

TRICARE STANDARD SURVEYS-PROVIDERS (TSS-P)


FY2014 WEB SURVEY

1. MD SURVEY

SCREEN 1

Department of Defense - Windows Internet Explorer
https://vovetest.synovate.com/TRICAREWeb15/

File Edit View Favorites Tools Help
Page Safety Tools

 **OMB Number 0720-0031**
Expiration Date: 3/31/2015

DEFENSE HEALTH AGENCY

Thank you in advance for participating in the Department of Defense's effort to survey civilian health care providers across the U.S. to determine whether military service members and their families have access to the health care they need.


We recognize that there may be more than one provider in your office and ask that you please answer this survey only on behalf of the provider indicated on the letter that you received in the mail. Since we may survey more than one provider in your office, please complete this survey only for the appropriate provider listed on the letter you received. If you have received more than one survey for other providers, you will be able to login at the end of this questionnaire to complete the survey for those providers.

The survey that follows should only take five minutes of your time. After logging in, simply select the button that best represents your response. Once you have completed the survey, all you need to do is click on the "Submit" button and your completed survey will automatically be sent.


To begin, please enter your unique login name (including any leading zeros) and password indicated on the letter that you received in the mail in the boxes below and click "Next".

Login Name:

Password:

Progress: 

If you are experiencing problems with this survey [click here](#).

Start |  | 130% | 12:47 PM 4/2/2015

SCREEN 2:

https://vwebtest.synovate.com/TRICAREWeb15/DefaultTRICAREWeb.asp

Department of Defense

OMB Number 0720-0031
Expiration Date: 3/31/2015

DEPARTMENT OF DEFENSE
UNITED STATES OF AMERICA
DEFENSE
HEALTH AGENCY

The public reporting burden for this collection of information is estimated to average five (5) minutes to complete, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (0720-0031). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. This Official DoD survey may be confirmed at the TRICARE website <http://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/TRICARE-Patient-Satisfaction-Surveys>, click on Current Active Surveys, and find "Survey of Civilian Provider Acceptance of TRICARE Standard."

Privacy Act Statement
Information collected for this Survey will be used to help TRICARE health policy makers gauge civilian provider awareness and acceptance of the TRICARE Standard health care benefit option, and provide aggregated input to improve the Military Health System. All information will be de-identified prior to being reported. Completing the Survey is voluntary; you may stop the Survey at any time and skip any questions you choose. There is no penalty if you choose not to respond, although maximum participation is encouraged so the data will be complete and representative.

Back Quit Progress Next

If you are experiencing problems with this survey [click here.](#)

100% 3:05 PM 7/8/2015

SCREEN 3:



OMB Number 0720-0031
Expiration Date: 3/31/2015

Does LEOPOLDO BOLONA, MD provide health care to patients through private practice? (Is he/she working in a setting where providers, individually or as a group, decide or influence which health insurance to accept?)

Please select one.

- Yes
- No, does not provide treatment, or has retired
- No, not in private practice

Back

Quit

Progress: 

Next

If you are experiencing problems with this survey [click here](#).


IF NO AT SCREEN 3:

www.tricare.osd.mil for assistance.', and 'To take the survey for another provider, please click on the link below. [Begin Another Survey](#)'. The Windows taskbar at the bottom shows the Start button, application icons, and system tray with the time 12:50 PM and date 4/2/2015."/>

Survey - Windows Internet Explorer
https://vovwebustest.synovate.com/TRICAREWeb15/DefaultTRICAREWeb.asp

File Edit View Favorites Tools Help

Page Safety Tools



DEPARTMENT OF DEFENSE
DEFENSE HEALTH AGENCY

Thank you for taking the time to complete this survey.

If you have questions about TRICARE, its specific health plans, or the benefits it provides, please visit the TRICARE web site at www.tricare.osd.mil for assistance.

To take the survey for another provider, please click on the link below.
[Begin Another Survey](#)


Start | 130% | 12:50 PM | 4/2/2015

IF YES AT SCREEN 3, GO TO SCREEN 4:

Department of Defense - Windows Internet Explorer
https://vovwebustest.synovate.com/TRICAREWeb15/DefaultTRICAREWeb.asp

File Edit View Favorites Tools Help

Page Safety Tools



DEPARTMENT OF DEFENSE
DEFENSE HEALTH AGENCY

OMB Number 0720-0031
Expiration Date: 3/31/2015

Is LEOPOLDO BOLONA, MD aware of the TRICARE health care program?

Please select one.

Yes

No

I Don't Know

Back Quit Progress: Next

If you are experiencing problems with this survey [click here](#).

Start | 130% | 12:54 PM | 4/2/2015

SCREEN 5:

The screenshot shows a Windows Internet Explorer browser window. The address bar contains the URL: https://vcwebustest.synovate.com/TRICAREWeb15/DefaultTRICAREWeb.asp. The page header includes the Department of Defense logo and the text "DEFENSE HEALTH AGENCY". In the top right corner, it displays "OMB Number 0720-0031" and "Expiration Date: 3/31/2015". The main content area contains the question: "As of today, is LEOPOLDO BOLONA, MD a contracted member of the TRICARE network of health care providers?" followed by the instruction "Please select one." and three radio button options: "Yes", "No", and "I Don't Know". Below the options are "Back", "Quit", and "Next" buttons, along with a progress bar. A link "click here" is provided for users experiencing problems. The Windows taskbar at the bottom shows the Start button, several application icons, and the system tray with the date 4/2/2015 and time 12:57 PM.

SCREEN 6:

The screenshot shows a Windows Internet Explorer browser window. The address bar contains the URL: https://vcwebustest.synovate.com/TRICAREWeb15/DefaultTRICAREWeb.asp. The page header includes the Department of Defense logo and the text "DEFENSE HEALTH AGENCY". In the top right corner, it displays "OMB Number 0720-0031" and "Expiration Date: 3/31/2015". The main content area contains the question: "As of today, is LEOPOLDO BOLONA, MD accepting new TRICARE Standard patients?" followed by the instruction "Please select one." and four radio button options: "No", "Yes, on a claim by claim basis only", "Yes, for all claims", and "I Don't Know". Below the options are "Back", "Quit", and "Next" buttons, along with a progress bar. A link "click here" is provided for users experiencing problems. The Windows taskbar at the bottom shows the Start button, several application icons, and the system tray with the date 4/2/2015 and time 12:57 PM.

IF NO AT SCREEN 6, GO TO SCREEN 7:

Department of Defense - Windows Internet Explorer

https://vwebustest.synovate.com/TRICAREWeb15/DefaultTRICAREWeb.asp

Department of Defense

File Edit View Favorites Tools Help

Page Safety Tools

DEFENSE HEALTH AGENCY

OMB Number 0720-0031
Expiration Date: 3/31/2015

You answered "no" to the previous question. Why is LEOPOLDO BOLONA, MD not accepting new TRICARE Standard patients?
Please list all the reasons.

Back **Quit** Progress: **Next**

If you are experiencing problems with this survey [click here](#).

Start 130% 12:59 PM 4/2/2015

IF YES OR I DON'T KNOW AT SCREEN 6, GO TO SCREEN 8:

Department of Defense - Windows Internet Explorer

https://vwebustest.synovate.com/TRICAREWeb15/DefaultTRICAREWeb.asp

Department of Defense

File Edit View Favorites Tools Help

Page Safety Tools

DEFENSE HEALTH AGENCY

OMB Number 0720-0031
Expiration Date: 3/31/2015

What percentage of patients seen by LEOPOLDO BOLONA, MD use any form of TRICARE? If unsure, please enter your best guess. If none, please enter 0.

I Don't Know

Back **Quit** Progress: **Next**

If you are experiencing problems with this survey [click here](#).

Start 130% 1:04 PM 4/2/2015

SCREEN 9:

The screenshot shows a Windows Internet Explorer browser window. The address bar contains the URL: <https://vcwebustest.synovate.com/TRICAREWeb15/DefaultTRICAREWeb.asp>. The page header includes the Department of Defense logo and the text "DEFENSE HEALTH AGENCY" on the left, and "OMB Number 0720-0031" and "Expiration Date: 3/31/2015" on the right. The main content area contains the following text:

Does LEOPOLDO BOLONA, MD accept Medicare patients?
Please select one.

Yes
 No
 I Don't Know

Below the question are three buttons: "Back", "Quit", and "Next". A progress bar is located between the "Quit" and "Next" buttons. At the bottom of the page, there is a link: "If you are experiencing problems with this survey [click here](#)."

The Windows taskbar at the bottom shows the Start button, several application icons, and the system tray with the date and time: 1:05 PM, 4/2/2015.

