staff, response by mail is the most convenient option for most respondents. A small proportion elects to use the electronic response option for this reason. The electronic option might be used more frequently if providers or their office staff were notified of the survey by electronic means. However, this method of contact is not used because electronic addresses are not readily available.

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 survey methodology and frequency responds directly to the requirements levied by the annual survey as directed by Congress, and validated by multiple GAO reviews. It is no more frequent than the minimum directed. Besides failing to comply with the mandate, collection at longer intervals would reduce the accuracy of national estimates and the comparability of local estimates from the survey.

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 published on Friday, September 21, 2018. The 60-Day FRN citation is 83 FRN 47891.

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

A 30-Day Federal Register Notice for the collection published on Friday, November 23, 2018. The 30-Day FRN citation is 83 FRN 59367.

Part B: CONSULTATION

DSD has been approved to conduct this survey for many years. No other agency is tasked with this activity according to legislation. OMB and internal DoD sources (Washington Headquarters Service) have confirmed that there is no duplication of efforts and the survey is conducted with minimal frequency. DSD annually consults with the Senior DHA Director, TRICARE Regional Operations, and with appropriate civilian alliance organization for input into geographical site selections for survey administration.

Additionally, the Government Accountability Office (GAO) was required to review the processes, procedures and analyses used by DoD to determine the adequacy of the number of health care and mental health care providers available to TRICARE-eligible beneficiaries. GAO have evaluated the data collection and security processes with respect to conformance with OMB guidelines, and concurred with our methodology and processes.

9. Gifts or Payment

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

10. Confidentiality

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 Statement is provided on the cover letter for each survey.

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.

Records Retention and Disposition Schedule:
Records will be maintained in accordance with the following approved disposition schedule:

- Subject: Quality Assurance Studies and Analyses of Healthcare Quality
- Cutoff: Annually
- Disposition: Destroy when 5 year(s) years old
- OSD RCS Series #: 905-02.2
- NARA Authority: NC1-330-77-5

Or if the study and analyses results in issuance of new standards utilize the following approved disposition schedule:

- Subject: Quality Assurance Studies and Analyses of Healthcare Quality
- Cutoff: Annually
- Disposition: Permanent. Retire to the WNRC when no longer required for reference.
- OSD RCS Series #: 905-02.3
- NARA Authority: NC1-330-77-5

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

1. **Physician Questionnaire**

a. Number of Respondents:	10,400
b. Number of Responses per Respondent:	1
c. Number of Total Annual Responses:	10,400

d. Response Time:	5 minutes
e. Respondent Burden Hours:	867 hours

2. **Mental Health Provider Questionnaire**

a. Number of Respondents:	9,600
b. Number of Responses per Respondent:	1
c. Number of Total Annual Responses:	9,600
d. Response Time:	5 minutes
e. Respondent Burden Hours:	800 hours

2. **Total Submission Burden**

a. Total Number of Respondents:	20,000
b. Total Number of Annual Responses:	20,000
c. Total Respondent Burden Hours:	1667 hours

b. Labor Cost of Respondent Burden

1. **Physician Questionnaire**

a. Number of Total Annual Responses:	10,400
b. Response Time:	5 minutes
c. Respondent Hourly Wage:	$28.85
d. Labor Burden per Response:	$2.40
e. Total Labor Burden:	$25,003

1. **Mental Health Provider Questionnaire**

a. Number of Total Annual Responses:	9,600
b. Response Time:	5 minutes
c. Respondent Hourly Wage:	$28.85
d. Labor Burden per Response:	$2.40
e. Total Labor Burden:	$23,080

2. **Overall Labor Burden**

a. Total Number of Annual Responses:	20,000
b. Total Labor Burden:	$48,083

The Respondent hourly wage was determined by using the Department of Labor Wage Website (http://www.dol.gov/dol/topic/wages/index.htm)

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

a. Labor Cost to the Federal Government

This survey is conducted under a contract to DSD. The total cost to the Department of Defense for labor under a firm fixed contract is $278,823.

1. **TRICARE SELECT PROVIDER SURVEY**	
a. Number of Total Annual Responses:	$0
b. Processing Time per Response:	0
c. Hourly Wage of Worker(s) Processing Responses:	$0
d. Cost to Process Each Response:	$0
e. Total Cost to Process Responses:	$0
2. **Overall Labor Burden to Federal Government**	
a. Total Number of Annual Responses:	20,000
b. Total Labor Burden*:*	$278,823

b. Operational and Maintenance Costs

.

a.	Equipment:	$0
b.	Printing:	$25,247
c.	Postage:	$40,500
d.	Software Purchases:	$0
e.	Licensing Costs:	$225,000
f.	Other:	$0
g.	Total:	$290,747

1. Total Operational and Maintenance Costs:	$290,747
2. Total Labor Cost to the Federal Government:	$278,823
3. Total Cost to the Federal Government:	$569,570

15. Reasons for Change in Burden

We have reduced the estimated burden based on historical response rates of 40 % to this survey. The burden estimate has decreased since the previous approval from 4,167 total annual hours to the current 1,667 hours. The change of hours is because the previous estimate was based upon the total survey sample. The current estimate is based upon 20,000 annual completed surveys.

16. Publication of Results

The information gathered through this project will be used to generate reports to address the legislative requirements specified in Section 1. Information resulting from the

collection efforts of this project will assist DoD in developing policies and initiatives to improve TRICARE beneficiaries' access to civilian providers. The results of the previous survey efforts have been briefed to, or provided in written communication to the Defense Health Agency and senior DoD personnel, TRICARE Regional Office Directors and their staff, members of Congress, selected state leaders and selected medical societies, staff members of the Government Accountability Office, TRICARE Beneficiary Groups, at the Military Health Service (MHS) Conferences. The results have also been referenced in public media such as the Military Officers Association of America.

The survey will be conducted annually with results available later in the calendar year of each data collection year. For example, data collection for 2019 may begin in January 2019 with results available by September 2019.

Results will be included in briefings and an annual report circulated to TRICARE Regional Offices (TROs), DHA leadership and stakeholders. Results will also be provided to GAO and incorporated in their reports.

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.