

SUPPORTING STATEMENT - PART A

TRICARE Prime Enrollment, Disenrollment and Primary Care Manager (PCM) Change Form
– 0720-0008

Summary of Changes from Previously Approved Collections

- The burden has increased since the previous approval due to a variety of reasons. Only paper forms were included as a collection instrument in the past, and the collection of information over the phone is now a significant amount of the burden. In 2015, we changed our enrollment policy to allow telephonic enrollments. In 2018 in response to Section 701 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2017, TRICARE Select and Other TRICARE Reforms, we revised the overall enrollment process which only allows plan changes during an annual TRICARE Open Season, or within 90 days of a Qualifying Life Event (QLE). Ease of the online system and allowance of enrolling via telephone has caused a significant increase from past collections.

1. Need for the Information Collection

The information collection requirement is necessary to obtain the TRICARE beneficiary's personal information needed to: (1) complete his/her enrollment into TRICARE Prime health plan, (2) to change the beneficiary's enrollment (new Primary Care Manager, enrolled region, add a dependent, etc.), or (3) dis-enroll the beneficiary. All TRICARE beneficiaries have the option of enrolling, changing their enrollment or dis-enrolling using the DD Form 2876, the Beneficiary Web Enrollment (BWE) portal, or by calling their regional Managed Care Support Contractor (MCSC). Although the telephonic enrollment/change is the preferred method by the large majority of beneficiaries, many beneficiaries use the form to document their enrollment date and preferences. The DD Form 2876 allows enrollment per the TRICARE Policy Manual, Chapter 10, Section 2.1. The authority for this collection comes from 10 U.S. Code § 1099, Health Care Enrollment System," and 32 CFR § 199.17 "TRICARE Program."

2. Use of the Information

Respondents are TRICARE beneficiaries choosing to enroll in TRICARE Prime for the first time, change the current enrollment, or disenroll using the DD Form 2876, instead of using the BWE web portal or calling their Managed Care Support contractor. The DD 2876 Form is provided to the beneficiary's TRICARE Managed Care Support Contractor's enrollment department, who are contractually required to complete all enrollment transactions. The enrollment is stored in the government's Defense Enrollment Eligibility Reporting System (DEERS) and the Contractor's system to ensure benefits and claims processing are correctly accomplished. The enrollment is shared only with other TRICARE contractors (i.e., pharmacy, Uniformed Services Health Plan providers).

The beneficiary is notified via email or postcard, which refers them to the MilConnect Website to confirm the enrollment/change, which they can also do by calling their Managed Care Support Contractor.

3. Use of Information Technology

About 92% of responses are collected electronically (online by beneficiary submission combined with electronic submission via the contractor upon telephonic request).

All TRICARE beneficiaries have the option of enrolling, changing their enrollment or disenrolling using the DD Form 2876, the Beneficiary Web Enrollment (BWE) portal, or by calling their regional Managed Care Support Contractor (MCSC). Although the telephonic enrollment/change is the preferred method by the large majority of beneficiaries, many beneficiaries prefer using the form to document their enrollment date and preferences.

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

Collection is on an as needed basis. The TRICARE beneficiary submits the DD Form 2876 only when initially enrolling in the TRICARE Prime health plan, changing their enrollment (i.e., primary care manager, location, add/drop a dependent) or dis-enrolling. Less frequent collection would result in beneficiaries not having the appropriate coverage or having coverage when they no longer desire or need it.

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 Thursday, March 21, 2019. The 60-Day FRN citation is 84 FRN 10481.

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

A 30-Day Federal Register Notice for the collection published on Tuesday, May 21, 2019. The 30-Day FRN citation is 84 FRN 23038.

Part B: CONSULTATION

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

Applicable SORN: DMDC 02 DoD, Defense Enrollment Eligibility Reporting System (DEERS) (July 27, 2016, 81 FR 49210) is the system of records notice (SORN) best suited for DD Form 2876, TRICARE Prime Enrollment, Disenrollment, and Primary Care Manager (PCM) Change Form (TRICARE Prime Form).

The TRICARE Prime Form allows eligible individuals to enroll, disenroll, or change their primary care manager (PCM) for health care coverage under TRICARE Prime, TRICARE Prime Remote, TRICARE Overseas Program Prime, and the Uniformed Services Family Health Plan.