SCREEN 10:

The screenshot shows a Windows Internet Explorer browser window. The address bar contains the URL: <https://vcwebustest.synovate.com/TRICAREWeb15/DefaultTRICAREWeb.asp>. The page header includes the Department of Defense logo and the text "DEFENSE HEALTH AGENCY" on the left, and "OMB Number 0720-0031" and "Expiration Date: 3/31/2015" on the right. The main content area contains the following text:

As of today, is LEOPOLDO BOLONA, MD accepting new Medicare patients?
Please select one.

Yes
 No
 I Don't Know

Below the question are three buttons: "Back", "Quit", and "Next". A progress bar is located between the "Quit" and "Next" buttons. At the bottom of the page, there is a link: "If you are experiencing problems with this survey [click here](#)."

The Windows taskbar at the bottom shows the Start button, several application icons, and the system tray with the date and time: 1:06 PM, 4/2/2015.

IF YES AT SCREEN 10, GO TO “COMPLETE” SCREEN:

Survey - Windows Internet Explorer
https://vovwebustest.synovate.com/TRICAREWeb15/DefaultTRICAREWeb.asp

File Edit View Favorites Tools Help

Page Safety Tools

Thank you for taking the time to complete this survey.

If you have questions about TRICARE, its specific health plans, or the benefits it provides, please visit the TRICARE web site at www.tricare.osd.mil for assistance.

To take the survey for another provider, please click on the link below.
[Begin Another Survey](#)

Start | 130% | 1:12 PM 4/2/2015

IF NO AT SCREEN 10, GO TO SCREEN 11 AND THEN FOLLOW TO SCREEN 12

SCREEN 11:

Department of Defense - Windows Internet Explorer
https://vovwebustest.synovate.com/TRICAREWeb15/DefaultTRICAREWeb.asp

File Edit View Favorites Tools Help

Page Safety Tools

OMB Number 0720-0031
Expiration Date: 3/31/2015

You answered "no" to the previous question. Why is LEOPOLDO BOLONA, MD not accepting new Medicare patients?
Please list all the reasons.

Back Quit Progress: [Progress Bar] Next

If you are experiencing problems with this survey [click here](#).

Start | 130% | 1:09 PM 4/2/2015

IF "DON'T KNOW" AT SCREEN 10, GO TO SCREEN 12:

Department of Defense - Windows Internet Explorer

https://vovwebustest.synovate.com/TRICAREWeb15/DefaultTRICAREWeb.asp

Department of Defense

File Edit View Favorites Tools Help

Page Safety Tools

DEFENSE HEALTH AGENCY

OMB Number 0720-0031
Expiration Date: 3/31/2015

Does LEOPOLDO BOLONA, MD accept payment from government or private health insurance plans?

Please select one.

Yes

No

Back Quit Progress: Next

If you are experiencing problems with this survey [click here](#).

Start 130% 1:10 PM 4/2/2015

SCREEN 13:

Department of Defense - Windows Internet Explorer

https://vovwebustest.synovate.com/TRICAREWeb15/DefaultTRICAREWeb.asp

Department of Defense

File Edit View Favorites Tools Help

Page Safety Tools

DEFENSE HEALTH AGENCY

OMB Number 0720-0031
Expiration Date: 3/31/2015

As of today, is LEOPOLDO BOLONA, MD accepting new patients?

Please select one.

Yes

No

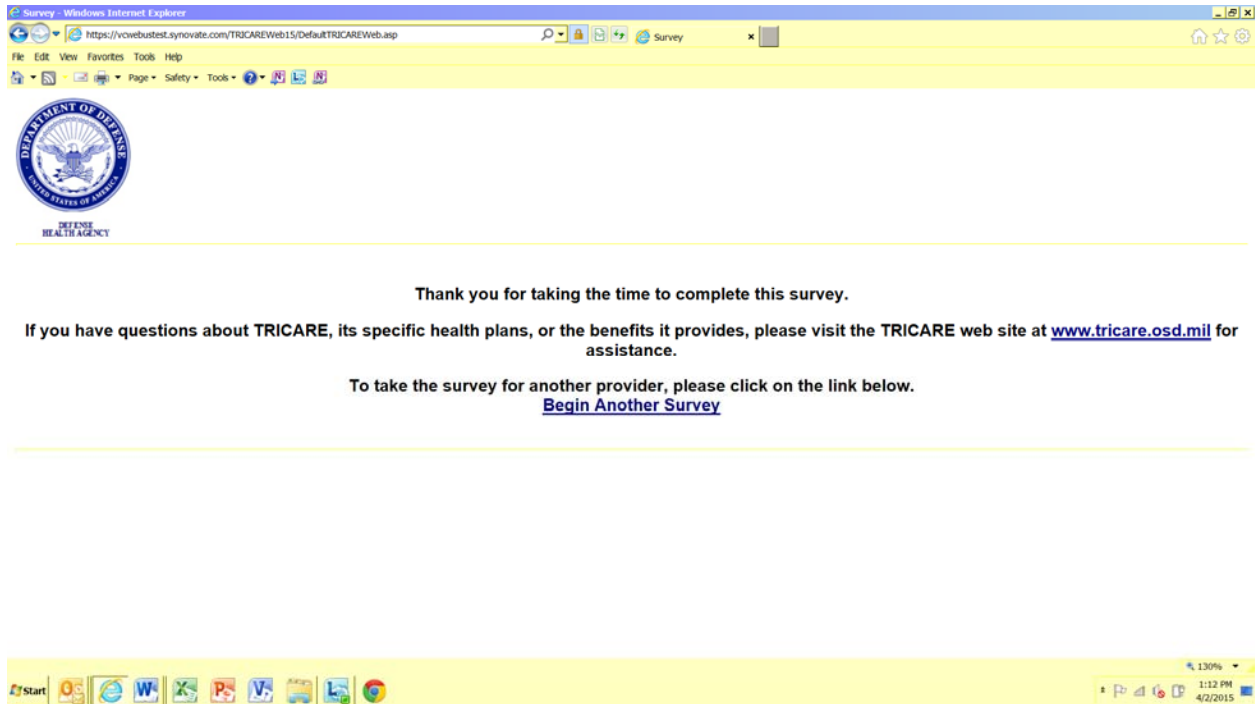
I Don't Know

Back Quit Progress: Next

If you are experiencing problems with this survey [click here](#).

Start 130% 1:17 PM 4/2/2015

ALL RESPONSES GO TO "COMPLETE" SCREEN:



END OF MD SURVEY

2. BEHAVIORAL HEALTH PROVIDER SURVEY

SCREEN 1:

Department of Defense - Windows Internet Explorer
https://vwebustest.synovate.com/TRICAREWeb15/

File Edit View Favorites Tools Help

Page Safety Tools

DEPARTMENT OF DEFENSE
UNITED STATES OF AMERICA
DEFENSE HEALTH AGENCY

OMB Number 0720-0031
Expiration Date: 3/31/2015

Thank you in advance for participating in the Department of Defense's effort to survey civilian health care providers across the U.S. to determine whether military service members and their families have access to the health care they need.

We recognize that there may be more than one provider in your office and ask that you please answer this survey only on behalf of the provider indicated on the letter that you received in the mail. Since we may survey more than one provider in your office, please complete this survey only for the appropriate provider listed on the letter you received. If you have received more than one survey for other providers, you will be able to login at the end of this questionnaire to complete the survey for those providers.

The survey that follows should only take five minutes of your time. After logging in, simply select the button that best represents your response. Once you have completed the survey, all you need to do is click on the "Submit" button and your completed survey will automatically be sent.

To begin, please enter your unique login name (including any leading zeros) and password indicated on the letter that you received in the mail in the boxes below and click "Next".

Login Name:

Password:

Progress:

Next

If you are experiencing problems with this survey [click here](#).

SCREEN 2:

Department of Defense - Windows Internet Explorer
https://vwebustest.synovate.com/TRICAREWeb15/DefaultTRICAREWeb.asp

File Edit View Favorites Tools Help

Page Safety Tools

DEPARTMENT OF DEFENSE
UNITED STATES OF AMERICA
DEFENSE HEALTH AGENCY

OMB Number 0720-0031
Expiration Date: 3/31/2015

OMB Number 0720-0031 (Expiration Date: 3/31/2015)

We estimate this survey will take an average five (5) minutes to complete, including the time for reviewing instructions, getting the needed data, and completing and reviewing the survey. Please send comments regarding our estimate or any other aspect of this survey, including suggestions for reducing the completion time, to Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division. The OMB number above is currently valid, and you are not required to respond, unless this number is displayed.

