

SUPPORTING STATEMENT - PART A

Assistance Reporting Tool – 0720-0060

Summary of Changes from Previously Approved Collection

- Total burden has increased due to an estimated 28% rise in caseload processed through the Assistance Reporting Tool (ART).
- The previously reported rate of 100% electronic submission has been revised to 0% to make clear respondents do not directly enter their responses in the ART.

1. Need for the Information Collection

The Assistance Reporting Tool (ART) is a web-based system that captures feedback on and authorizations related to TRICARE benefits. The ART is the primary means by which the DHA-Great Lakes staff capture medical authorization determinations and claims assistance information for remotely located service members, line of duty care, and care under the Transitional Care for Service-related Conditions benefit.

The Department of Defense is authorized to collect the information outline in section 2 of this document in accordance with the 10 U.S.C. Chapter 55, Medical and Dental Care; 38 U.S.C. Chapter 17, Hospital, Nursing Home, Domiciliary, and Medical Care; 32 CFR Part 199, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); DoDI 6015.23, Foreign Military Personnel Care and Uniform Business Offices in Military Treatment Facilities (MTFs); and E.O. 9397 (SSN), as amended.

Department of Defense Instruction Number 6015.23, February 23, 2015, Enclosure (2), Paragraph 3(g), the Defense Health Agency (DHA)) is required to develop and maintain “*a centralized, secure application to capture, manage, and monitor case work for designated BCACs (Beneficiary Counseling and Assistance Coordinators), DCAOs (Debt Collection Assistance Officers), family assistance staff, MHS staff, and other serving in a customer service role*”. Additionally, it supports the Government Accountability Office recommendation that the Department of Defense develop a centralized system to track beneficiary feedback across the Military Health System (DOD Could Improve Its Beneficiary Feedback Approaches HEHS-98-51, Feb 6, 1998).

The TRICARE Operations Manual 6010.56-M, February 1, 2008 Chapter 16, Addendum C and Chapter 17, Addendum B, require the Defense Health Agency-Great Lakes Office to use a system to provide the contractor with necessary information to authorize health care for TRICARE Prime Remote service members, line of duty care, and care under the Department of Defense/Department of Veterans Affairs Memorandum of Agreement.

2. Use of the Information

The beneficiary or beneficiary's medical provider initiates contact and voluntarily provides information collected via the ART when he or she has a TRICARE-related question. Information is received from the individual via a verbal (phone or in person) or written exchange (email or letter). This information is used to verify beneficiary eligibility, as well as used to process medical claims and authorization determinations. Authorized users (comprised of customer service personnel including Beneficiary Counseling and Assistance Coordinators, Debt Collection Assistance Officers, family support personnel, recruiting command and case managers) then use the information to query other databases/systems to obtain and verify TRICARE eligibility, treatment, payment, and other healthcare operations information to facilitate case resolution. Examples of successful case resolution include care approval for active duty service members in remote locations; resolution of medical claims in collections; reprocessing of claims due to retroactive eligibility determinations; and approval of line duty care. The data collected may also be used to update the beneficiary's TRICARE records. The data collected may be used to develop tailored educational materials and improve beneficiary assistance efforts.

3. Use of Information Technology

0% of responses are captured electronically. Beneficiary's and their providers provide information in person, by written exchange or verbally by telephone. The collection of information does not involve the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

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

Information is collected on occasion by BCACs, DCAOs, and MHS staff as triggered by beneficiary-reported issues and the initiation of new cases for DHA Great Lakes staff. If this information is not collected, the DHA-Great Lakes Office would be unable to approve Line of Duty care, issue medical authorization determinations, or review requests for care under the Transitional Care for Service-related Conditions benefit. This would impact the readiness mission by limiting service members' timely access to needed specialty care services. Customer service support staff would be hindered in providing and tracking timely resolution of beneficiary inquires. This would lead a decrease in beneficiary satisfaction which could result in increased congressional and media inquiries. This could also decrease the DHA regional offices from being able to assess contractor performance in the customer service support realm.

Users would have to resort to a manual process, therefore increasing the risk of Health Insurance Portability and Accountability Act/Personally Identifiable Information/Protected Health Information violations. Additionally, users would have to establish a hard copy file system or create individual, secure systems to protect and track case information - thus increasing labor and secure site development across the Military Health System.

