

**SUPPLEMENTARY INFORMATION:**

*Title:* Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery.

*Abstract:* The information collection activity will garner qualitative customer and stakeholder feedback in an efficient, timely manner, in accordance with the Administration's commitment to improving service delivery. By qualitative feedback we mean information that provides useful insights on perceptions and opinions, but are not statistical surveys that yield quantitative results that can be generalized to the population of study. This feedback will provide insights into customer or stakeholder perceptions, experiences and expectations, provide an early warning of issues with service, or focus attention on areas where communication, training or changes in operations might improve delivery of products or services. These collections will allow for ongoing, collaborative and actionable communications between the Agency and its customers and stakeholders. It will also allow feedback to contribute directly to the improvement of program management.

Feedback collected under this generic clearance will provide useful information, but it will not yield data that can be generalized to the overall population. This type of generic clearance for qualitative information will not be used for quantitative information collections that are designed to yield reliably actionable results, such as monitoring trends over time or documenting program performance. Such data uses require more rigorous designs that address: The target population to which generalizations will be made, the sampling frame, the sample design (including stratification and clustering), the precision requirements or power calculations that justify the proposed sample size, the expected response rate, methods for assessing potential non-response bias, the protocols for data collection, and any testing procedures that were or will be undertaken prior to fielding the study. Depending on the degree of influence the results are likely to have, such collections may still be eligible for submission for other generic mechanisms that are designed to yield quantitative results.

No comments were received in response to the 60-day notice published in the **Federal Register** of December 22, 2010 (75 FR 80542).

Below we provide Corporation for National and Community Service

projected average estimates for the next three years: <sup>1</sup>

*Current Actions:* New collection of information.

*Type of Review:* New Collection.

*Affected Public:* Individuals and Households, Businesses and Organizations, State, Local or Tribal Government.

*Average Expected Annual Number of Activities:* 20.

*Respondents:* 93,000.

*Annual Responses:* 93,000.

*Frequency of Response:* Once per request.

*Average Minutes per Response:* 60.

*Burden Hours:* 93,000.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget control number.

Dated: February 28, 2011.

**Amy Borgstrom,**

*Associate Director of Policy.*

[FR Doc. 2011-4881 Filed 3-3-11; 8:45 am]

**BILLING CODE 6050--\$S-P**

**DEPARTMENT OF DEFENSE****Office of the Secretary****Extension of Web-Based TRICARE Assistance Program Demonstration Program**

**AGENCY:** Department of Defense.

**ACTION:** Notice of a Two Year Extension of the Web-Based TRICARE Assistance Program.

**SUMMARY:** This notice is to advise interested parties of an extension to the Military Health System (MHS) demonstration project, under authority of Title 10, U.S. Code, Section 1092, entitled Web-Based TRICARE Assistance Program. This demonstration was effective August 1, 2009, as referenced in the original **Federal Register** Notice, 74 FR 3667, July 24, 2009. The demonstration was extended to March 31, 2011, as referenced by **Federal Register** Notice, March 30, 2010. The demonstration project uses existing managed care support contracts

<sup>1</sup> The 60-day notice included the following estimate of the aggregate burden hours for this generic clearance Federal-wide:

*Average Expected Annual Number of Activities:* 25,000.

*Average number of Respondents per Activity:* 200.

*Annual Responses:* 5,000,000.

*Frequency of Response:* Once per request.

*Average Minutes per Response:* 30.

*Burden Hours:* 2,500,000.

(MCSC) to allow Web-based behavioral health and related services including non-medical counseling and advice services to active duty service members (ADSM), their families and members and their dependents enrolled in TRICARE Reserve Select, and those eligible for the Transition Assistance Management Program (TAMP) who reside in the continental United States. The extension is necessary to allow more time to measure the effectiveness of the demonstration in meeting its goal of improving beneficiary access to behavioral health care by incorporating Web-based technology.

**DATES: Effective Date:** This extension will be effective April 1, 2011. The demonstration project will continue until March 31, 2012.

**ADDRESSES:** TRICARE Management Activity (TMA), Health Plan Operations, 5111 Leesburg Pike, Suite 810, Falls Church, VA 22041.

**FOR FURTHER INFORMATION CONTACT:** For questions pertaining to this demonstration project, Mr. Richard Hart, (703) 681-0047.

**SUPPLEMENTARY INFORMATION:****a. Background**

On page 431 of the House Appropriations Committee Print accompanying H.R. 2638, the Department of Defense Appropriations Act for FY 2009, Joint Explanatory Statement, it is noted: "An area of particular interest is the provision of appropriate and accessible counseling to service members and their families who live in locations that are not close to military treatment facilities, other MHS facilities, or TRICARE providers. Web-based delivery of counseling has significant potential to offer counseling to personnel who otherwise might not be able to access it. Therefore, the Department is directed to establish and use a Web-based Clinical Mental Health Services Program as a way to deliver critical clinical mental health services to service members and families in rural areas."

The TRICARE Assistance Program (TRIAP) demonstration, as outlined in 74 FR 3667 July 24, 2009 launched August 1, 2009, to provide the capability for short-term, problem solving counseling between eligible beneficiaries and licensed counselors utilizing video technology and software such as Skype or iChat. Regional contractors were tasked with formulating and initiating the programs. TRIAP services are available 24/7 and ADSMs, their spouses of any age, and other family members 18 years of age or older who reside in the United States

are eligible to participate. Enrollees in TRICARE Reserve Select and the Transitional Assistance Management Program may also use the program. TRIAP provides assistance to beneficiaries dealing with personal problems that might adversely impact their work performance, health, and well-being. It includes assessment, short-term counseling, and referrals to more comprehensive levels of care if needed. TRIAP is based on commercial employee assistance models and provides counseling in a virtual face-to-face environment. There is a no diagnosis made, there are no limits to usage, and no notification about those seeking counseling will be made to their primary care managers or others, unless required by the counselor's licensure (e.g., spouse abuse). Participant confidentiality is protected, as no medical record entry is made.