Privacy Act Statement
According to the Privacy Act of 1974 (Public law 93-579), the Department of Defense is required to inform you of the purposes and use of this survey. Please read carefully. Authority: Section 723(a) of the National Defense Authorization Act for Fiscal Year 2004 (Public Law 108-136; Section 711 of the National Defense Authorization Act for Fiscal Year 2008 (Public Law (P.L.) 110-181).

Purpose: Mandated by Congress, this confidential survey of civilian providers helps TRICARE health policy makers gauge civilian provider awareness and acceptance of the TRICARE Standard health care benefit option, and will provide valuable aggregated input to help improve the Military Health System.

Routine Uses: Those disclosures generally permitted under 5.U.S.C. 552a(b) of the Privacy Act.

Disclosure: Providing information in this questionnaire is voluntary. There is no penalty if you choose not to respond. However, maximum participation is encouraged so that data will be as complete and representative as possible. You may notice a number on this survey: this number is used only to let us know if you completed the survey to minimize sending you reminders.

Back Quit Progress: Next

If you are experiencing problems with this survey [click here](#).

SCREEN 3:

Department of Defense - Windows Internet Explorer
https://vwebustest.synovate.com/TRICAREWeb15/DefaultTRICAREWeb.asp

DEPARTMENT OF DEFENSE
UNITED STATES OF AMERICA
DEFENSE HEALTH AGENCY

OMB Number 0720-0031
Expiration Date: 3/31/2015

Does JENNIFER JOHNSON provide treatment or counseling to patients through [private practice](#)? (Is he/she working in a setting where providers, individually or as a group, decide or influence which health insurance to accept?)

Please select one.

Yes

No, does not provide treatment or counseling, or has retired

No, not in private practice

Back Quit Progress: Next

If you are experiencing problems with this survey [click here](#).

Start, Office, Internet Explorer, Word, PowerPoint, Outlook, Chrome, 130%, 1:49 PM, 4/2/2015

IF NO AT SCREEN 3, GO TO “COMPLETE” SCREEN:

Survey - Windows Internet Explorer
https://vwebustest.synovate.com/TRICAREWeb15/DefaultTRICAREWeb.asp

DEPARTMENT OF DEFENSE
UNITED STATES OF AMERICA
DEFENSE HEALTH AGENCY

Thank you for taking the time to complete this survey.

If you have questions about TRICARE, its specific health plans, or the benefits it provides, please visit the TRICARE web site at www.tricare.osd.mil for assistance.

To take the survey for another provider, please click on the link below.
[Begin Another Survey](#)

Start, Office, Internet Explorer, Word, PowerPoint, Outlook, Chrome, 130%, 1:52 PM, 4/2/2015

IF "NOT IN PRIVATE PRACTICE AT SCREEN 3, GO TO SCREEN 15:

Department of Defense - Windows Internet Explorer
https://vwebustest.synovate.com/TRICAREWeb15/DefaultTRICAREWeb.asp

File Edit View Favorites Tools Help
Page Safety Tools

DEFENSE HEALTH AGENCY

OMB Number 0720-0031
Expiration Date: 3/31/2015

What type of practice is JENNIFER JOHNSON in?
Select all that apply.

- Government: Federal, State or other municipality
- School, University or other academic institution
- Hospital staff
- Contractor providing services exclusively to government clients
- Closed Panel HMO
- Rehab facility, Nursing Home, or Home Health Provider
- Other

Back Quit Progress: Next

If you are experiencing problems with this survey [click here](#).

Start | 130% | 1:53 PM 4/2/2015

ALL RESPONSES TO SCREEN 15 AND IF YES AT SCREEN 3 GO TO SCREEN 4:

Department of Defense - Windows Internet Explorer
https://vwebustest.synovate.com/TRICAREWeb15/DefaultTRICAREWeb.asp

File Edit View Favorites Tools Help
Page Safety Tools

DEFENSE HEALTH AGENCY

OMB Number 0720-0031
Expiration Date: 3/31/2015

What type of health care provider is JENNIFER JOHNSON?
Select all that apply.

- Certified Clinical Social Worker
- Certified Psychiatric Nurse Specialist
- Clinical Psychologist
- Certified Marriage and Family Therapist
- Pastoral Counselor
- Mental Health Counselor
- Other

Back Quit Progress: Next

If you are experiencing problems with this survey [click here](#).

Start | 130% | 1:55 PM 4/2/2015

SCREEN 5:

Department of Defense - Windows Internet Explorer
https://vcwebustest.synovate.com/TRICAREWeb15/DefaultTRICAREWeb.asp

Department of Defense
DEFENSE HEALTH AGENCY

OMB Number 0720-0031
Expiration Date: 3/31/2015

Is JENNIFER JOHNSON aware of the TRICARE health care program?

Please select one.

Yes
 No
 I Don't Know

Back Quit Progress: Next

If you are experiencing problems with this survey [click here](#).

SCREEN 6:

Department of Defense - Windows Internet Explorer
https://vcwebustest.synovate.com/TRICAREWeb15/DefaultTRICAREWeb.asp

Department of Defense
DEFENSE HEALTH AGENCY

OMB Number 0720-0031
Expiration Date: 3/31/2015

As of today, is JENNIFER JOHNSON a contracted member of the TRICARE network of health care providers?

Please select one.

Yes
 No
 I Don't Know

Back Quit Progress: Next

If you are experiencing problems with this survey [click here](#).

SCREEN 7:

Department of Defense - Windows Internet Explorer

https://vwebustest.synovate.com/TRICAREWeb15/DefaultTRICAREWeb.asp

Department of Defense

DEFENSE HEALTH AGENCY

OMB Number 0720-0031
Expiration Date: 3/31/2015

As of today, is JENNIFER JOHNSON accepting new TRICARE Standard patients?

Please select one.

No

Yes, on a claim by claim basis only

Yes, for all claims

I Don't Know

Back Quit Progress: Next

If you are experiencing problems with this survey [click here](#).

1:57 PM 4/2/2015

IF NO AT SCREEN 7, GO TO SCREEN 8:

Department of Defense - Windows Internet Explorer

https://vwebustest.synovate.com/TRICAREWeb15/DefaultTRICAREWeb.asp

Department of Defense

DEFENSE HEALTH AGENCY

OMB Number 0720-0031
Expiration Date: 3/31/2015

You answered "no" to the previous question. Why is JENNIFER JOHNSON not accepting new TRICARE Standard patients?

Please list all the reasons.

Back Quit Progress: Next

If you are experiencing problems with this survey [click here](#).

1:58 PM 4/2/2015

IF YES OR "DON'T KNOW" AT SCREEN 7, GO TO SCREEN 9:

Department of Defense - Windows Internet Explorer

https://vwebustest.synovate.com/TRICAREWeb15/DefaultTRICAREWeb.asp

Department of Defense

DEFENSE HEALTH AGENCY

OMB Number 0720-0031
Expiration Date: 3/31/2015

What percentage of patients seen by JENNIFER JOHNSON use any form of TRICARE? If unsure, please enter your best guess. If none, please enter 0.

I Don't Know

Back Quit Progress: Next

If you are experiencing problems with this survey [click here](#).

Start, Office, Internet Explorer, Word, PowerPoint, Outlook, Mail, Photos, Windows Explorer, Google Chrome

130% 1:59 PM 4/2/2015

SCREEN 10:

Department of Defense - Windows Internet Explorer

https://vwebustest.synovate.com/TRICAREWeb15/DefaultTRICAREWeb.asp

Department of Defense

DEFENSE HEALTH AGENCY

OMB Number 0720-0031
Expiration Date: 3/31/2015

Does JENNIFER JOHNSON accept Medicare patients?
Please select one.

Yes
 No
 I Don't Know

Back Quit Progress: Next

If you are experiencing problems with this survey [click here](#).

Start, Office, Internet Explorer, Word, PowerPoint, Outlook, Mail, Photos, Windows Explorer, Google Chrome

130% 2:00 PM 4/2/2015


SCREEN 11:

Department of Defense - Windows Internet Explorer

https://vwebustest.synovate.com/TRICAREWeb15/DefaultTRICAREWeb.asp

Department of Defense

OMB Number 0720-0031
Expiration Date: 3/31/2015


DEFENSE
HEALTH AGENCY

As of today, is JENNIFER JOHNSON accepting new Medicare patients?

Please select one.

Yes

No

I Don't Know

Back Quit Progress: Next

If you are experiencing problems with this survey [click here](#).


