

**Request for Approval under the “Fast Track Generic Clearance for the  
Collection of Qualitative Feedback on Agency Service Delivery” (OMB Control  
Number: 0704-0553)**

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**TITLE OF INFORMATION COLLECTION: Accredo TRICARE Specialty Pharmacy  
Survey**

**PURPOSE:** The objective of the Accredo Specialty Pharmacy Survey is to establish a baseline and better understanding to improve the experience for TRICARE beneficiaries as it relates to specialty pharmacy services, including the expanded clinical support provided by the TRICARE primary specialty pharmacy. TRICARE beneficiaries filling specialty medications will have access to clinicians that are specialized in their condition and therapy. These condition specific specialists are available for all specialty conditions that the TRICARE primary specialty pharmacy serves. Currently, there are not resources or information gathered that spotlight the experience TRICARE beneficiaries have when filling specialty medications.

Additionally, this survey will provide insights the TRICARE primary specialty pharmacy will use to meet utilization review accreditation commission (URAC) requirements. Each accrediting body has accreditation standards related to determining patient satisfaction as a measure of the quality of services provided. In order to be accredited, evidence of ongoing compliance must be shown as validation accreditation requirements are met. Each accrediting body expects continuous compliance to their accreditation standards for the entire accreditation period granted.

The survey includes a question used to capture Net Promoter Score (NPS). The NPS scale of 1-10 is an industry standard. An NPS score measures customer loyalty by looking at their likelihood of recommending a given business. The NPS score is measured with a single-question survey and is a commercial best practice.

**DESCRIPTION OF RESPONDENTS:** The respondents are Military Health System (MHS) beneficiaries filling a prescription at their pharmacy for specialty services.

**TYPE OF COLLECTION:** (Check one)

- |   |  |
|---|--|
| <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 Marcy Opstal, Sr. Program Analyst/Strategic Communications Lead, DHA Healthcare Operations, Pharmacy Operations Division (POD)  
 Dr. Kimberley Aiyelawo, Chief, DHA Patient Experience Measurement, Analytics and Evaluation Division (AED)

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 (TRICARE beneficiaries)	1,600	15 minutes	400 hrs
<b>Totals</b>	<b>1,600</b>	15 minutes	<b>400 hrs</b>

**PUBLIC COST:** The estimated annual cost to the public is \$11,904.00.

This is calculated based off the May 2022 national mean hourly rate for all occupations.

**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

At least 33,000 beneficiaries will be utilizing Accredo Specialty Pharmacy services under the TPharm5 contract. Quarterly, we will have a response pool of 3,000 beneficiaries that will be

utilized to get 400 participants to complete the phone survey. Beneficiaries selected each quarter will only be eligible to participate in the survey one quarter 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