

SUPPORTING STATEMENT - PART A

TRICARE SELECT SURVEY OF CIVILIAN PROVIDERS (TSS-P)

OMB Control Number 0720-0031

Summary of Changes from Previously Approved Collection

- The survey instruments were minimally revised for improvement in identifying ineligible respondents.
- The burden estimate has decreased from the last reinstatement because the previous request used the entire sample (50,000) to estimate burden, rather than the anticipated number of actual respondents (7,700).

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. Results from the TSS-P survey are used by TRICARE Managed Care Support Contractors (Health Net and Humana) for use in mandatory evaluations of the effectiveness of their network providers and programs in supporting TRICARE, as defined in the TRICARE Operations Manual, T-5. In summary, the contractors use this standardized survey to develop action plans on measures and reports on its courses of action to improve areas of provider acceptance and patient satisfaction that are below the national benchmarks. Furthermore, the contractors provide quarterly after-action executive summary reports in the contractors' Performance Assessment briefings to the TRICARE Health Plan, Managed Care Support Program Section outlining the planned initiatives, actions taken, and the outcomes of those actions. Additionally, the TRICARE Operations Manual states the contractor cannot conduct its own surveys thus making the TSS-P survey critical for their program evaluations.

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 surveys 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 available) to the attention of the office manager to ease the burden on the provider. 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.

Follow-up telephone interviews are conducted to non-respondents of the survey. Approximately 9% of the total responses were obtained via the telephone interviews in 2024. Providers are contacted at their office number if one 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 (survey response data) will be retained in a de-identified dataset for the course of the contract and securely wiped at contract completion. Sample data (provider names and addresses used to contact them for the purposes of obtaining a completed survey) are restricted and similarly retained for the contract period and securely wiped at contract completion. Sample data is used for survey fielding and for the development of survey weights (see Supporting Statement B). 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 provider 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 provider 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

In the most recent year TSS-P has been conducted (2024), 59% percent of responses were obtained by mail, 3% percent by fax, 29% percent by internet (electronically), and 9% 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 (2024), 7,700 final completed eligible surveys were received, resulting in a response rate of 15.4%.

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 Monday, July 21, 2025. The 60-Day FRN citation is 90 FRN 34257.

One comment was received during the 60-Day Comment Period. It is included below in the as well as our Agency's response to the comment.

COMMENT July 25, 2025:

"Thank you for your service and the Armstrong support for Civilians and Health care needs. I am tired of being denied lied to and Human Subject. Subjected to Shame and bluntly Sold. PHI. And rejected of my own body. Neglected and abused For commissions and Research. Living in a glass bubble as the world around me contributes to pain. Specific communities just stay still. Some stare with discuss. Others collecting turn their face. As if I don't know. Proliferated senses and down regulated I am. I have searched and changed so many hospitals and physicians I'm ready to give. Not much hope just another grievance. Statuary limitations and threats. How I wish I could go back 2008 Prevent that knee injury, Or jumped off the table before that surgery like my spirit cried out and infliction 1000 genome and consortium. Loss of life Love and Fight. I'm positive many need the opportunity to transfer."

AGENCY RESPONSE: This comment is not directly related to the survey of civilian providers regarding acceptance of TRICARE Select beneficiaries.

A 30-Day Federal Register Notice for the collection published on Tuesday, September 23, 2025. The 30-Day FRN citation is 90 FRN 45755.

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.

As applicable, records will be maintained in accordance with the following records disposition schedules:

FILE NUMBER: 905-02

FILE TITLE: Quality Assurance Studies and Analyses of Healthcare Quality Standards

FILE DESCRIPTION: Files pertaining to the quality assurance analysis of DoD, other federal agency, State and local, and other healthcare standards including studies and analyses that result in issuance of new standards.

DISPOSITION: Permanent. Cut off upon completion of standard. Transfer to NARA 25 years after cutoff.

AUTHORITY: NC1-330-77-005, item 905-02a and 905-02c

FILE NUMBER: 905-03

FILE TITLE: Ad Hoc Quality Assurance Studies and Analyses of Healthcare Quality

FILE DESCRIPTION: Studies and evaluations on a "when required" basis, not resulting in issuance of new standards.

DISPOSITION: Temporary. Cut off upon completion of study. Destroy 5 years after cutoff.

AUTHORITY: NC1-330-77-005, item 905-02b

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: 7,700
- b) Number of Responses Per Respondent: 1
- c) Number of Total Annual Responses: 7,700
- d) Response Time: 5 minutes
- e) Respondent Burden Hours: 642 hours

2) Total Submission Burden

- a) Total Number of Respondents: 7,700
- b) Total Number of Annual Responses: 7,700
- c) Total Respondent Burden Hours: 642 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: 7,700
 - b) Response Time: 5 minutes
 - c) Respondent Hourly Wage: \$50.40
 - d) Labor Burden per Response: \$4.20
 - e) Total Labor Burden: \$32,340
- 2) Overall Labor Burden
 - a) Total Number of Annual Responses: 7,700
 - b) Total Labor Burden: \$32,340

The Respondent hourly wage was determined by using the Bureau of Labor Statistics Occupational Employment and Wage Statistics Website:

<https://www.bls.gov/oes/2022/may/oes119111.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)
 - a) Number of Total Annual Responses: 7,700
 - b) Processing Time per Response: 0 hours
 - 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 the Federal Government
 - a) Total Number of Annual Responses: 7,700
 - b) Total Labor Burden: \$0

Labor cost to the government calculated based on government oversight of the contract, calculated at 4 hours per week for one GS-13 (\$12,754) and 4 hours per week for one GS-14 (\$16,440).

Part B: OPERATIONAL AND MAINTENANCE COSTS

1) Cost Categories

- a) Equipment: \$0
- b) Printing: \$30,270
- c) Postage: \$68,520
- d) Software Purchases: \$0
- e) Licensing Costs: \$225,000
- f) Other: This survey is conducted under a DHA contract. The total cost to DHA for labor under a firm fixed contract is \$301,913.

2) Total Operational and Maintenance Cost: \$625,703

Part C: TOTAL COST TO THE FEDERAL GOVERNMENT

1) Total Labor Cost to the Federal Government: \$29,194

2) Total Operational and Maintenance Costs: \$625,703

3) Total Cost to the Federal Government: \$654,897

15. Reasons for Change in Burden

The burden has decreased from the last reinstatement because the last paperwork was submitted with the sample (50,000) listed as the burden, not accounting for the actual anticipated number of actual respondents (7,700).

16. Publication of Results

The information gathered through this project will be used to generate reports to address the reporting 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, Managed Care Support Contractors, and Health Affairs through the Annual TRICARE Evaluation Report. 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.