Start | Office | Internet Explorer | Word | PowerPoint | Outlook | Chrome | 130% | 2:00 PM 4/2/2015

IF YES AT SCREEN 11, GO TO COMPLETE SCREEN:

Survey - Windows Internet Explorer

https://vwebustest.synovate.com/TRICAREWeb15/DefaultTRICAREWeb.asp

Survey


DEFENSE
HEALTH AGENCY

Thank you for taking the time to complete this survey.

If you have questions about TRICARE, its specific health plans, or the benefits it provides, please visit the TRICARE web site at www.tricare.osd.mil for assistance.

To take the survey for another provider, please click on the link below.

[Begin Another Survey](#)

Start | Office | Internet Explorer | Word | PowerPoint | Outlook | Chrome | 130% | 2:08 PM 4/2/2015

IF NO AT SCREEN 11, GO TO SCREEN 12:

Department of Defense - Windows Internet Explorer
https://vwebustest.synovate.com/TRICAREWeb15/DefaultTRICAREWeb.asp

File Edit View Favorites Tools Help
Page Safety Tools

DEPARTMENT OF DEFENSE
DEFENSE HEALTH AGENCY

OMB Number 0720-0031
Expiration Date: 3/31/2015

You answered "no" to the previous question. Why is JENNIFER JOHNSON not accepting new Medicare patients?
Please list all the reasons.

Back Quit Progress: Next

If you are experiencing problems with this survey [click here](#).

Start | | 130% | 2:12 PM 4/2/2015

IF "DON'T KNOW" AT SCREEN 11, GO TO SCREEN 13:

Department of Defense - Windows Internet Explorer
https://vwebustest.synovate.com/TRICAREWeb15/DefaultTRICAREWeb.asp

File Edit View Favorites Tools Help
Page Safety Tools

DEPARTMENT OF DEFENSE
DEFENSE HEALTH AGENCY

OMB Number 0720-0031
Expiration Date: 3/31/2015

Does JENNIFER JOHNSON accept payment from government or private health insurance plans?
Please select one.

Yes
 No

Back Quit Progress: Next

If you are experiencing problems with this survey [click here](#).

Start | | 130% | 2:13 PM 4/2/2015

SCREEN 14:

The screenshot shows a Windows Internet Explorer browser window. The address bar contains the URL: <https://vwebustest.synovate.com/TRICAREWeb15/DefaultTRICAREWeb.asp>. The page header includes the Department of Defense logo and the text "DEFENSE HEALTH AGENCY" and "OMB Number 0720-0031 Expiration Date: 3/31/2015". The main content area asks: "As of today, is JENNIFER JOHNSON accepting new patients?" and "Please select one." with three radio button options: "Yes", "No", and "I Don't Know". Below the options are "Back", "Quit", and "Next" buttons, along with a progress bar. A link "click here" is provided for users experiencing problems. The Windows taskbar at the bottom shows the Start button, application icons, and system tray with the time 2:13 PM and date 4/2/2015.

COMPLETE SCREEN:

The screenshot shows the same browser window as the previous screen, but the content has changed to a completion message. It says: "Thank you for taking the time to complete this survey." followed by: "If you have questions about TRICARE, its specific health plans, or the benefits it provides, please visit the TRICARE web site at www.tricare.osd.mil for assistance." Below this, it says: "To take the survey for another provider, please click on the link below." with a purple underlined link: "[Begin Another Survey](#)". The rest of the page layout, including the header, logo, and taskbar, remains the same.



**OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS**
[FOR REVIEWERS: BH Mailing #1]

[Unique Provider ID Number]
FOR: [Insert Provider Name]
Street Address
City, State, and Zip

Month Date, 2015

Dear [Insert Provider Name],

Hello! You have been selected to participate in a very important survey effort. In support of U.S. military men and women, Congress has directed the Department of Defense to survey civilian mental and behavioral health care providers across the U.S. to determine whether military service members and their families have access to the care they need. A substantial amount of mental and behavioral health care provided to our military and their families is delivered by private, civilian providers like yourself. The DoD has contracted Ipsos to conduct this survey.

We are asking you to please answer the questions on the back of this letter and return it **within five days**. We suggest that the survey be completed by the person in your office who is most knowledgeable about billing and insurance. We recognize that there may be more than one provider in your office and ask that this survey be completed for the provider listed above.

There are several ways to complete this survey, which should only take five minutes of your time:

- Complete the survey on the reverse side of this letter and return it via postal mail in the enclosed postage paid envelope
- Complete the survey on the reverse side of this letter and fax it to 1-800-409-7681
- Complete the survey on the internet at the following URL: <http://www.dodcv08.com>

Your unique login name: xxxxxxxx

Your unique password: xxxxxxxx

Thank you in advance for your cooperation and help as we examine this important issue that impacts our American service men and women. If you have questions about this survey, please call Ipsos between the hours of 8AM and 5PM Eastern Time at 1-800-228-6764.

Sincerely yours,

A handwritten signature in black ink, appearing to read "J. Lindly", with a stylized flourish at the end.

Capt. Jamie Lindly, MSC, USN
Chief, Analytics Division

SURVEY QUESTIONS ON REVERSE SIDE

The public reporting burden for this collection of information is estimated to average five (5) minutes to complete, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (0720-0031). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. This Official DoD survey may be confirmed at the TRICARE website <http://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/TRICARE-Patient-Satisfaction-Surveys>, click on Current Active Surveys, and find "Survey of Civilian Provider Acceptance of TRICARE Standard."

PRIVACY ADVISORY STATEMENT

Information collected for this Survey will be used to help TRICARE health policy makers gauge civilian provider awareness and acceptance of the TRICARE Standard health care benefit option, and provide aggregated input to improve the Military Health System. All information will be de-identified prior to being reported. Completing the Survey is voluntary; you may stop the Survey at any time and skip any questions you choose. There is no penalty if you choose not to respond, although maximum participation is encouraged so the data will be complete and representative.

Q1. Does [Insert Provider Name] provide treatment or counseling to patients through private practice? (Is he/she working in a setting where providers, individually or as a group, decide or influence which health insurance to accept?)

- Yes → (Go to Q2)
- No, does not provide treatment or counseling, or has retired→ (Thank you, please return the questionnaire)
- No, not in private practice → (Go to Q1a)

Q1a. What type of practice is [Insert Provider Name] in? (Please choose one)

- Government: *Federal, State or other municipality*
- School, University or other academic institution
- Hospital staff
- Contractor providing services exclusively to government clients
- Rehab Facility, Nursing Home, or Home Health Provider
- Closed Panel HMO
- Other _____

**Q2. What type of health care provider is [Insert Provider Name]?
MARK ALL THAT APPLY.**

- Certified Clinical Social Worker
- Certified Psychiatric Nurse Specialist
- Clinical Psychologist
- Certified Marriage and Family Therapist
- Pastoral Counselor
- Mental Health Counselor
- Other _____

Q3. Is [Insert Provider Name] aware of the TRICARE health care program?

- Yes
- No
- I Don't Know

Q4. As of today, is [Insert Provider Name] a contracted member of the TRICARE network of health care providers?

- Yes
- No
- I Don't Know

Q5. As of today, is [Insert Provider Name] accepting new TRICARE Standard patients?

- No →(Go to Q6)
- Yes, on a claim by claim basis only →(Go to Q7)
- Yes, for all claims →(Go to Q7)
- I Don't know →(Go to Q7)

Q6. If you answered “no” to Q5 below, why is [Insert Provider Name] not accepting new TRICARE Standard patients?

Please list all the reasons. If you need additional space, please include a separate sheet of paper.

Q7. What percentage of patients seen by [Insert Provider Name] use any form of TRICARE? If unsure, please write down your best guess.

- None: [Insert Provider Name] has no TRICARE patients
- _____ percent use some form of TRICARE
- I Don't Know

Q8. Does [Insert Provider Name] accept Medicare patients?

- Yes
- No
- I Don't Know

Q9. As of today, is [Insert Provider Name] accepting new Medicare patients?

- Yes → Thank you, please return the questionnaire
- No →(Go to Q10)
- I Don't Know →(Go to Q11)

Q10. If you answered “no” to Q9 above, why is [Insert Provider Name] not accepting new Medicare patients?

Please list all the reasons. If you need additional space, please include a separate sheet of paper.

Q11. Does [Insert Provider Name] accept payment from government or private health insurance plans?

- Yes
- No

Q12. As of today, is [Insert Provider Name] accepting new patients?

- Yes
- No
- I Don't Know

Thank you for taking the time to complete this survey. Please put this in the enclosed postage-paid envelope and return it to the Survey Processing Center or fax the survey to Ipsos at 1-800-409-7681. If you have any questions about TRICARE, its specific health plans, or the benefits it provides, please visit the TRICARE web site at www.tricare.mil for assistance.



**OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS**

[FOR REVIEWERS: MD/DO Mailing #1]

[Unique Provider ID Number]
FOR: [Insert Provider Name] [Credentials]
Street Address
City, State, and Zip

Month Date, 2015

Dear BILLING MANAGER for [Insert Provider Name] [Credentials],

Hello! The physician named above has been selected to participate in a very important survey effort. In support of U.S. military men and women, Congress has directed the Department of Defense to survey civilian physicians across the U.S. to determine whether military service members and their families have access to the health care they need. A substantial amount of health care to service members and their families is delivered by private, civilian physicians like [Insert Provider Name] [Credentials], and we need your help.

We are asking you to please answer the questions on the back of this letter on behalf of the physician above and return it **within five days**. There are several ways to complete this survey, which should only take five minutes of your time:

- Complete the survey on the reverse side of this letter and return it via postal mail in the enclosed postage paid envelope
- Complete the survey on the reverse side of this letter and fax it to 1-800-409-7681
- Complete the survey on the internet at the following URL: <http://www.dodcv08.com>
Your unique login name: xxxxxxxx **Your unique password:** xxxxxxxx

We recognize that there may be more than one provider in your office and ask that you complete the survey for the provider listed above. Since we may survey more than one provider in your office, please complete each survey for the appropriate provider named above. If you are not the appropriate person to answer these questions, please pass this on to the person in your office most familiar with the [Insert Provider Name] [Credentials]'s billing and insurance.

Thank you in advance for your cooperation and help as we examine this important issue that impacts our American service men and women. If you have questions about this survey, please call Ipsos between the hours of 8AM and 5PM Eastern Time at 1-800-228-6764.

Sincerely yours,

Capt. Jamie Lindly, MSC, USN Chief, Analytics Division

SURVEY QUESTIONS ON REVERSE SIDE

The public reporting burden for this collection of information is estimated to average five (5) minutes to complete, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (0720-0031). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. This Official DoD survey may be confirmed at the TRICARE website <http://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/TRICARE-Patient-Satisfaction-Surveys>, click on Current Active Surveys, and find "Survey of Civilian Provider Acceptance of TRICARE Standard."

PRIVACY ADVISORY STATEMENT

Information collected for this Survey will be used to help TRICARE health policy makers gauge civilian provider awareness and acceptance of the TRICARE Standard health care benefit option, and provide aggregated input to improve the Military Health System. All information will be de-identified prior to being reported. Completing the Survey is voluntary; you may stop the Survey at any time and skip any questions you choose. There is no penalty if you choose not to respond, although maximum participation is encouraged so the data will be complete and representative.

Q1. Does [Insert Provider Name] [Credentials] provide treatment to patients through private practice? (Is he/she working in a setting where providers, individually or as a group, decide or influence which health insurance to accept?)

- Yes → (Go to Q2)
- No, does not provide treatment, or has retired → (Thank you, please return the questionnaire)
- No, not in private practice → (Go to Q1a)

Q1a. What type of practice is [Insert Provider Name] [Credentials] in? (please choose one)

- Government: *Federal, State or other municipality*
- School, University or other academic institution
- Hospital staff
- Contractor providing services exclusively to government clients
- Rehab Facility, Nursing Home, or Home Health Provider
- Closed Panel HMO
- Other _____

Q2. Is [Insert Provider Name] [Credentials] aware of the TRICARE health care program?

- Yes
- No
- I Don't Know

Q3. As of today, is [Insert Provider Name] [Credentials] a contracted member of the TRICARE network of health care providers?

- Yes
- No
- I Don't Know

Q4. As of today, is [Insert Provider Name] [Credentials] accepting new TRICARE Standard patients?

- No →(Go to Q5)
- Yes, on a claim by claim basis only →(Go to Q6)
- Yes, for all claims →(Go to Q6)
- I Don't know →(Go to Q6)

Q5. If you answered "no" to Q4 below, why is [Insert Provider Name] [Credentials] not accepting new TRICARE Standard patients?

Please list all the reasons. If you need additional space, please include a separate sheet of paper.

Q6. What percentage of patients seen by [Insert Provider Name] [Credentials] use any form of TRICARE? If unsure, please write down your best guess.

- None: Dr. [Insert Last Name] [Credentials] has no TRICARE patients
- _____ percent use some form of TRICARE
- I Don't Know

Q7. Does [Insert Provider Name] [Credentials] accept Medicare patients?

- Yes
- No
- I Don't Know

Q8. As of today, is [Insert Provider Name] [Credentials] accepting new Medicare patients?

- Yes → Thank you, please return the questionnaire
- No →(Go to Q9)
- I Don't Know →(Go to Q10)

Q9. If you answered "no" to Q8 above, why is [Insert Provider Name] [Credentials] not accepting new Medicare patients?

Please list all the reasons. If you need additional space, please include a separate sheet of paper.

Q10. Does [Insert Provider Name] [Credentials] accept payment from government or private health insurance plans?

- Yes
- No

Q11. As of today, is [Insert Provider Name] [Credentials] accepting new patients?

- Yes
- No
- I Don't Know

Thank you for taking the time to complete this survey. Please put this in the enclosed postage-paid envelope and return it to the Survey Processing Center or fax the survey to Ipsos at 1-800-409-7681. If you have any questions about TRICARE, its specific health plans, or the benefits it provides, please visit the TRICARE web site at www.tricare.mil for assistance.



DEFENSE
HEALTH AGENCY

**OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS**

[FOR REVIEWERS: BH Mailing #2]

[Unique Provider ID Number]
FOR: [Insert Provider Name]
Street Address
City, State, and Zip

Month Date, 2015

Dear [Insert Provider Name],

Hello! [Insert Provider Name] was randomly selected to participate in this very important effort. In support of the thousands of U.S. military men and women who are currently defending our communities at home and abroad, Congress is interested in whether family members of active duty military, and military retirees and their families, have sufficient access to the health care they need. Much of their care is delivered at military facilities; however, a substantial amount of health care is delivered by private, civilian physicians.

Congress has directed the Department of Defense's health benefits program called TRICARE to survey civilian providers across the U.S to determine the adequacy of private health care access for its military beneficiaries. The DoD has contracted Ipsos to conduct this survey. If there is more than one provider in your office, please complete each survey for the appropriate provider. If you are not the appropriate person to answer these questions, please pass this on to person in your office most familiar with the provider's billing and insurance for completion. If you have already completed your survey and returned it to Ipsos, thank you and please excuse this reminder.

If you have not yet had a chance to respond, please take a few minutes now to answer the questions on the back of this letter and return it **within five days**. There are several ways to complete this survey, which should only take five minutes of your time:

- Complete the survey on the reverse side of this letter and return it via postal mail in the enclosed postage paid envelope
- Complete the survey on the reverse side of this letter and fax it to 1-800-409-7681
- Complete the survey on the internet at the following URL: <http://www.dodcv08.com>

Your unique login name: xxxxxxxx

Your unique password: xxxxxxxx

We recognize that there may be more than one provider in your office and ask that you complete the survey for the provider listed above. Since we may survey more than one provider in your office, please complete each survey for the appropriate provider named above. If you are not the appropriate person to answer these questions, please pass this on to the person in your office most familiar with [Insert Provider Name]'s billing and insurance.

Thank you in advance for your cooperation and help as we examine this important issue that impacts our American service men and women. If you have questions about this survey, please call Ipsos between the hours of 8AM and 5PM Eastern Time at 1-800-228-6764.

Sincerely yours,

Capt. Jamie Lindly, MSC, USN Chief, Analytics Division

SURVEY QUESTIONS ON REVERSE SIDE

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PRIVACY ADVISORY STATEMENT

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Q1. Does [Insert Provider Name] provide treatment or counseling to patients through private practice? (Is he/she working in a setting where providers, individually or as a group, decide or influence which health insurance to accept?)

- Yes → (Go to Q2)
- No, does not provide treatment or counseling, or has retired → (Thank you, please return the questionnaire)
- No, not in private practice → (Go to Q1a)

Q1a. What type of practice is [Insert Provider Name] in? (Please choose one)

- Government: *Federal, State or other municipality*
- School, University or other academic institution
- Hospital staff
- Contractor providing services exclusively to government clients
- Rehab Facility, Nursing Home, or Home Health Provider
- Closed Panel HMO
- Other _____

**Q2. What type of health care provider is [Insert Provider Name]?
MARK ALL THAT APPLY.**

- Certified Clinical Social Worker
- Certified Psychiatric Nurse Specialist
- Clinical Psychologist
- Certified Marriage and Family Therapist
- Pastoral Counselor
- Mental Health Counselor
- Other _____

Q3. Is [Insert Provider Name] aware of the TRICARE health care program?

