

## SUPPORTING STATEMENT - PART A

### TRICARE SELECT SURVEY OF CIVILIAN PROVIDERS (TSS-P) - 0720-0031

#### Summary of Changes from Previously Approved Collection

- *Previous fielding of the survey was done in four-year waves with results reported as a four-year cycle. From 2021 forward, survey results will be reported annually.*
- *The survey instruments were minimally revised for clarity and ease of completion including changing open-ended questions to a list of options and overall more direct questions and response options.*
- *The burden has increased since the number of respondents increased to 50,000*

#### 1. Need for the Information Collection

The TRICARE Select Survey of Civilian Providers (TSS-P) is an annual survey designed to gather data on providers (physicians including primary care physicians, specialist, and mental health providers 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 sample of 50,000 providers such that the expected number of responding mental health providers is equal to the expected number of responding physicians.

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.

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 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 of Defense (DoD) must establish mechanisms for monitoring compliance with access standards.

#### 2. Use of the Information

The TSS-P target population includes both physicians and non-physician behavioral health providers, who may or may not serve TRICARE Select patients. There are two separate questionnaires fielded with common questions to the two groups: physicians and non-physician behavioral health providers. Providers are selected based upon criteria for type of practice, office- based or unclassified patient care.

The TSS-P is conducted in the U.S. once per fiscal year via a 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 mailed to the provider's residence. The cover letter mailed with the survey also includes a username and password for completing the survey online instead of returning the paper survey via mail. 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. The brief survey includes eleven questions and is estimated to take five minutes to complete including reading the instructions and collecting any relevant information. It is also on one piece of paper (mailed version); thus, providers are not burdened with a cumbersome survey to complete.

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 the Defense Health Agency (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.

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. Results from this survey, along with the complimentary TSS Beneficiary survey, allow for comparisons to what the beneficiary is experiencing and reporting for access to care with what the providers are indicating in their acceptable of TRICARE Select. Furthermore, annual fielding of the TSS-P allows for tracking trends and changes in acceptance of TRICARE Select beneficiaries. DHA leaders can take timely action if trends show changes in acceptance in certain areas or for certain types of providers. Additionally, data are collected on why a provider may not be accepting TRICARE Select beneficiaries which also presents DHA with information on how to expand the private sector care network of TRICARE-accepted providers.

### 3. Use of Information Technology

50.0% percent of responses were obtained by mail, 2.8% percent by fax, 17.5% percent by internet (electronically), and 29.8% percent by telephone. 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 (2021), 6,313 final completed eligible surveys were received, resulting in a response rate of 12.6%.

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 to civilian providers across the country.

### 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

If information is collected less than once per year it would reduce the accuracy of national estimates and the comparability of local estimates from the survey. It is critical to have up-to-date information on acceptance of TRICARE Select beneficiaries at least annually especially as there continue to be growing needs for more health care through the private sector (outside of military hospitals).

### 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 (FRN) for the collection published on Wednesday, December 22, 2021. The 60-Day FRN citation is 86 FR 72584.

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

A 30-Day Federal Register Notice for the collection published on Thursday, February 24, 2022. The 30-Day FRN citation is 87 FR 10345.

## Part B: CONSULTATION

No additional consultation apart from soliciting public comments through the Federal Register 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 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 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.

Data collected will be retained in a secure manner for a minimum of one year. To protect data confidentiality, the survey vendor prevents unauthorized access to confidential electronic and hard copy information. The information is stored in locked or password-protected entry systems which are in file cabinets and areas where confidential data are stored.

### 11. Sensitive Questions

No questions considered sensitive are being asked in this collection.

### 12. Respondent Burden and its Labor Costs

## Part A: ESTIMATION OF RESPONDENT BURDEN

- 1) Collection Instrument: TRICARE SELECT SURVEY OF CIVILIAN PROVIDERS (TSS-P)
  - a) Number of Respondents: 50,000
  - b) Number of Responses Per Respondent: 1
  - c) Number of Total Annual Responses: 50,000
  - d) Response Time: 5 minutes
  - e) Respondent Burden Hours: 4,166.7 hours
- 2) Total Submission Burden
  - a) Total Number of Respondents: 50,000
  - b) Total Number of Annual Responses: 50,000
  - c) Total Respondent Burden Hours: 4,166.7 hours

#### Part B: LABOR COST OF RESPONDENT BURDEN

- 1) Collection Instrument: TRICARE SELECT SURVEY OF CIVILIAN PROVIDERS (TSS-P)
  - a) Number of Total Annual Responses: 50,000
  - b) Response Time: 5 minutes
  - c) Respondent Hourly Wage: \$33.59
  - d) Labor Burden per Response: \$2.79
  - e) Total Labor Burden: \$139,958.3
- 2) Overall Labor Burden
  - a) Total Number of Annual Responses: 50,000
  - b) Total Labor Burden: \$139,958.3

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

#### Part A: LABOR COST TO THE FEDERAL GOVERNMENT

- 1) Collection Instrument: TRICARE SELECT SURVEY OF CIVILIAN PROVIDERS (TSS-P)

This survey is conducted under a DoD contract. The total cost to the DoD for labor under a firm fixed contract is \$291,222.

- 2) Overall Labor Burden to the Federal Government
  - a) Total Number of Annual Responses: 50,000
  - b) Total Labor Burden: \$291,222

#### Part B: OPERATIONAL AND MAINTENANCE COSTS

- 1) Cost Categories
  - a) Equipment: \$0
  - b) Printing: \$25,000
  - c) Postage: \$40,500
  - d) Software Purchases: \$0
  - e) Licensing Costs: \$225,000
  - f) Other: \$0

2) Total Operational and Maintenance Cost: \$290,500

Part C: TOTAL COST TO THE FEDERAL GOVERNMENT

- 1) Total Labor Cost to the Federal Government: \$291,222
- 2) Total Operational and Maintenance Costs: \$290,500
- 3) Total Cost to the Federal Government: \$581,722

15. Reasons for Change in Burden

The burden has increased since the last approval due to an increase in respondents.

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 the 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 DHA and senior DoD personnel, TRICARE Regional Office Directors and their staff, and members of Congress through the Annual TRICARE Evaluation Report to Congress, most recently for the FY 2022 report that is due to congress in the spring of 2022. It is the plan to continue to report results annually to the above listed bodies.

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.