Calls per month to the TRIAP line since the demonstration was extended and an aggressive marketing campaign launched have increased two fold, however, the majority (89%) of the calls are in the TRICARE West Region. In order to re-engage education efforts in the TRICARE North and South regions, allow enough time for these efforts to take effect and provide enough time to gather adequate data on the feasibility of utilizing audio and visual technologies including Web-based services to our active duty service members, their families and other beneficiaries on a permanent basis, an extension of the demonstration is necessary.

#### b. Implementation

This demonstration extension will be effective April 1, 2011.

#### c. Evaluation

As noted in the original **Federal Register** Notice, 74 FR 3667 July 24, 2009, and the extension **Federal Register** Notice, March 30, 2010, an independent evaluation of the demonstration will be conducted. It will be performed retrospectively and using administrative measures of behavioral health care access to provide analyses and comment on the effectiveness of the demonstration in meeting its goal of improving beneficiary access to behavioral health care by incorporating Web-based technology.

Dated: March 1, 2011.

**Morgan F. Park,**

*Alternate OSD Federal Register Liaison Officer, Department of Defense.*

[FR Doc. 2011-4867 Filed 3-3-11; 8:45 am]

BILLING CODE 5001-06-P

## DEPARTMENT OF DEFENSE

### Office of the Secretary

#### **TRICARE, Formerly Known as the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); Fiscal Year 2011 Mental Health Rate Updates**

**AGENCY:** Department of Defense.

**ACTION:** Notice of Updated Mental Health Rates for Fiscal Year 2011.

**SUMMARY:** This notice provides the updated regional per-diem rates for low-volume mental health providers; the update factor for hospital-specific per-diems; the updated cap per-diem for high-volume providers; the beneficiary per-diem cost-share amount for low-volume providers; and, the updated per-diem rates for both full-day and half-day TRICARE Partial Hospitalization Programs for Fiscal Year 2011.

**DATES:** *Effective Date:* The Fiscal Year 2011 rates contained in this notice are effective for services on or after October 1, 2010.

**ADDRESSES:** TRICARE Management Activity (TMA), Medical Benefits and Reimbursement Branch, 16401 East Centretech Parkway, Aurora, CO 80011-9066.

**FOR FURTHER INFORMATION CONTACT:** Ann N. Fazzini, Medical Benefits and Reimbursement Branch, TMA, telephone (303) 676-3803.

**SUPPLEMENTARY INFORMATION:** The final rule published in the **Federal Register** (FR) on September 6, 1988 (53 FR 34285) set forth reimbursement changes that were effective for all inpatient hospital admissions in psychiatric hospitals and exempt psychiatric units occurring on or after January 1, 1989. The final rule published in the **Federal Register** on July 1, 1993 (58 FR 35-400) set forth maximum per-diem rates for all partial hospitalization admissions on or after September 29, 1993. Included in these final rules were provisions for updating reimbursement rates for each federal Fiscal Year. As stated in the final rules, each per-diem shall be updated by the Medicare update factor for hospitals and units exempt from the Medicare Prospective Payment System (*i.e.*, this is the same update factor used for the inpatient prospective payment system). For Fiscal Year 2011, the market basket rate is 2.6 percent. This year, Medicare applied two reductions to their market basket amount: (1) a 0.25 percent reduction due to provisions found in the Patient Protection and Affordable Care Act, and (2) a 2.9 percent reduction for documentation and coding adjustments found in Public Law 110-90. These two

reductions do not apply to TRICARE. Hospitals and units with hospital specific rates (hospitals and units with high TRICARE volume) and regional specific rates for psychiatric hospitals and units with low TRICARE volume will have their TRICARE rates for Fiscal Year 2011 updated by 2.6 percent.

Partial hospitalization rates for full-day and half-day programs will also be updated by 2.6 percent for Fiscal Year 2011.

The cap amount for high-volume hospitals and units will also be updated by the 2.6 percent for Fiscal Year 2011.

The beneficiary cost share for low volume hospitals and units will also be updated by the 2.6 percent for Fiscal Year 2011.

Per 32 Code of Federal Regulations (CFR) 199.14, the same area wage indexes used for the CHAMPUS Diagnosis-Related Group (DRG)-based payment system shall be applied to the wage portion of the applicable regional per-diem for each day of the admission. The wage portion shall be the same as that used for the CHAMPUS DRG-based payment system. For wage index values greater than 1.0, the wage portion of the regional rate subject to the area wage adjustment is 68.8 percent for Fiscal Year 2011. For wage index values less than or equal to 1.0, the wage portion of the regional rate subject to the area wage adjustment is 62 percent.

Additionally, 32 CFR 199.14, requires that hospital specific and regional per-diems shall be updated by the Medicare update factor for hospitals and units exempt from the Medicare prospective payment system.

The following reflect an update of 2.6 percent for Fiscal Year 2011.

#### **REGIONAL SPECIFIC RATES FOR PSYCHIATRIC HOSPITALS AND UNITS WITH LOW TRICARE VOLUME FOR FISCAL YEAR 2011**

United States census region	Regional rate
<b>Northeast:</b>	
New England .....	\$764
Mid-Atlantic .....	736
<b>Midwest:</b>	
East North Central .....	636
West North Central .....	600
<b>South:</b>	
South Atlantic .....	757
East South Central .....	810
West South Central .....	690
<b>West:</b>	
Mountain .....	689
Pacific .....	814
Puerto Rico .....	519

Beneficiary cost-share: Beneficiary cost-share (other than dependents of