- Yes
- No
- I Don't Know

Q4. As of today, is [Insert Provider Name] a contracted member of the TRICARE network of health care providers?

- Yes
- No
- I Don't Know

Q5. As of today, is [Insert Provider Name] accepting new TRICARE Standard patients?

- No →(Go to Q6)
- Yes, on a claim by claim basis only →(Go to Q7)
- Yes, for all claims →(Go to Q7)
- I Don't know →(Go to Q7)

Q6. If you answered “no” to Q5 below, why is [Insert Provider Name] not accepting new TRICARE Standard patients?

Please list all the reasons. If you need additional space, please include a separate sheet of paper.

Q7. What percentage of patients seen by [Insert Provider Name] use any form of TRICARE? If unsure, please write down your best guess.

- None: [Insert Provider Name] has no TRICARE patients
- _____ percent use some form of TRICARE
- I Don't Know

Q8. Does [Insert Provider Name] accept Medicare patients?

- Yes
- No
- I Don't Know

Q9. As of today, is [Insert Provider Name] accepting new Medicare patients?

- Yes → Thank you, please return the questionnaire
- No →(Go to Q10)
- I Don't Know →(Go to Q11)

Q10. If you answered “no” to Q9 above, why is [Insert Provider Name] not accepting new Medicare patients?

Please list all the reasons. If you need additional space, please include a separate sheet of paper.

Q11. Does [Insert Provider Name] accept payment from government or private health insurance plans?

- Yes
- No

Q12. As of today, is [Insert Provider Name] accepting new patients?

- Yes
- No
- I Don't Know

Thank you for taking the time to complete this survey. Please put this in the enclosed postage-paid envelope and return it to the Survey Processing Center or fax the survey to Ipsos at 1-800-409-7681. If you have any questions about TRICARE, its specific health plans, or the benefits it provides, please visit the TRICARE web site at www.tricare.mil for assistance.

Continuing Viability Survey 2015 – Physician Version

TELEPHONE SCRIPT DRAFT

[FOR REVIEWERS: MD/DO CATI follow-up]

INTRO Hi, my name is ____ and I'm calling on behalf of the Department of Defense TRICARE health benefits Program. May I speak with the person who is most familiar with billing and insurance for [Insert Provider Name], [Insert Credentials]?

(INTERVIEWER NOTE: I'm calling from Ipsos, a healthcare survey firm and would like to speak with the billing manager or the person most familiar with billing and insurance for [Insert Provider Name], [Insert Credentials]? We have a few questions regarding how your office works with the TRICARE program. REINTRODUCE AS NECESSARY.)

(IF UNAVAILABLE: Do you know when the (billing manager or the person most familiar with billing and insurance) will be available?" ARRANGE CALLBACK IF POSSIBLE.)

Respondent on phone

Not available

Go to SMS

[Insert Provider], [Insert Credentials] no longer works at this office

Already returned survey

Alternate phone number

Respondent refuses

Refused – already returned survey

Medical school

Only receives messages

Billing contact unavailable permanently

Moved practice

No Billing – accepts walk-ins

Outsource billing

Military (unspecified)

Not at this address

ER (Emergency Room) doctor

Out of area address change

Left practice

Retired

Not practicing

Military leave

Resident/Doctor in training

Radiologist

Anesthesiologist

Fellow

Military – only sees TRICARE patients

Pathologist

Hospitalist

Pediatrician

Interservist

Hospital accreditation surveyor

Covering provider only

No office practice

Healthplan/Network provider (Kaiser)

Veterans Medical System employee (VA)

State hospital employee

University/student physicians

No private practice

Deceased

[IF INTRO='RESPONDENT ON PHONE', GO TO QB1]

[IF INTRO='ALREADY RETURNED SURVEY', GO TO QB2]

[IF INTRO='NOT AVAILABLE', INTERVIEWER SHOULD ASK 'Do you know when the person familiar with billing and insurance for this provider will be available?'] SET CALLBACK.

[IF INTRO=ANY OTHER RESPONSE NOT LISTED ABOVE, RESCREEN FOR NEXT AVAILABLE PROVIDER. IF NO ADDITIONAL PROVIDERS, THANK AND END.]

- QB1. [PROGRAMMING NOTE: DISPLAY THE FOLLOWING TEXT: Congress has directed the TRICARE program to survey civilian providers across the U.S. to determine the adequacy of private health care access for its military beneficiaries. The Department of Defense has contracted Ipsos to conduct this very short survey. [Insert Provider Name], [Insert Credentials] was randomly selected to participate in this very important survey.]

[GO TO QB3]

- QB2. [PROGRAMMING NOTE: DISPLAY THE FOLLOWING TEXT: Thank you for returning the survey. For verification purposes we would like to ask a few questions.]

(INTERVIEWER NOTE: READ IF NEEDED: On behalf of the Department of Defense, I'm calling from Ipsos, the healthcare survey firm contracted to perform this survey. Congress has directed the TRICARE program to survey civilian providers across the U.S. [Insert Provider Name], [Insert Credentials] was randomly selected to participate in this very important survey.)

[GO TO QB3]

- QB3. [PROGRAMMING NOTE: DISPLAY THE FOLLOWING TEXT: Your participation will help the Department of Defense gain valuable aggregated input to help improve the Military Health System.]

(INTERVIEWER NOTE: READ AGENCY DISCLOSURE STATEMENT IF NEEDED: The public reporting burden for this collection of information is estimated to average five (5) minutes to complete, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (0720-0031). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

(INTERVIEWER NOTE: READ IF NEEDED This Official DoD survey may be confirmed at the TRICARE website <http://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/TRICARE-Patient-Satisfaction-Surveys>, click on Current Active Surveys, and find "Survey of Civilian Provider Acceptance of TRICARE Standard.")

[GO TO QB4]

- QB4. PROGRAMMING NOTE: DISPLAY THE FOLLOWING TEXT: INTERVIEWER NOTE: READ PRIVACY ADVISORY IF NEEDED: Information collected for this Survey will be used to help TRICARE health policy makers gauge civilian provider awareness and acceptance of the TRICARE Standard health care benefit option, and provide aggregated input to improve the Military Health System. All information will be de-identified prior to being reported. Completing the Survey is voluntary; you may stop the Survey at any time and skip any questions you choose. There is no penalty if you choose not to respond, although

maximum participation is encouraged so the data will be complete and representative. Let me assure you that I am not trying to sell anything. Do you have a few minutes to answer some questions regarding how your office works with the TRICARE program?)

[GO TO Q1]

Q1. Does [Insert Provider Name], [Insert Credentials] provide treatment to patients through private practice?

(INTERVIEW NOTE: READ IF NEEDED: Is he/she working in a setting where providers, individually or as a group, decide or influence which health insurance to accept?)

Yes

No, does not provide treatment or counseling, or has retired

No, not in private practice

DK

REF

[IF Q1=YES, GO TO Q2]

[IF Q1='NO, DOES NOT PROVIDE TREATMENT OR COUNSELING, OR HAS RETIRED', GO TO INSTRUCTIONS AFTER Q11]

[IF Q1='NO, NOT IN PRIVATE PRACTICE', DK, OR REF, GO TO Q1A]

Q1a. What type of practice is [Insert Provider Name], [Insert Credentials] in?

Government: Federal, State or other municipality

School, University or other academic institution

Hospital staff

Contractor providing services exclusively to government clients

Rehab Facility, Nursing Home, or Home Health Provider

Closed Panel HMO

Other (SPECIFY)

DK

REF

Q2. Is [Insert Provider Name], [Insert Credentials] aware of the TRICARE health care program?

Yes

No

DK

REF

Q3. As of today, is [Insert Provider Name], [Insert Credentials] a contracted member of the TRICARE network of health care providers?

Yes

No

DK

REF

Q4. As of today, is [Insert Provider Name], [Insert Credentials] accepting new TRICARE STANDARD patients?

No

Yes, on a claim by claim basis only

Yes, for all claims

DK

REF

[IF Q4=NO, GO TO Q5]

[IF Q4='YES, ON A CLAIM BY CLAIM BASIS ONLY', 'YES, FOR ALL CLAIMS', DK, REF, GO TO Q6]

Q5. Why is [Insert Provider Name], [Insert Credentials] not accepting new TRICARE STANDARD patients?