The TRICARE Prime Form requests the personally identifiable information (PII) of the sponsor and any family member(s) covered by the TRICARE Prime health plan. Both sponsors and their family members are asked to provide their name, date of birth, address, email address, and telephone number. The form also requests PCM preferences, financial information for payments, and the Social Security Number or DoD Benefits Number of the sponsor.

The DHA Privacy Office notes that the specific authorities authorizing TRICARE are not listed in DMDC 02 DoD. However, one of the SORN's purposes:

"To support DoD health care management programs, to include research and analytical projects, through Defense Health Agency (previously the TRICARE Management Activity); to support benefit administration for those beneficiaries that have granted permission for use of their personal email address for notification purposes relating to their benefits; to register current DoD civilian and military personnel and their authorized dependents for purposes of obtaining medical examination, treatment or other benefits to which they are entitled; to provide identification of deceased members."

Therefore, the system of records described in DMDC 02 DoD is consistent with the use of information collected through the TRICARE Prime Form. A copy of the SORN can be found

at <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/627618/dmdc-02-dod/>

Authorities: 10 U.S.C. Chapter 55, Medical and Dental Care; 32 CFR Part 199, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); DoD Instruction 1341.2, Defense Enrollment Eligibility Reporting System (DEERS) Procedures; and E.O. 9397 (SSN), as amended.

Privacy Act Statement Required: DD Form 2876 collects PII directly from individuals for inclusion into a system of records. The PAS should be provided in a conspicuous manner, at or before the point that PII is collected, regardless of the medium used for collection. A PAS on a paper or electronic form is generally placed at the beginning of the form, immediately following the title, before the first official heading/section, or immediately prior to where PII is collected. Therefore, the PAS on the DD Forms 2876-1, 2876-2, and 2876-3 is provided as required.

The Privacy Impact Assessment can be found at https://www.dmdc.osd.mil/appj/dwp/rest/download?fileName=DEERS_PIA.pdf&groupName=websiteDocuments

Records disposition instructions:

Cutoff Instructions: Close out at end of the calendar year in which received.

Retention Period: Destroy 10 years after cutoff.

OSD File Number: 911-01

NARA Authority: DAA-0330-2014-0014-0001

11. Sensitive Questions

The form requests the applicant provide a personal identifier number, which may be either the individual's social security number (SSN) or their DoD Benefit Number (DBN). The DBN has yet to be widely used and known by beneficiaries for healthcare transactions. Additionally, the main data source to find the DBN is the Uniformed Services identification card (ID card). Since some applicants are former dependent children, they either never had access to their DBN on an ID card in the first place or no longer have access to their DBN when they turned in their ID card after aging out of military benefits. For these reasons, DHA has justified the continued use of the SSN until such time the DBN is readily known by beneficiaries through repeated use and through means of knowing the DBN from documents other than the ID card.

12. Respondent Burden and its Labor Costs

a. Estimation of Respondent Burden

1. TRICARE Prime Enrollment, Disenrollment, and Primary Care Manager (PCM) Change Form DD 2876-3

- a. Number of Respondents: 145,774
- b. Number of Responses Per Respondent: 2
- c. Number of Total Annual Responses: 291,548
- d. Response Time: 15 minutes
- e. Respondent Burden Hours: 72,887 hours

TRICARE Prime Enrollment, Disenrollment, and Primary Care Manager (PCM) Change via telephone

- a. Number of Respondents: 1,261,151
- b. Number of Responses Per Respondent: 2
- c. Number of Total Annual Responses: 2,522,302
- d. Response Time: 15 minutes
- e. Respondent Burden Hours: 630,575.5 hours

TRICARE Prime Enrollment, Disenrollment, and Primary Care Manager (PCM) Change via Beneficiary Web Enrollment

- a. Number of Respondents: 113,125
- b. Number of Responses Per Respondent: 2
- c. Number of Total Annual Responses: 226,250
- d. Response Time: 15 minutes
- e. Respondent Burden Hours: 56,562.5 hours

2. Total Submission Burden

- a. Total Number of Respondents: 1,520,050
- b. Total Number of Annual Responses: 3,040,100
- c. Total Respondent Burden Hours: 760,025 hours

The forms are used for multiple purposes; we estimate that throughout one calendar year, they will be used for enrollment or disenrollment, and a change of the respondent's primary care manager.