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 Wednesday, October 24, 2018. The 60-Day FRN citation is 83 FRN 53619.

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

A 30-Day Federal Register Notice for the collection published on Thursday, December 27, 2018. The 60-Day FRN citation is 83 FRN 66683.

Part B: CONSULTATION

No additional consultation apart from soliciting public comments through the 60-Day Federal Register Notice 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

The Privacy Act Statement has been updated and posted in the ART Portal for compliance by those MHS staff authorized to access the system.

This collection requires a System of Record Notice (SORN). The SORN, Defense Health Agency EDTMA 04 Medical/Dental Claim History Files, can be viewed at:
<http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570707/edtma-04/>.

This collection requires a Privacy Impact Assessment (PIA). The PIA, Assistance Reporting Tool (ART), can be viewed at: <https://health.mil/Military-Health-Topics/Privacy-and-Civil-Liberties/Privacy-Impact-Assessments/MHS-PIA-List>.

Retention and destruction: ART data is stored on a secure database server. Physical controls have been adopted for the ART servers. These controls include identification badges, key cards, and cipher locks. Only authorized individuals are permitted to access servers. Congressional Correspondence (data related to inquiries originating from Congress, requiring DHA's response): Retire to the Washington National Records Center (WNRC) when 1 year old; destroy when 7 years old. TRICARE Contractor Claims Records (Biographical data, claims and debt related data, fitness for duty data, line of duty data, pre-authorization data, and case related data): Close out at end of the calendar year in which created; hold on-site 6 additional years. TRICARE Medical Care Grievance Case Files (and related data): Cut off at the end of the calendar in which case is closed. Hold for 1 additional year and retire to the federal records center (FRC). Destroy after 5 years.

11. Sensitive Questions

Sensitive information collected may include personal descriptors, identification numbers (to include Social Security Numbers (SSN) and DoD Beneficiary Numbers (DBN)), health, employment, and financial information, anecdotal notes reflecting TRICARE-related inquiries/concerns, and authorization and claims related information. This type of information is only collected if needed to verify eligibility for DoD benefits, process medical authorizations, issue line of duty determinations, and answer TRICARE-related benefit questions.

SSNs are collected in order to verify beneficiary identity and TRICARE eligibility. In lieu of providing SSN, respondents may provide their DBN. An SSN Justification Memo has been included as a part of this information collection request submission.

12. Respondent Burden and its Labor Costs

a. Estimation of Respondent Burden

1. ART System

- a. Number of Respondents: 174,385
- b. Number of Responses Per Respondent: 1
- c. Number of Total Annual Responses: 174,385
- d. Response Time: 15 minutes
- e. Respondent Burden Hours: 43,596.25 hours

b. Labor Cost of Respondent Burden

1. ART System

- a. Number of Total Annual Responses: 174,385

- b. Response Time: 15 minutes
- c. Respondent Hourly Wage: \$7.25
- d. Labor Burden per Response: \$1.81
- e. Total Labor Burden: \$316,072.81

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

a. Labor Cost to the Federal Government

1. ART System

- a. Number of Total Annual Responses: 174,385
- b. Processing Time per Response: 15 minutes
- c. Hourly Wage of Worker(s) Processing Responses: \$52.66
- d. Cost to Process Each Response: \$13.17
- e. Total Cost to Process Responses: \$574,162.61

2. Overall Labor Burden to Federal Government

- a. Total Number of Annual Responses: 174,385
- b. Total Labor Burden: \$574,162.61

b. Operational and Maintenance Costs

- a. Equipment: \$10,000
- b. Printing:
- c. Postage:
- d. Software Purchases: \$10,941
- e. Licensing Costs: \$16,000
- f. Other: (Direct Labor): \$279,687.60
- g. Total: \$316,628.60

- 1. Total Operational and Maintenance Costs: \$316,628.60
- 2. Total Labor Cost to the Federal Government: \$53,623.50
- 3. Total Cost to the Federal Government: \$370,252.10

15. Reasons for Change in Burden

The burden has increased since the previous approval due to an increased caseload by 28%.

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.