(INTERVIEWER NOTE: RECORD ANSWERS VERBATIM. PROBE FOR CLARITY AND ADDITIONAL INFORMATION. Example: What did you mean by...? Why else does [Insert Provider Name], [Insert Credentials] not accepting new TRICARE STANDARD patients?)

Q6. What percentage of patients seen by [Insert Provider Name], [Insert Credentials] use any form of TRICARE?

(INTERVIEWER NOTE: If necessary, say, "Please give your best guess. Please use a whole number and not a range".)

(INTERVIEWER NOTE: IF RESPONSE IS 'NONE', ENTER '0')

[PROGRAMMING NOTE: COLLECT DATA AS A NUMERIC VARIABLE, NOT AS AN OPEN-END. RESERVE '998' FOR DK AND '999' FOR REF]. INTERVIEWER NOTE: IF 'NONE', ENTER '0'. IF 'DON'T KNOW', ENTER '998'. IF 'REFUSED', ENTER '999'.

[0]
[1-100]
[998]
[999]

Q7. Does [Insert Provider Name], [Insert Credentials] accept Medicare patients?

Yes
No
DK
REF

Q8. As of today, is [Insert Provider Name], [Insert Credentials] accepting NEW Medicare Patients?

Yes
No
DK
REF

[IF Q8 = YES, SKIP TO INSTRUCTIONS AFTER Q11]

[IF Q8 = NO, DK, OR REF, GO TO Q9]

Q9. Why is [Insert Provider Name], [Insert Credentials] not accepting new Medicare patients?

(INTERVIEWER NOTE: RECORD ANSWERS VERBATIM. PROBE FOR CLARITY AND ADDITIONAL INFORMATION. Example: What did you mean by...? Why else does [Insert Provider Name], [Insert Credentials] not accepting new MEDICARE patients?)

Q10. Does [Insert Provider Name], [Insert Credentials] accept payment from government or private health insurance plans?

Yes

No
DK
REF

Q11. As of today, is [Insert Provider name], [Insert Credentials] accepting new patients?

Yes
No
DK
REF

[ASK Q1-11 FOR NEXT Provider listed for this phone number]

[If NONE] That concludes our survey. Thank you for taking the time to complete this survey.

(INTERVIEWER NOTE: IF RESPONDENT HAS ANY QUESTIONS ABOUT TRICARE, IT'S SPECIFIC HEALTH PLANS, OR THE BENEFITS IT PROVIDES, PLEASE MENTION THAT THEY CAN VISIT THE TRICARE WEB SITE AT www.tricare.mil)

Continuing Viability Survey 2015 for Behavioral Health Providers

TELEPHONE SCRIPT DRAFT

[FOR REVIEWERS: BH CATI follow-up]

INTRO Hi, my name is ____ and I'm calling on behalf of the Department of Defense TRICARE health benefits Program. May I speak with the person who is most familiar with billing and insurance for [Insert Provider Name]?

(INTERVIEWER NOTE: I'm calling from Ipsos, a healthcare survey firm and would like to speak with the billing manager or the person most familiar with billing and insurance for [Insert Provider Name]? We have a few questions regarding how your office works with the TRICARE program. REINTRODUCE AS NECESSARY.)

(IF UNAVAILABLE: Do you know when the (billing manager or the person most familiar with billing and insurance) will be available?" ARRANGE CALLBACK IF POSSIBLE.)

Respondent on phone
Not available
Go to SMS
[Insert Provider] no longer works at this office
Already returned survey
Alternate phone number
Respondent refuses
Refused – already returned survey
Medical school
Only receives messages
Billing contact unavailable permanently
Moved practice
No Billing – accepts walk-ins
Outsource billing
Military (unspecified)
Not at this address
ER (Emergency Room) doctor
Out of area address change
Left practice
Retired
Not practicing
Military leave
Resident/Doctor in training
Radiologist
Anesthesiologist
Fellow
Military – only sees TRICARE patients
Pathologist
Hospitalist
Pediatrician
Interservist
Hospital accreditation surveyor
Covering provider only
No office practice
Healthplan/Network provider (Kaiser)
Veterans Medical System employee (VA)
State hospital employee
University/student physicians
No private practice

Deceased

[IF INTRO='RESPONDENT ON PHONE', GO TO QB1]
[IF INTRO='ALREADY RETURNED SURVEY', GO TO QB2]

[IF INTRO='NOT AVAILABLE', INTERVIEWER SHOULD ASK 'Do you know when the person familiar with billing and insurance for this provider will be available?'] SET CALLBACK.

[IF INTRO=ANY OTHER RESPONSE NOT LISTED ABOVE, RESCREEN FOR NEXT AVAILABLE PROVIDER. IF NO ADDITIONAL PROVIDERS, THANK AND END.]

- QB1. [PROGRAMMING NOTE: DISPLAY THE FOLLOWING TEXT: Congress has directed the TRICARE program to survey civilian providers across the U.S. to determine the adequacy of private health care access for its military beneficiaries. The Department of Defense has contracted Ipsos to conduct this very short survey. [Insert Provider Name] was randomly selected to participate in this very important survey.]

[GO TO QB3]

- QB2. [PROGRAMMING NOTE: DISPLAY THE FOLLOWING TEXT: Thank you for returning the survey. For verification purposes we would like to ask a few questions.]

(INTERVIEWER NOTE: READ IF NEEDED: On behalf of the Department of Defense, I'm calling from Ipsos, the healthcare survey firm contracted to perform this survey. Congress has directed the TRICARE program to survey civilian providers across the U.S. [Insert Provider Name] was randomly selected to participate in this very important survey.)

[GO TO QB3]

- QB3. [PROGRAMMING NOTE: DISPLAY THE FOLLOWING TEXT: Your participation will help the Department of Defense gain valuable aggregated input to help improve the Military Health System.]

(INTERVIEWER NOTE: READ AGENCY DISCLOSURE STATEMENT IF NEEDED: The public reporting burden for this collection of information is estimated to average five (5) minutes to complete, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (0720-0031). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

(INTERVIEWER NOTE: READ IF NEEDED This Official DoD survey may be confirmed at the TRICARE website <http://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/TRICARE-Patient-Satisfaction-Surveys>, click on Current Active Surveys, and find "Survey of Civilian Provider Acceptance of TRICARE Standard.")

[GO TO QB4]

- QB4. [PROGRAMMING NOTE: DISPLAY THE FOLLOWING TEXT: Your participation will help the Department of Defense gain valuable aggregated input to help improve the Military Health System.]

(INTERVIEWER NOTE: READ PRIVACY ADVISORY IF NEEDED: Information collected for this Survey will be used to help TRICARE health policy makers gauge civilian provider awareness and acceptance of the TRICARE Standard health care benefit option, and provide aggregated input to improve the Military

Health System. All information will be de-identified prior to being reported. Completing the Survey is voluntary; you may stop the Survey at any time and skip any questions you choose. There is no penalty if you choose not to respond, although maximum participation is encouraged so the data will be complete and representative. Let me assure you that I am not trying to sell anything. Do you have a few minutes to answer some questions regarding how your office works with the TRICARE program?)

[GO TO Q1]

Q1. Does [Insert Provider Name] provide treatment or counseling to patients through private practice?

(INTERVIEW NOTE: READ IF NEEDED: Is he/she working in a setting where providers, individually or as a group, decide or influence which health insurance to accept?)

Yes

No, does not provide treatment or counseling, or has retired

No, not in private practice

DK

REF

[IF Q1=YES, GO TO Q2]

[IF Q1='NO, DOES NOT PROVIDE TREATMENT OR COUNSELING, OR HAS RETIRED', GO TO INSTRUCTIONS AFTER Q11]

[IF Q1='NO, NOT IN PRIVATE PRACTICE', DK, OR REF, GO TO Q1A]

Q1a. What type of practice is [Insert Provider Name] in?

Government: Federal, State or other municipality

School, University or other academic institution

Hospital staff

Contractor providing services exclusively to government clients

Rehab Facility, Nursing Home, or Home Health Provider

Closed Panel HMO

Other (SPECIFY)

DK

REF

Q1ab. What type of health care provider is [Insert Provider Name]?

[SELECT ALL THAT APPLY]

Certified Clinical Social Worker

Certified Psychiatric Nurse Specialist

Clinical Psychologist

Certified Marriage and Family Therapist

Pastoral Counselor

Mental Health Counselor

Other (SPECIFY)

DK (exclusive)

REF (exclusive)

Q2. Is [Insert Provider Name] aware of the TRICARE health care program?

Yes

No

DK

REF

Q3. As of today, is [Insert Provider Name] a contracted member of the TRICARE network of health care providers?