b. Labor Cost of Respondent Burden

1. TRICARE Prime Enrollment, Disenrollment, and Primary Care Manager (PCM) Change Form DD 2876-3

- a. Number of Total Annual Responses: 291,548
- b. Response Time: 15 minutes
- c. Respondent Hourly Wage: \$ 7.25
- d. Labor Burden per Response: \$ 1.81
- e. Total Labor Burden: \$528,430.75

TRICARE Prime Enrollment, Disenrollment, and Primary Care Manager (PCM) Change via telephone

- a. Number of Total Annual Responses: 2,522,302

- b. Response Time: 15 minutes
- c. Respondent Hourly Wage: \$ 7.25
- d. Labor Burden per Response: \$ 1.81
- e. Total Labor Burden: \$4,571,672.38

TRICARE Prime Enrollment, Disenrollment, and Primary Care Manager (PCM) Change via Beneficiary Web Enrollment

- a. Number of Total Annual Responses: 226,250
- b. Response Time: 15 minutes
- c. Respondent Hourly Wage: \$ 7.25
- d. Labor Burden per Response: \$ 1.81
- e. Total Labor Burden: \$410,078.13

2. Overall Labor Burden

- a. Total Number of Annual Responses: 3,040,100
- b. Total Labor Burden: \$5,510.181

The Respondent hourly wage was determined by using the Department of Labor Wage Website <https://www.dol.gov/general/topic/wages> for 2019's minimum wage.

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

1. TRICARE Prime Enrollment, Disenrollment, and Primary Care Manager (PCM) Change Form DD 2876-3

- a. Number of Total Annual Responses: 291,548
- b. Processing Time per Response: 15 minutes
- c. Hourly Wage of Worker(s) Processing Responses : \$23.06
- d. Cost to Process Each Response: \$5.77
- e. Total Cost to Process Responses:
\$ 1,680,774.22

TRICARE Prime Enrollment, Disenrollment, and Primary Care Manager (PCM) Change via telephone

- a. Number of Total Annual Responses: 2,522,302
- b. Processing Time per Response: 15 minutes
- c. Hourly Wage of Worker(s) Processing Responses: \$23.06
- d. Cost to Process each Response: \$5.77
- e. Total Cost to Process Responses: \$14,541,071.03

TRICARE Prime Enrollment, Disenrollment, and Primary Care Manager (PCM) Change via Beneficiary Web Enrollment

- a. Number of Total Annual Responses: 226250
- b. Processing Time per Response: N/A
- c. Hourly Wage of Worker(s) Processing Responses: N/A
- d. Cost to Process each Response: N/A
- e. Total Cost to Process Responses: N/A

Hourly wage was provided by the Program Office as the average wage of contracted individuals in the processing office during 2019.

2. Overall Labor Burden to Federal Government

- a. Total Number of Annual Responses: 3,040,100
- b. Total Labor Burden: \$16,221,845.25

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: \$16,221,845.25
- 3. Total Cost to the Federal Government: \$16,221,845.25

15. Reasons for Change in Burden

The burden has increased since the previous approval due to a variety of reasons. Only paper forms were included as a collection instrument in the past, and the collection of information over the phone is now a significant amount of the burden. In 2015, we changed our enrollment policy to allow telephonic enrollments. In 2018 in response to Section 701 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2017, TRICARE Select and Other TRICARE Reforms, we revised the overall enrollment process which only allows plan changes during an annual TRICARE Open Season, or within 90 days of a Qualifying Life Event (QLE). Ease of the online system and allowance of enrolling via telephone has caused a significant increase from past collections. The number of respondents comes from the monthly Beneficiary Services Report (CDRL M70) which requires the Managed Care Support Contractors (MCSCs) to provide the Government with a count of the number of enrollment transactions processed within the timelines established for contract performance as required in the TRICARE Manuals. Enrollment calls are estimated to take 15 minutes on average. There are no phone scripts, the call time estimate came from the contractors who considered the time needed to ask for, collect and enter relevant enrollment request information as if the beneficiary were completing the form manually. Lastly, the assumption that there will be two responses per respondent on average was

based on the transitory nature of our beneficiary and provider population which leads to multiple moves and/or voluntary or involuntary primary care manager changes.

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.