

Request for Approval under the “Fast Track Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0704-0553)

TITLE OF INFORMATION COLLECTION: TRICARE Award Fee Provider Survey

PURPOSE: 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 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 health maintenance organization benefit, and TRICARE Extra, which is a preferred provider organization. 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.

DESCRIPTION OF RESPONDENTS: Respondents are in-network physicians.

TYPE OF COLLECTION:

- | | |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group |
| <input type="checkbox"/> Focus Group | <input type="checkbox"/> Other: _____ |

CERTIFICATION:

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: Dr. Kimberly A. Aiyelawo

To assist review, please provide answers to the following question:

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? Yes No

2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? Yes No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published? Yes No

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? Yes No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Individuals or households	1,224	5 minutes	102
Totals	1,224	5 minutes	102 hours

PUBLIC COST: The estimated annual cost to the public is \$4,754.22

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?
 Yes No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

Potential participants are randomly drawn from a list of TRICARE network providers as identified by each MCSC. The sample frame for the TRICARE Award Fee Provider Survey (TAFPS) is constructed from a database of all TRICARE network participating providers with at least 1 claim in the past month. From each CONUS/OCONUS region, the frame encompasses a simple random sample of unique network providers with claims processing and associated customer support services to claims submitted by and on behalf of MHS beneficiaries who are eligible for both Medicare and TRICARE benefits. The data sources are collected from electronic transactions or claims of any authorized network provider who has submitted a claim for the reference period. On a monthly basis, the government provides a list of de-duped randomly selected regional network providers from the TRICARE Encounter Data (TED) records. The Government extracts last name, first name, ID #, and office phone number for each provider. The sample design is a random sample of all network providers. The random samples are constructed such that there is a sufficient amount in each sample to yield 1,224 completed surveys per year.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
 - Web-based or other forms of Social Media
 - Telephone
 - In-person
 - Mail
 - Other, Explain
2. Will interviewers or facilitators be used? Yes No