- Yes
- No
- DK
- REF

Q4. As of today, is [Insert Provider Name] accepting new TRICARE STANDARD patients?

- No
- Yes, on a claim by claim basis only
- Yes, for all claims
- DK
- REF

[IF Q4=NO, GO TO Q5]

[IF Q4='YES, ON A CLAIM BY CLAIM BASIS ONLY', 'YES, FOR ALL CLAIMS', DK, REF, GO TO Q6]

Q5. Why is [Insert Provider Name] not accepting new TRICARE STANDARD patients?

(INTERVIEWER NOTE: RECORD ANSWERS VERBATIM. PROBE FOR CLARITY AND ADDITIONAL INFORMATION. Example: What did you mean by...? Why else does [Insert Provider Name] not accepting new TRICARE STANDARD patients?)

Q6. What percentage of patients seen by [Insert Provider Name] use any form of TRICARE?

(INTERVIEWER NOTE: If necessary, say, "Please give your best guess. Please use a whole number and not a range".)

(INTERVIEWER NOTE: IF RESPONSE IS 'NONE', ENTER '0')

[PROGRAMMING NOTE: COLLECT DATA AS A NUMERIC VARIABLE, NOT AS AN OPEN-END. RESERVE '998' FOR DK AND '999' FOR REF].

- None/0
- 1-100 Percent
- DK (998)
- REF (999)

Q7. Does [Insert Provider Name] accept Medicare patients?

- Yes
- No
- DK
- REF

Q8. As of today, is [Insert Provider Name] accepting NEW Medicare Patients?

- Yes
- No

DK
REF

[IF Q8 = YES, SKIP TO INSTRUCTIONS AFTER Q11]

[IF Q8 = NO, DK, OR REF, GO TO Q9]

Q9. Why is [Insert Provider Name] not accepting new Medicare patients?

(INTERVIEWER NOTE: RECORD ANSWERS VERBATIM. PROBE FOR CLARITY AND ADDITIONAL INFORMATION. Example: What did you mean by...? Why else does [Insert Provider Name] not accepting new MEDICARE patients?)

Q10. Does [Insert Provider Name] accept payment from government or private health insurance plans?

Yes
No
DK
REF

Q11. As of today, is [Insert Provider name] accepting new patients?

Yes
No
DK
REF

[ASK Q1-11 FOR NEXT Provider listed for this phone number]

[If NONE] That concludes our survey. Thank you for taking the time to complete this survey.

(INTERVIEWER NOTE: IF RESPONDENT HAS ANY QUESTIONS ABOUT TRICARE, IT'S SPECIFIC HEALTH PLANS, OR THE BENEFITS IT PROVIDES, PLEASE MENTION THAT THEY CAN VISIT THE TRICARE WEB SITE AT www.tricare.mil)



**OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS**
[FOR REVIEWERS: MD/DO Mailing #2]

[Unique Provider ID Number]
FOR: [Insert Provider Name] [Credentials]
Street Address
City, State, and Zip

Month Date, 2015

Dear BILLING MANAGER for [Insert Provider Name] [Credentials],

Hello! [Insert Provider Name] [Credentials] was randomly selected to participate in this very important effort. In support of the thousands of U.S. military men and women who are currently defending our communities at home and abroad, Congress is interested in whether family members of active duty military, and military retirees and their families, have sufficient access to the health care they need. Much of their care is delivered at military facilities; however, a substantial amount of health care is delivered by private, civilian physicians.

Congress has directed the Department of Defense's health benefits program called TRICARE to survey civilian providers across the U.S to determine the adequacy of private health care access for its military beneficiaries. The DoD has contracted Ipsos to conduct this survey. If there is more than one physician in your office, please complete each survey for the appropriate physician. If you are not the appropriate person to answer these questions, please pass this on to person in your office most familiar with the doctor's billing and insurance for completion. If you have already completed your survey and returned it to Ipsos, thank you and please excuse this reminder.

If you have not yet had a chance to respond, please take a few minutes now to answer the questions on the back of this letter on behalf of the physician and return it **within five days**. There are several ways to complete this survey, which should only take five minutes of your time:

- Complete the survey on the reverse side of this letter and return it via postal mail in the enclosed postage paid envelope
- Complete the survey on the reverse side of this letter and fax it to 1-800-409-7681
- Complete the survey on the internet at the following URL: <http://www.dodcv08.com>
Your unique login name: xxxxxxxx **Your unique password:** xxxxxxxx

We recognize that there may be more than one provider in your office and ask that you complete the survey for the provider listed above. Since we may survey more than one provider in your office, please complete each survey for the appropriate provider named above. If you are not the appropriate person to answer these questions, please pass this on to the person in your office most familiar with [Insert Provider Name] [Credential]'s billing and insurance.

Thank you in advance for your cooperation and help as we examine this important issue that impacts our American service men and women. If you have questions about this survey, please call Ipsos between the hours of 8AM and 5PM Eastern Time at 1-800-228-6764.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Jamie Lindly".

Capt. Jamie Lindly, MSC, USN Chief, Analytics Division

SURVEY QUESTIONS ON REVERSE SIDE

The public reporting burden for this collection of information is estimated to average five (5) minutes to complete, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (0720-0031). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. This Official DoD survey may be confirmed at the TRICARE website <http://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/TRICARE-Patient-Satisfaction-Surveys>, click on Current Active Surveys, and find "Survey of Civilian Provider Acceptance of TRICARE Standard."

PRIVACY ADVISORY STATEMENT

Information collected for this Survey will be used to help TRICARE health policy makers gauge civilian provider awareness and acceptance of the TRICARE Standard health care benefit option, and provide aggregated input to improve the Military Health System. All information will be de-identified prior to being reported. Completing the Survey is voluntary; you may stop the Survey at any time and skip any questions you choose. There is no penalty if you choose not to respond, although maximum participation is encouraged so the data will be complete and representative.

Q1. Does [Insert Provider Name] [Credentials] provide treatment to patients through private practice? (Is he/she working in a setting where providers, individually or as a group, decide or influence which health insurance to accept?)

- Yes → (Go to Q2)
- No, does not provide treatment, or has retired→ (Thank you, please return the questionnaire)
- No, not in private practice → (Go to Q1a)

Q1a. What type of practice is [Insert Provider Name] [Credentials] in? (please choose one)

- Government: *Federal, State or other municipality*
- School, University or other academic institution
- Hospital staff
- Contractor providing services exclusively to government clients
- Rehab Facility, Nursing Home, or Home Health Provider
- Closed Panel HMO
- Other _____

Q2. Is [Insert Provider Name] [Credentials] aware of the TRICARE health care program?

- Yes
- No
- I Don't Know

Q3. As of today, is [Insert Provider Name] [Credentials] a contracted member of the TRICARE network of health care providers?

- Yes
- No
- I Don't Know

Q4. As of today, is [Insert Provider Name] [Credentials] accepting new TRICARE Standard patients?

- No →(Go to Q5)
- Yes, on a claim by claim basis only →(Go to Q6)
- Yes, for all claims →(Go to Q6)
- I Don't know →(Go to Q6)

Q5. If you answered “no” to Q4 below, why is [Insert Provider Name] [Credentials] not accepting new TRICARE Standard patients?

Please list all the reasons. If you need additional space, please include a separate sheet of paper.

Q6. What percentage of patients seen by [Insert Provider Name] [Credentials] use any form of TRICARE? If unsure, please write down your best guess.

- None: Dr. [Insert Last Name] [Credentials] has no TRICARE patients
- _____ percent use some form of TRICARE
- I Don't Know

Q7. Does [Insert Provider Name] [Credentials] accept Medicare patients?

- Yes
- No
- I Don't Know

Q8. As of today, is [Insert Provider Name] [Credentials] accepting new Medicare patients?

- Yes → Thank you, please return the questionnaire
- No →(Go to Q9)
- I Don't Know →(Go to Q10)

Q9. If you answered “no” to Q8 above, why is [Insert Provider Name] [Credentials] not accepting new Medicare patients?

Please list all the reasons. If you need additional space, please include a separate sheet of paper.

Q10. Does [Insert Provider Name] [Credentials] accept payment from government or private health insurance plans?

- Yes
- No

Q11. As of today, is [Insert Provider Name] [Credentials] accepting new patients?

- Yes
- No
- I Don't Know

Thank you for taking the time to complete this survey. Please put this in the enclosed postage-paid envelope and return it to the Survey Processing Center or fax the survey to Ipsos at 1-800-409-7681. If you have any questions about TRICARE, its specific health plans, or the benefits it provides, please visit the TRICARE web site at www.tricare.mil for assistance.